**附件2**

江西省申报认定教师资格人员体检表

\_\_\_\_\_\_\_\_市\_\_\_\_\_\_\_\_\_\_\_县（区）            申请资格种类\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 出生  年月 |  | | | | 性别 |  | 婚否 |  | 民族 |  | 相  片 |
| 籍贯 | |  | | 户籍所在地  (毕业学校) | | |  | | | | | 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 | |
| 左 | | | | | 左 | | 左 | |
| 辩色力 | |  | | | | | | | 眼病 |  | | | | 医师意见  签名： |
| 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 |  | | | | 医师意见  签名： |
| 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 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 | | | | | | | | | | | | | | | |