|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件1：  抚州市申报认定教师资格人员体检表 | | | | | | | | | | | | | | | | | | | | |
|
| 姓名 |  | | 出生年月 |  | | | | | 性别 |  | | | | | 婚否 |  | | 民族 |  | 1.表格上本人  基本信息填好  2.本框内贴好与报名同底照片 |
| 籍贯 |  | | 户籍所在地（毕业学校） | | | |  | | | | | | | 联系电话 | | |  | | |
| 申报教师资格种类及学科 | |  | | | | 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 | | | 医生意见签名： |
| 左 | | | | 左 | | | | | 左 | | |
| 辨色力 |  | | | | | | 眼病 | | |  | | | | | | | | |
| 听力 | 右耳          米 | | | | | |  | | | 左耳          米 | | | | | | | | |
| 鼻 | 嗅觉 | | |  | | | 鼻及鼻窦 | | |  | | | | | | | | |
| 面部 |  | | | | | | 咽喉 | | |  | | | | | | | | |
| 口腔唇腭 |  | | | | | | 齿 | | |  | | | | | | | | |
| 其它 |  | | | | | | | | | | | | | | | | | |
| 外科 | 淋巴 |  | | | | | | 脊柱 | | |  | | | | | | | | | 医生意见签名： |
| 四肢 |  | | | | | | 关节 | | |  | | | | | | | | |
| 皮肤 |  | | | | | | 颈部 | | |  | | | | | | | | |
| 其它 |  | | | | | | | | | | | | | | | | | |
| 内科 | 营养状况 |  | | | | | | | | | | | | | | | | | | 医生意见签名： |
| 血压 |  | | | | | | | | | | | | | | | | | |
| 心脏及血管 |  | | | | | | | | | | | | | | | | | |
| 呼吸系统 |  | | | | | | | | | | | | | | | | | |
| 腹部器官 |  | | | | | | | | | | | | | | | | | |
| 神经及精神 |  | | | | | | | | | | | | | | | | | |
| 其他 |  | | | | | | | | | | | | | | | | | |
| 妇科检查 | |  | | | | | | | | | | | | | | | | | | 签名： |
| 胸部透视 | |  | | | | | | | | | | | | | | | | | | 签名： |
| 化验检查 | |  | | | | | | | | | | | | | | | | | | 签名： |
| 体检结论 | | 负责医师签字： | | | | | | | | | | | | | | | | | | |
| 体检医院意    见                                             体检医院公章：                                                             年       月        日 | | | | | | | | | | | | | | | | | | | | |

附件2：

申请幼儿园教师资格人员体检表（增加项目）

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 |  | 年龄 |  | | 照  片 | |
| 编号 |  | | 民族 |  | 婚否 |  | |
| 既往史 | 1. 肝炎     2.结核     3.皮肤病  4.性传播性疾病   5.精神病   6.其他  申请认定教师资格人员签字： | | | | | | |
| 身份证号 |  | | | | | | | | |
| 化  验  检  查 | 丙氨酸氨基转移酶（ALT） | | | |  | | 滴   虫 | |  |
| 淋球菌 | | | |  | | 梅毒螺旋体 | |  |
| 外阴阴道假丝酵母菌（念球菌） | | | |  | | 其他 | |  |
| 其他检查 | | | | |  | | | | |
| 检查结果 | |  | | | 医生意见 | | |  | |
| 医生签名：                         检查单位：  体检日期：    年    月  日            （检查单位盖章） | | | | | | | | | |
| 备注：1.滴虫、外阴阴道假丝酵母菌指妇科检查项目。  2.胸片检查只限于上岗前及上岗后出现呼吸系统疑似症状者。  3.凡体检合格者，由健康检查单位签发健康合格证。 | | | | | | | | | |