**江西省教师资格申请人员体检表(社会类)**

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| 姓 名 | |  | | | | 性 别 | |  | | | | 出生年月 | | | |  | | | | 照  片 | | | | |
| 民 族 | |  | | | | 婚姻状况 | |  | | | | 籍 贯 | | | |  | | | |
| 联系电话 | |  | | | | 通讯地址 | |  | | | | | | | | | | | |
| 申请资格种类 | |  | | | | 身份证号 | |  | | | | | | | | | | | |
| 请本人如实详细填写下列项目（在每一项后的空格中打“√”回答“有”或“无”，如故意隐瞒，责任自负） | | | | | | | | | | | | | | | | | | | | | | | | |
| 病名 | 有 | | 无 | 治愈时间 | | | 病 名 | | | 有 | 无 | | 治愈时间 | | | | 病名 | | | | 有 | | 无 | 治愈时间 |
| 高血压病 |  | |  |  | | | 肺气肿 | | |  |  | |  | | | | 消化性溃疡 | | | |  | |  |  |
| 冠心病 |  | |  |  | | | 甲亢 | | |  |  | |  | | | | 支气管扩张 | | | |  | |  |  |
| 风心病 |  | |  |  | | | 贫血 | | |  |  | |  | | | | 支气管哮喘 | | | |  | |  |  |
| 先心病 |  | |  |  | | | 癫痫 | | |  |  | |  | | | | 急慢性肾炎 | | | |  | |  |  |
| 心肌病 |  | |  |  | | | 精神病 | | |  |  | |  | | | | 急慢性肝炎 | | | |  | |  |  |
| 糖尿病 |  | |  |  | | | 结核病 | | |  |  | |  | | | | 性传播疾病 | | | |  | |  |  |
| 肝硬化 |  | |  |  | | | 手术史 | | |  |  | |  | | | | 神经官能症 | | | |  | |  |  |
| 胰腺疾病 |  | |  |  | | | 吸毒史 | | |  |  | |  | | | | 结缔组织病 | | | |  | |  |  |
| 恶性肿瘤 |  | |  |  | | | 严重外伤史 | | |  |  | |  | | | | 肾功能不全 | | | |  | |  |  |
| 其他 |  | |  |  | | |  | | |  |  | |  | | | |  | | | |  | |  |  |
| 备 注： |  | | | | | | | | | | | | | | | | | | | | | | | |
| 受检者签字： 体检日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 身高 | 厘米 | | | | | 体重 | | | 公斤 | | | | | | 血压 | | | | / mmHg | | | | | |
| 内  科 | 病史：曾患过何种疾病（起病时间及目前症状）。 | | | | | | | | | | | | | | | | | | | | | | | |
| 心脏 | | | | 心界  杂音 | | | | | | | | | 心率 | | | | 次/分 律 | | | | | | |
| 肺 | | | |  | | | | | | | | | 腹部 | | | |  | | | | | | |
| 肝 | | | |  | | | | | | | | | 神经系统 | | | |  | | | | | | |
| 脾 | | | |  | | | | | | | | | 其他 | | | |  | | | | | | |
| 建议 | | | |  | | | | | | | | | 医师签字 | | | |  | | | | | | |
| 外  科 | 病史：曾做过何种手术或有无外伤史（名称及时间），目前功能如何。 | | | | | | | | | | | | | | | | | | | | | | | |
| 皮肤 | | | |  | | | | | | | | | 浅表淋巴结 | | | |  | | | | | | |
| 头颅 | | | |  | | | | | | | | | 甲状腺 | | | |  | | | | | | |
| 乳腺 | | | |  | | | | | | | | | 脊柱四肢关节 | | | |  | | | | | | |
| 肛门外生殖器 | | | |  | | | | | | | | | 其他 | | | |  | | | | | | |
| 建议 | | | |  | | | | | | | | | 医师签字 | | | |  | | | | | | |
| 眼  科 | 裸眼  视力 | | | | 左 | | | | 矫正  视力 | | | | | 左 | | | | 医师签字 | | | |  | | |
| 右 | | | | 右 | | | |
| 色觉 | | | |  | | | | | | | | | | | | | | | | | | | |
| 其他 | | | |  | | | | | | | | | | | | | | | | | | | |
| 建议 | | | |  | | | | | | | | | | | | | 医师签字 | | | |  | | |
| 耳  鼻  喉  科 | 听力 | | | | 左耳 | | | | | | | | | | | | | 耳部 | | | |  | | |
| 右耳 | | | | | | | | | | | | |
| 鼻部 | | | |  | | | | | | | | | | | | | 咽部 | | | |  | | |
| 喉部 | | | |  | | | | | | | | | | | | | 嗅觉 | | | |  | | |
| 其他 | | | |  | | | | | | | | | | | | | | | | | | | |
| 建议 | | | |  | | | | | | | | | | | | | 医师签字 | | | |  | | |

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| 口  腔  科 | 唇腭舌 | |  | | 牙齿 | |  | |
| 是否  口吃 | |  | | | | | |
| 其他 | |  | | | | | |
| 建议 | |  | | | 医师签字 | |  |
| 妇科检查 |  | | | | | 医师签字 | |  |
| 心电图 |  | | | | | 医师签字 | |  |
| 胸部X光片 |  | | | | | 医师签字 | |  |
| 腹部B超  检查 |  | | | | | 医师签字 | |  |
| 申请幼儿  教师资格  加测 | 妇科 | 滴虫 | |  | | 医师签字 | |  |
| 念珠菌 | |  | |
| 注：对于滴虫和念珠菌两项妇科检查项目未婚女性采取阴道口取样。 | | | | | | | | |
| 体检结论  及建议 | 主检医师签字： 体检医院签章处  年 月 日 | | | | | | | |