**广西壮族自治区教师资格认定体检表**

编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | | | **性**  **别** |  | | **年**  **龄** | |  | | **婚**  **否** | | |  | | | **民族** |  | **小二寸正面**  **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** | |  | | | | | | | | | | | | | | | | | | |
| **五**      **官**      **科** | **眼** | **视**  **力** | | **右** | | | | **矫正**  **视力** | | | **右** | | | | **辩色**  **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）** | | | | |