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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **附件2**  **申请认定幼儿园教师资格人员体检表** | | | | | | | | | | | | | | | | | | | | |
| **体检日期： 年 月 日** | | | | | | | | | | | | | | | | | | | | |
| **姓 名** | | |  | | **性 别** | | |  | | **联系电话** | |  | | | | | | | **照 片 体检单位骑缝章** | |
| **通讯地址** | | |  | | | | | | | | | | | | | | | |
| **身份证号码** | | |  | | | | | | | | | | | | **民族** | |  | |
| **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.心脏病 7.癫痫**  **受检者确认签字：** | | | | | | | | | | | | | | | |
| **（以上空白处由申请人如实填写）** | | | | | | | | | | | | | | | | | | | | |
| **外科** | | **面 部** |  | | | **甲状腺** | | |  | | | | **颈 部** | | |  | | | **医生意见**  **签名** | | |
| **脊 柱** |  | | | | | | | | **四肢关节** | |  | | | | | |
| **其 它** |  | | | | | | | | | | | | | | | |
| **内科** | | **血 压** | **Kpa** | | | | | | **心脏及血管** | | | |  | | | | | | **医生意见**  **签名** | | |
| **呼吸系统** |  | | | | | | **神经系统** | | | |  | | | | | |
| **腹部器官** | **肝** | | |  | | | | | **脾** | |  | | | | | |
| **其 它** |  | | | | | | | | | | | | | | | |
| **五官科** | | **裸眼视力** | **右** | | |  | | | **矫正视力** | | **右** | |  | | | **矫正度数** | |  | **医生意见**  **签名** | | |
| **左** | | |  | | | **左** | |  | | | **矫正度数** | |  |
| **听 力** | **右 耳** | | |  | | | | | **左耳** | |  | | | | | |
| **耳疾** |  | | | | | | **咽喉** | |  | | | | | | | |
| **鼻及鼻窦** |  | | | | | | **唇腭** | |  | | | | | | | |
| **其 它** |  | | | | | | | | | | | | | | | |
| **B超** | | | **医生签名** | | | | | | | | | | | | | | | | | | |
| **CR** | | | **医生签名** | | | | | | | | | | | | | | | | | | |
| **心电图** | | | **医生签名** | | | | | | | | | | | | | | | | | | |
| **化验检查** | | | **淋球菌** | | |  | | | | | | | **梅毒螺旋体** | | | | | |  | | |
| **外阴阴道假丝酵母菌（念珠菌）** | | |  | | | | | | | **滴虫** | | | | | |  | | |
| **化验检查**  **（附化验单）** | | | **化验项目：肝功、血糖、血常规、尿常规、肾功三项** | | | | | | | | | | | | | | | | | | |
| **体检结论** | | | **主检医生签名 年 月 日** | | | | | | | | | | | | | | | | | | |
| **体检医院意见** | | | **体检医院盖章**    **年 月 日** | | | | | | | | | | | | | | | | | | |
| **1、“既往病史”一栏，申请人必须如实填写患病时间、治愈等情况，如发现有隐瞒严重病史，不符合认定条件者，即使取得资格，一经发现收回认定资格。**  **2、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。** | | | | | | | | | | | | | | | | | | | | | |