附件1（以下表格须双面打印）

云南省申请教师资格认定人员体检表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 年龄 | |  | | 性别 |  | | | 婚 否 | | |  | | | 民族 |  | 相  片 |
| 籍 贯 |  | 常住地址 | |  | | | | | | | 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 | | 医师意见  签名 |
| 左 | | | 左 | | | | | 左 | |
| 辨色力 | |  | | | | | 眼 病 | | | | |  | | | | | |
| 听 力 | | 左耳 米 | | | | | | | 右耳 米 | | | | | | | | |
| 鼻 | | 嗅 觉 | | |  | | | | 鼻及鼻窦 | | | | |  | | | |
| 面 部 | |  | | | | | 咽 喉 | | | |  | | | | | | |
| 口腔唇腭 | |  | | | | | 齿 | | | |  | | | | | | |
| 其 它 | |  | | | | | | | | | | | | | | | |
| 外  科 | 身 高 | | 公分 | | | | | | 体 重 | | | | | 公斤 | | | | | 医师意见  签名 |
| 淋 巴 | |  | | | | | | 脊 柱 | | | | |  | | | | |
| 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 它 | |  |
| 妇科检查 | |  | | 签名 |
| 胸部透视 | |  | | 签名 |
| 化验检查 | |  | | 签名 |
| 体检结论 | | 负责医生签字： | | |
| 体检医院  意 见 | | 体检医院公章    年 月 日 | | |