附件2

河南省教师资格申请人员体检表

（幼儿园专用）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | 年龄 | |  | | | 性别 | |  | | | 婚否 |  | | | 民族 | |  | 相片 |
| 单位 | | |  | | | | | | | | | 联系电话 | | | |  | | | | | |
| 既往病史（本人如实填写） | | | | | | | | | 1. 肝炎 2.结核 3.皮肤病 4.性传播性疾病   5.精神病 6.其他 受检者签字： | | | | | | | | | | | | |
| 五 官 科 | | 裸眼视力 | | 右 | | | | | 矫正视力 | | | | 右 | | | | 辨色力 | | |  | | 签名 |
| 左 | | | | | 左 | | | |
| 听 力 | | 左耳 米 | | | | | | | | | 右耳 米 | | | | | | | | | 签名 |
| 鼻 | | 嗅 觉 | | | |  | | | | | 鼻及鼻窦 | | | |  | | | | |
| 面 部 | |  | | | | | | | | | 咽 喉 | | | |  | | | | |
| 口腔唇腭 | |  | | | | | | | | | 齿 | | | |  | | | | |
| 其 他 | |  | | | | | | | | | | | | | | | | | |
| 外 科 | | 身 高 | | 公分 | | | | | | | | | 体 重 | | | | 公斤 | | | | | 签名 |
| 淋 巴 | |  | | | | | | | | | 脊 柱 | | | |  | | | | |
| 四 肢 | |  | | | | | | | | | 关 节 | | | |  | | | | |
| 皮 肤 | |  | | | | | | | | | 颈 部 | | | |  | | | | |
| 其 他 | |  | | | | | | | | | | | | | | | | | |
| 心电图 | | | |  | | | | | | | | | | | | | | | | | | 签名 |
| 胸部透视 | | | |  | | | | | | | | | | | | | | | | | | 签名 |
| 肝、胆、脾、胰、肾B超 | | | | | |  | | | | | | | | | | | | | | | | 签名 |
| 内 科 | | 发育情况 | | | |  | | | | | | | | | | | | | | | | 签名 |
| 血 压 | | | | mmHg | | | | | | | | | | | | | | | |
| 心脏及血管 | | | |  | | | | | | | | | | | | | | | |
| 呼吸系统 | | | |  | | | | | | | | | | | | | | | |
| 神经及精神 | | | |  | | | | | | | | | | | | | | | |
| 腹部器官 | | | |  | | | | | | | | | | | | | | | |
| 其 他 | | | |  | | | | | | | | | | | | | | | |
| 化验检查  （附化验单） | | | | | | 肝功能 | | | | |  | | | 淋球菌 | | | |  | | | | 签名 |
| 梅毒螺旋体 | | | | |  | | | 滴虫 | | | |  | | | |
| 外阴阴道假丝酵母菌（念球菌） | | | | |  | | | 其他 | | | |  | | | |
| 体检结论 | | | | | | 主检医师签字： | | | | | | | | | | | | | | | | |
| 体检医院意见 | | | | | | 体检医院盖章  年 月 日 | | | | | | | | | | | | | | | | |
| 备 注 | | | | | |  | | | | | | | | | | | | | | | | |
|  | **说明：**1.体检前必须贴有本人1寸彩色近照；  2.体检表中个人基本资料如实填写齐全；  3.体检当日早晨须空腹（禁食、禁水）；  4.本表须A4规格纸张正反双面打印。 | | | | | | | | | | | | | | | | | | | | | |