**广西壮族自治区教师资格认定体检表**

                                                   编号：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓  名** |  | **性****别** |  | **年****龄** |  | **婚****否** |  | **民族** |  | **小二寸正面****免冠相片** |
| **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** |  |
| **五****官****科** | **眼** | **视****力** | **右** | **矫正****视力** | **右** | **辩色****力** |  | **医师：** |
| **左** | **左** |
| **其     他** |  |
| **耳** | **听****力** | **右    公尺** | **耳****疾** |  | **医师：** |
| **左    公尺** |
| **鼻** | **嗅觉** |  | **鼻****疾** |  |
| **咽喉** |  | **语音** |  |
| **口****腔** | **唇腭** |  | **齿** |  | **医师：** |
| **口吃** |  |
| **外****科** | **身长** | **公分** | **胸  廓** |  | **医师：** |
| **体重** | **公斤** | **脊  柱** |  |
| **淋巴** |  | **甲状腺** |  |
| **四肢** |  | **关  节** |  |
| **面部** |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

（续上表）

|  |  |  |  |
| --- | --- | --- | --- |
| **内****科** | **血  压** | **/Kpa** | **医师：** |
| **肺及呼吸道** |  |
| **心血管** |  |
| **腹部器官** |  | **肝** |  |
| **脾** |  |
| **神 经 及****精  神** |  |
| **胸  部  X****线  透  视** |  | **医师：** |
| **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）** |