**准格尔旗教师资格证认定体格检查表（中小学）**

（2018年1月制定）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 身份证号码 | |  | |  |  |  | |  | |  | |  | | |  |  | |  | |  | |  | |  | |  |  | | |  |  |  | 一寸照片 |
| 姓 名 | |  | | | | | | | | | | | | | | | | | | | | 主检医师意见：  签名： | | | | | | | | | | |
| 性别 |  | 出生年月 | | | | |  | | | | | | | | | | | | | | |
| 既往病史 | 1.肝炎 2.结核 3.皮肤病 4.性传播性疾病  5.精神病 6.其他：  受检者确认签字： | | | | | | | | | | | | | | | | | | | | |
| 眼科 | 裸眼  视力 | | 右： | | | | | | 矫正视力 | | | | | 右：矫正度数 | | | | | | | | | | | | | | | 检查者： | | | | 医师意见：  签名： |
| 左： | | | | | | 左：矫正度数 | | | | | | | | | | | | | | |
| 色觉  检查 | | 彩色图案及彩色数码检查：  色觉检查图名称：  单色识别能力检查：（色觉异常者查此项）  红（ ）黄（ ）绿（ ）蓝（ ）紫（ ） | | | | | | | | | | | | | | | | | | | | | | | | | | 检查者： | | | |
| 眼病 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内科 | 血压 | | / kpa | | | | | | | | | | | | | | | | | | | | | | 检查者： | | | | | | | | 医师意见：  签名： |
| 发育情况 | |  | | | | | | | | | | | | | | 心脏及血管 | | | | | | | |  | | | | | | | |
| 呼吸系统 | |  | | | | | | | | | | | | | | 神经系统 | | | | | | | |  | | | | | | | |
| 腹部器官 | | 肝 脾 肾 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其它 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 外科 | 身高 | | 厘米 | | | | | | 体重 | | | | 千克 | | | | | | | | 颈部 | | | |  | | | | | | | | 医师意见：  签名： |
| 皮肤 | |  | | | | | | 面部 | | | |  | | | | | | | | 关节 | | | |  | | | | | | | |
| 脊柱 | |  | | | | | | 四肢 | | | |  | | | | | | | | 检查者： | | | | | | | | | | | |
| 其它 | |  | | | | | | | | | | | | | | | | | |
| 耳  鼻  喉 | 听力 | | 左耳 米 | | | | | | | | 右耳 米 | | | | | | | | | | 检查者： | | | | | | | | | | | | 医师意见：  签名： |
| 嗅觉 | |  | | | | | | | | | | | | | | | | | |
| 耳鼻咽喉 | |  | | | | | | | | | | | | | | | | | |
| 口  腔  科 | 唇腭 | |  | | | | | | | | | | | | | | | | | | | | | | 是否口吃 | | |  | | | | | 医师意见：  签名： |
| 牙齿 | | （齿缺失------------+-------------） | | | | | | | | | | | | | | | | | | | | | |
| 其它 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 胸部透视 | | | 医师签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 肝脏功能 |  | | | | | | | | | | | | | | | | | | 体检  结论 | | | | 主检医师签名：    年 月 日（医院盖章） | | | | | | | | | | |
| 主检医师意见：    签名： | | | | | | | | | | | | | | | | | | |

说明：1.“既往病史”一栏，申请人必须如实填写，如发现有隐瞒严重病史，不符合认定条件者，即使取得聘用资格，一经发现后果自负并取消其聘用资格。滴虫、外阴阴道假丝酵母菌指妇科检查项目。

2.主检医师作体检结论要填写合格、不合格两种结论，并简单说明原因。