附件1：

**贵州省申请认定教师资格体检表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 编号： | | | | | | | | | | | | | | | | |
| 姓名 | | |  | 性别 | |  | 年龄 | |  | 婚否 |  | 民族 | |  | 相片 | |
| 文化程度 | | |  | 职业 | |  | | | 申请教师 资格类别 | |  | | | |
| 单位或住址 | | |  | | | | | | | 电话 |  | | | |
| 既往病史 | | | 无 | | | | | | | | | | | |
| 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 | | | 耳 疾 | |  | | | | | | 医师意见： | |
| 左 米 | | |
| 鼻 | | 嗅 觉 |  | | | 鼻 疾 | |  | | | | | |
| 咽 喉 | |  | | | | 语 音 | |  | | | | | |
| 口腔 | | 口腔 唇腭 |  | | | 齿 | |  | | | | | | 医师意见： | |
| 口吃 |  | | |
| 外   科 | 身高 | | 公分 | | | | 胸 廓 | | |  | | | | | 医师意见： | |
| 体重 | | 公分 | | | | 脊 柱 | | |  | | | | |
| 淋巴 | |  | | | | 甲状腺 | | |  | | | | |
| 四肢 | |  | | | | 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） | | | | | |  | | | | | | | | | |
| 体 检 医 院 结 论 | | | 负责医师：   年 月 日（单位盖章） | | | | | | | | | | | | | | | |
| 本表双面打印，体检须县级及以上公立医院有效。 | | | | | | | | | | | | | | | | | | |