附件2：周宁县中小学**教师资格申请人员体检表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | 出生年 月 |  | | | | 性别 |  | 婚否 | |  | | 民族 | |  | 相    片 |
| 籍贯 | |  | 拟 聘 学 科 |  | | | | 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 | |
| 辨色力 | |  | | | | | | | | | | | | | | 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 沙 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(抽血检查、心电图) | |
| 体  检  结  论 | 负责医师签名： |
| 体  检  意  见 | 体检医院公章    年    月   日 |

备注：本表请用Ａ4纸双面打印