附件

广西壮族自治区申请认定教师资格人员体检表

编号： 中国教师资格网上的报名号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | |  | | | 年龄 | |  | | 婚否 | | |  | 民族 | |  | 正面免冠  彩色白底相片 |
| 文化程度 |  | | | | 职业 | | | | |  | | | | 申请教师资格种类 | | | |  | | |
| 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 |  | | | | | | | | 语言 | | | |  | | | | | |
|  | 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 |  | | | | | | | | | | | | | | | | | |
| 内  科 |  | 血压 | | | /kpn | | | | | | | | | | | | | | | | 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：用A4纸**双面打印**，在贴相片处贴的相片，须加盖体检医院体检专用章，不加盖体检医院体检专用章者无效。