附件 2

山西省申请认定中小学教师资格人员体检表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | 年 龄 |  | | 性别 |  | | 婚否 | | |  | 民族 | |  | 相   片 |
| 籍贯 | |  | 现住所 |  | | | | | 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        签名 |
| 左 | | | 左 | | | 左 | |
| 辨 色 力 | |  | | | | | 眼病 | | |  | | | | |
| 听    力 | | 左耳 | 米 | | | | | | 右耳 | 米 | | | | | 医师意见  签名 |
| 耳    疾 | |  | | | | | | | | | | | | |
| 鼻 | | 嗅觉 | |  | | | 鼻及鼻窦 | | |  | | | | | 医师意见        签名 |
| 面    部 | |  | | | | | 咽喉 | | |  | | | | |
| 口腔唇腭 | |  | | | | | 齿 | | |  | | | | |
| 其    他 | |  | | | | | | | | | | | | | 医师签名 |
| 外         科 | 身    高 | | 公分 | | | | | 体    重 | | | 公斤 | | | | | 医师意见                  签名 |
| 淋    巴 | |  | | | | | 脊    柱 | | |  | | | | |
| 四     肢 | |  | | | | | 关    节 | | |  | | | | |
| 皮    肤 | |  | | | | | 颈    部 | | |  | | | | |
| 其    他 | |  | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 内       科 | 血        压 | |  | | | | | 医师意见                        签名 |
| 心 脏 及 血 管 | |  | | | | |
| 呼 吸 系 统 | |  | | | | |
| 腹 部 器 官  ( B  超 ) | | 肝 | | 脾 | | 其  他 |
|  | |  | |  |
| 神 经 及 精 神 | |  | | | | |
| 其       他 | |  | | | | |
| 妇科检查 | |  | | | | | | 医师签名 |
| 胸部透视 | |  | | | | | | 医师签名 |
| 化验检查  (附化验单) | | 肝功 | | 血糖 | | 其  他 | | 医师签名 |
|  | |  | |  | |
| 体检结论 | | 负责医师签字: | | | | | | |
| 体检医院      意    见 | | 体检医院公章  年      月     日 | | | | | | |

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

参加体检者，检查当日须空腹。