**附件**

**新疆生产建设兵团教师资格申请人员体检表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 年龄 |  | 性别 | | |  | | 婚否 | |  | | | 民族 | |  | | 1吋照片  贴好后加盖  所在学院学办公章 | |
| 籍贯 |  | 工作 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  **受检者确认签字：** | | | | | | | | | | | | | | | |
| 五  官  科 | 裸眼  视力 | 右 | | | | 矫正  视力 | | 右 | | | | | 矫正  度数 | | 右 | | | | 医师意见：  签名：  签名： |
| 左 | | | | 左 | | | | | 左 | | | |
| 辨色力 |  | | | | | | 眼病 | | | | |  | | | | | |
| 听力 | 右耳 米 | | | | | | | | 左耳 米 | | | | | | | | |
| 鼻 | 嗅觉 |  | | | | | | | | | | 鼻及鼻窦 | | | |  | |
| 面部 |  | | | | | | | | | | | 咽喉 | | | |  | |
| 口腔唇腭 |  | | | | | | | | | | | 齿 | | | |  | |
| 其它 |  | | | | | | | | | | | | | | | | |
| 外  科 | 身高 | Cm | | | | | | 体重 | | Kg | | | | | | | | | 医师意见：  签名：  签名： |
| 淋巴 |  | | | | | | | | | | | | | | | | |
| 四肢 |  | | | | | | | | | | | | | | | | |
| 皮肤 |  | | | | | | | | | | | | | | | | |
| 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 |  | | | | | | | | | | | | | | | | |
| 心电图检查 | |  | | | | | | | | | | | | | | | | | 签名： |
| 胸部透视 | |  | | | | | | | | | | | | | | | | | 签名： |
| 化验  检查 | 丙氨酸氨基转移酶（ALT） |  | | | 其 它 | | | | | | |  | | | | | | | 签名： |
| **粘 贴 报 告 单** | | | | | | | | | | | | | | | | | | | |
| 体检  结论 | 负责医师签名： | | | | | | | | | | | | | | | | | | |
| 体检  医院  意见 | 体检医院公章  年 月 日 | | | | | | | | | | | | | | | | | | |

**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，即使取得资格，一经发现收回认定资格；2.本表适用于除幼儿园类别以外其他类别教师资格申请人员；3.体检结论要填写合格或不合格结论，并简要说明原因。**