**福建省教师资格申请人员体检表**

<!--[if !supportMisalignedColumns]--> <!--[endif]-->

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓名** | |  | | | | **年龄** | |  | | | **性 别** | | | |  | | | | **婚 否** | | | | |  | | | **民 族** | | |  | | **相**    **片** | | |
| **籍**  **贯** | |  | | | | **工 作**  **单 位** | | | |  | | | | | | | | | **联系**  **电话** | | | | |  | | | | | | | |
| **既 往 病 史**  **本 人 如 实 填 写** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **五**      **官**      **科** | **裸  眼**  **视  力** | | | | | | **右** | | **矫  正**  **视  力** | | | | | | **右** | | | | **矫  正**  **度  数** | | | | | | | | | **右** | | | | **签名** | | |
| **左** | | **左** | | | | **左** | | | |
| **辩 色 力** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **签名** | | |
| **听  力** | | | | | | **左 耳          米** | | | | | | | | | | **右 耳           米** | | | | | | | | | | | | | | | **医师意见:**      **签名** | | |
| **鼻** | | | | | | **嗅 觉** | |  | | | | | | | | **鼻及鼻窦** | | | | | | | |  | | | | | | |
| **面  部** | | | | | |  | | | | | **咽  喉** | | | | | | | | | | | |  | | | | | | | |
| **口  腔**  **唇  腭** | | | | | |  | | | | | **牙**  **齿** | | | | | | | | | | | |  | | | | | | | | **医师意见:**      **签名** | | |
| **是  否**  **口  吃** | | | | | |  | | | | | **发 音 是**  **否 嘶 哑** | | | | | | | | | | | |  | | | | | | | |
| **外**    **科** | **身  高** | | | | | | **公分** | | | | | **体  重** | | | | | | | | | | | | **公斤** | | | | | | | | **医师意见:**          **签名** | | |
| **淋  巴** | | | | | |  | | | | | **脊  柱** | | | | | | | | | | | |  | | | | | | | |
| **四  肢** | | | | | |  | | | | | **关  节** | | | | | | | | | | | |  | | | | | | | |
| **皮  肤** | | | | | |  | | | | | **颈  部** | | | | | | | | | | | |  | | | | | | | |
| **其  它** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **内**      **科** | **营养状况** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **医师意见:**                **签名** | | |
| **血  压** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **心脏及血管** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **呼吸系统** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **腹部器官** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **神经及  精神** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **其它** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **胸 部 透 视** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | **签名** | | |
|  | | |  |  |  | |  |  | | |  | |  |  | |  | |  | |  |  |  |  | | |  |  | |  | |  | |  |  |
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| --- | --- |
| **粘   贴   报   告   单** | |
| **体**    **检**    **结**    **论** | **负责医师签名:** |
| **体**  **检**  **意**  **见** | **体检医院公章**  **年     月     日** |

**本表用A4纸双面打印**