**呼和浩特市回民区2025年申请**

**认定教师资格人员体检表**

**（幼儿园） 网上报名号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | | | | | 性别 | | | | | | 年龄 | | | | 婚否 | | | | | 民族 | | | | | | 免冠  照片  3×4cm |
| 地址 | | | | | | | | | | | | 联系  电话 | | | | | | | | | | | | | | |
| 身份证  号 码 | |  | |  |  | |  |  | |  |  | |  |  |  |  |  | |  |  | |  | |  |  |  |
| 既往病史 | 本人签字： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以上栏目由申请人填写 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 五  官  科 | 裸眼  视力 | | 右 | | | | | | 矫正  视力 | | | | 右 | | | | | 矫正  度数 | | | | | 右 | | | | 医师意见  签字 |
| 左 | | | | | | 左 | | | | | 左 | | | |
| 辨色力 | |  | | | | | | | | | | | | 眼病 | | | | | | | | | | | |
| 听力 | | 左耳　　　　　　　　米 | | | | | | | | | | | | 右耳　　　　　　　　　米 | | | | | | | | | | | |
| 鼻 | | 嗅觉 | | | | | | | | | | | | 鼻及鼻窦 | | | | | | | | | | | |
| 面部 | |  | | | | | | | | | | | | 咽喉 | | | | | | | | | | | |
| 口腔  唇腭 | |  | | | | | | | | | | | | 齿 | | | | | | | | | | | |
| 外  科 | 身高 | | | | | | | | | | | | | | 体重 | | | | | | | | | | | | 医师意见  签字 |
| 淋巴 | | | | | | | | | | | | | | 脊柱 | | | | | | | | | | | |
| 四肢 | | | | | | | | | | | | | | 关节 | | | | | | | | | | | |
| 皮肤 | | | | | | | | | | | | | | 颈部 | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 内  科 | 营养状况 |  | | | 医师意见  签字 |
| 血压 |  | | |
| 心脏 |  | | |
| 呼吸 |  | | |
| 腹部器官 |  | | |
| 神经  及精神 |  | | |
| 心电图 | |  | | | 医师签字 |
| 胸部透视 | |  | | | 医师签字 |
| 化  验 | 肝功 |  | 尿常规 |  | 医师签字 |
| 血常规 |  | 梅毒螺旋体 |  |
| 妇科检查 | |  | | | 医师签字 |
| 体检结论 | | 负责医师签字 | | | |
| 检验医院  意 见 | | 体检医院公章  年　　月　　日 | | | |

注：1、即往病史指心脏病、肝炎、哮喘、精神病、癫痫、结核、皮肤病、性传播性疾病病史。本人应如实填写患病时间、治愈等情况，否则后果自负。

2、参加体检者，检查当日须空腹。

3、主检医师作体检结论要填写合格、不合格两种结论。如不合格应简单说明原因。

4、此表必须正反面打印。