附件四

**贵州省申请认定教师资格人员体检表**

（中小学 ）

编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 性别 | |  | | 年龄 | | |  | | | 婚否 | |  | | 民族 |  | 一寸正面  免冠相片 |
| 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 | | 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 | 眼 | 视力 | 右 | | | | 矫正视力 | | 右 | | | | | | 矫正度数 | | 右  左 | | | 医师意见： |
| 左 | | | | 左 | | | | | |
| 辨 色 力 | | | | |  | | | | | | | | | | | | |
| 耳 | 听力 | 右 米 | | | | 耳  疾 | |  | | | | | | | | | | | 医师意见： |
| 左 米 | | | |
| 鼻 | 嗅觉 |  | | | | 鼻  疾 | |  | | | | | | | | | | |
| 咽喉 |  | | | | | 语  音 | |  | | | | | | | | | | |
| 口  腔 | 口腔  唇腭 |  | | | | 齿 | |  | | | | | | | | | | | 医师意见： |
| 口吃 |  | | | |  | | | | | | | | | | |
| 外科 | 身高 | 公分 | | | | | 胸 廓 | | | | | |  | | | | | | | 医师意见： |
| 体重 | 公斤 | | | | | 脊 柱 | | | | | |  | | | | | | |
| 淋巴 |  | | | | | 甲状腺 | | | | | |  | | | | | | |
| 四肢 |  | | | | | 关 节 | | | | | |  | | | | | | |
| 面  部 |  | | | | | | | | | | | | | | | | | |
| 内 科 | 营养状况 | |  | | | | | | | | | | | | | | | | | 医师意见： |
| 血 压 | | **/Kpa** | | | | | | | | | | | | | | | | |
| 心脏及血管 | |  | | | | | | | | | | | | | | | | |
| 腹部器官 | |  | | | | | | | 肝 | |  | | | | | | | |
| 脾 | |  | | | | | | | |
| 神经及精神 | |  | | | | | | | | | | | | | | | | |
| 其它 | |  | | | | | | | | | | | | | | | | |
| 胸部X  线透视 |  | | | | | | | | | | | | | | | | | | | 医师意见： |
| 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） | | | | | | | | | | | | | | | | | | | |

**贵州省申请认定教师资格人员体检表**

（幼儿园）

编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 性别 |  | | | 年龄 | | |  | | | | 婚否 | |  | | | 民族 |  | 一寸正面  免冠相片 |
| 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 | | 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 | 眼 | 视力 | 右 | | | | 矫正视力 | | 右 | | | | | | | 矫正度数 | | 右  左 | | | | 医师意见： |
| 左 | | | | 左 | | | | | | |
| 辨 色 力 | | | | |  | | | | | | | | | | | | | | |
| 耳 | 听力 | 右 米 | | | | 耳  疾 | |  | | | | | | | | | | | | | 医师意见： |
| 左 米 | | | |
| 鼻 | 嗅觉 |  | | | | 鼻  疾 | |  | | | | | | | | | | | | |
| 咽喉 |  | | | | | 语  音 | |  | | | | | | | | | | | | |
| 口  腔 | 口腔  唇腭 |  | | | | 齿 | |  | | | | | | | | | | | | | 医师意见： |
| 口吃 |  | | | |  | | | | | | | | | | | | |
| 外科 | 身高 | 公分 | | | | | 胸 廓 | | | | | | |  | | | | | | | | 医师意见： |
| 体重 | 公斤 | | | | | 脊 柱 | | | | | | |  | | | | | | | |
| 淋巴 |  | | | | | 甲状腺 | | | | | | |  | | | | | | | |
| 四肢 |  | | | | | 关 节 | | | | | | |  | | | | | | | |
| 面  部 |  | | | | | | | | | | | | | | | | | | | |
| 内 科 | 营养状况 | |  | | | | | | | | | | | | | | | | | | | 医师意见： |
| 血 压 | | **/Kpa** | | | | | | | | | | | | | | | | | | |
| 心脏及血管 | |  | | | | | | | | | | | | | | | | | | |
| 腹部器官 | |  | | | | | | | 肝 | |  | | | | | | | | | |
| 脾 | |  | | | | | | | | | |
| 神经及精神 | |  | | | | | | | | | | | | | | | | | | |
| 其它 | |  | | | | | | | | | | | | | | | | | | |
| 胸部X  线透视 |  | | | | | | | | | | | | | | | | | | | | | 医师意见： |
| 化 验  检 查 | 丙氨酸氨基转移酶(ALT、AST) | | | | |  | | | | | | | 淋球菌 | | | | | |  | | | |
| 滴虫(妇检) | | | | |  | | | | | | | 梅毒螺旋体 | | | | | |  | | | |
| 外阴阴道假丝酵母菌（念珠菌）  (妇检) | | | | |  | | | | | | | 其他 | | | | | |  | | | |
| 体  检  医  院  结  论 | 负责医师：  年 月 日（单位盖章） | | | | | | | | | | | | | | | | | | | | | |