贵州省申请认定教师资格体检表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓 名** | | |  | | | | | | **性别** | | | |  | | **年龄** | | | | |  | | | **婚否** | |  | | | | **民族** | |  | **一吋正面**  **免冠彩色**  **白底照片**  **与网报上传照片一致** |
| **文化程度** | | |  | | | | | | **职业** | | | |  | | | | | | **申请教师**  **资格类别** | | | |  | | | | | | | | |
| **身份证号** | | |  | | | | | | | | | | | | | | | | | **电话** | | |  | | | | | | | | |
| **既往病史** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **五**  **官**  **科** | | **眼** | **裸眼**  **视力** | **右** | | | | | | | | | **矫正**  **视力** | | | **右** | | | | | | | **矫正**  **度数** | | | **右** | | | | | | **医师意见：** |
| **左** | | | | | | | | | **左** | | | | | | | **左** | | | | | |
| **辨 色 力** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **耳** | **听力** | | **右 米 ， 左 米** | | | | | | | | | | | | | | | | | | **耳疾** | | | |  | | | | |
| **鼻** | **嗅觉** | |  | | | | | | | | | | | **鼻疾** | | | | | |  | | | | | | | | | |
| **咽喉** |  | | | | | | | | | | | | | **语音** | | | | | |  | | | | | | | | | |
| **口腔** | **口腔唇腭** | | | |  | | | | | | | **口吃** | | | |  | | | | | | **齿** | | | |  | | | |
| **外**  **科** | | **身高** | **公分** | | | | **胸廓** | | | | |  | | | | **淋巴** | | | | | |  | | | **四肢** | | | |  | | | **医师意见：** |
| **体重** | **公斤** | | | | **脊柱** | | | | |  | | | | **甲状腺** | | | | | |  | | | **关节** | | | |  | | |
| **面部** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **内**  **科** | **营养状况** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **医师意见：** |
| **血 压** | | | | | **/Kpa** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **心脏及血管** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **腹部器官** | | | | |  | | | | | | | | | | | **肝** | | | |  | | | | | | **脾** | | |  | |
| **神经及精神** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **其它** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **胸部**  **X线**  **透视** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **医师意见：** |
| **化验**  **检查** | **肝功能（ALT、AST）** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **仅申请幼儿园教师资格的**  **人员增加的体检项目** | | | | | | | | **NG TP**    **BV(滴虫) VVC** | | | | | | | | | | | | | | | | | | | | | | | | |
| **体检**  **医院**  **结论** | **负责医师：**  **年 月 日（盖章）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |