**附件１**

**福建省教师资格申请人员体检表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **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** |

**省教育厅制（2006年）**

附件２

福建省幼儿园教师资格申请人员体检表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | 1.肝炎    2.结核    3.皮肤病    4.性传播性疾病  5.精神病  6.其他  受检者确认签字： | | | | | | | | | | | | | | | |
| 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 | | |  | | | | | | | | | | | | | | | |
| 化验检查 | 淋球菌 | | |  | | | | | 滴  虫 | | | | | | |  | | | | 签名 |
| 梅毒螺旋体 | | |  | | | | | 外阴阴道假丝酵母菌（念珠菌） | | | | | | |  | | | |
| 胸 部 透 视 | | | |  | | | | | | | | | | | | | | | | 签名 |
| 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 | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

说明：1.“既往病史”指肝炎、结核、皮肤病、性传播性疾病、精神病和其他病史，受检者应如实填写，并签字确认；2.滴虫、外阴阴道假丝酵母菌（念珠菌）指妇科检查项目；3.对出现呼吸系统疑似症状者增加胸片检查项目。