云南省申请教师资格认定人员体检表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 年龄 | | |  | | 性别 | |  | | | | 婚否 | | | |  | | | 民族 | |  | | 相 片 |
| 籍贯 |  | 常住地址 | |  | | | | | | | | | | 联系电话 | | | | | |  | | | | |
| 既往病史（本人如实填写） | |  | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | |  | | | | | | | |
| 昕   力 | | 左耳        米 | | | | | | | | | | 右耳               米 | | | | | | | | | | | |
| 鼻 | | 嗅   觉 | | | |  | | | | | | 鼻及鼻窦 | | | | | |  | | | | | |
| 面  部 | |  | | | | | | | 咽喉 | | | | | |  | | | | | | | | |
| 口腔唇腭 | |  | | | | | | | 齿 | | | | | |  | | | | | | | | |
| 其    E | |  | | | | | | | | | | | | | | | | | | | | | |
| 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 | |  | | | | | | | | | | | | | | | | | | | | | |
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|  | 营养状况 | |  | 医师意见                   签名 |
| 血 压 内 | | |  |
| 科 | 心脏及血管 | |  |
| 呼吸系统 | |  |
| 腹部器官 | |  |
| 神经及精神 | |  |
| 其     它 | |  |
| 妇科检查 | |  | | 签名 |
| 胸部透视 | |  | | 签名 |
| 化验检查 | |  | | 签名 |
| 体检结论 | | 负责医生签字： | | |
| 体检医院 意    见 | | 体检医院公章   年     月     日 | | |
|  |  |  |  |  |