广西壮族自治区申请认定教师资格人员体检表

编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 |  | | 年龄 | |  | | | |  | | | 婚否 | |  | | 民族 | |  | 2寸正面  免冠相片（照片应与网上申报上传相片同底版） |
| 文化程度 | |  | | 职业 | |  | | | |  | | 申请教师  资格类别 | | | | | | | |  | | | |
| 单位或住址 | |  | | | | | | | |  | | 电话 | | | | | |  | | | | | |
| 既往病史 | |  |  | | | | | | | | | | | | | | | | | | | | |
| 五  官  科 | 眼 | 视力 | 右 | | | | 矫  正  视  力 | | | |  | | | | 右 | | | | | 辨色力 | |  | | 医师： |
| 左 | | | |  | | | | 左 | | | | |
| 其他 | | | | |  | |  | | | | | | | | | | | | | | |
| 耳 | 听力 | 右 公尺 | | | | 耳  疾 | | | |  | | | |  | | | | | | | | | 医师： |
| 左 公尺 | | | |  | | | |
| 鼻 | 嗅觉 |  | | | | 鼻  疾 | | | |  | | | |  | | | | | | | | |
| 咽喉 |  | | | | | 语  音 | | | |  | | | |  | | | | | | | | |
| 口腔 | 唇腭 |  | | | | 齿 | | | |  | | | |  | | | | | | | | | 医师： |
| 口吃 |  | | | |  | | | |
| 外  科 | 身长 | 公分 | | | | | 胸 廓 | | | | | |  | | |  | | | | | | | | 医师： |
| 体重 | 公斤 | | | | | 脊 柱 | | | | | |  | | |  | | | | | | | |
| 淋巴 |  | | | | | 甲状腺 | | | | | |  | | |  | | | | | | | |
| 四肢 |  | | | | | 关 节 | | | | | |  | | |  | | | | | | | |
| 面部 |  |  | | | | | | | | | | | | | | | | | | | | |

（续上表）

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 内  科 | 血 压 | /Kpa | | | 医师： |
| 肺及呼吸道 |  | | |
| 心血管 |  | | |
| 腹部器官 |  | 肝 |  |
| 脾 |  |
| 神经及  精 神 |  | | |
| 胸 部 X  线 透 视 |  | | | | 医师： |
| 化 验 检 查 | 肝功能（ALT、  AST） |  | | | |
| 体  检  医  院  结  论 | 负责医师：  年 月 日（单位盖章） | | | | |

注：1．贴相片处需加盖体检医院骑缝章。

　　2．体检单位必须按照教师资格认定体检标准作出“合格”或“不合格”的结论，并加盖体检单位公章方有效。