广西壮族自治区申请认定教师资格人员体检表

编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 |  | | | | | 年龄 | |  | | 婚否 | | |  | | 民族 | |  | 小2寸正面  免冠相片 | | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
| 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