附件2

**新疆维吾尔自治区幼儿园教师资格申请人员体检表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | 年龄 | | |  | | | 性别 | | | |  | | | | | | 一寸  照片 |
| 民 族 | |  | | | 婚否 | | |  | | | 籍贯 | | | |  | | | | | |
| 现住所 | |  | | | | | | | | | 联系方式 | | | | |  | | | | |
| 既往病史 | | 1.肝炎 2.结核 3.皮肤病 4. 性传播性疾病  5. 精神病 6.其他 受检者确认签字： | | | | | | | | | | | | | | | | | | |
| 眼  科 | 裸眼  视力 | 右： | | | | | 矫正  视力 | | | 右：矫正度数 | | | | | | | | | | | 医师意见：  签名： |
| 左： | | | | | 左：矫正度数 | | | | | | | | | | |
| 色  觉  检  查 | 彩色图案及彩色数码检查：  色觉检查图名称：  单色识别能力检查：（色觉异常者查此项）  红（ ） 黄（ ） 绿（ ） 蓝（ ） 紫（ ） | | | | | | | | | | | | | | | | | | |
| 眼 病 | | |  | | | | | | | | | | | | | | | | |
| 内  科 | 血 压 | | | /mmHg | | | 心脏及血管 | | | | | | |  | | | | | | | 医师意见：  签名： |
| 营养状况 | | |  | | | 神经系统 | | | | | | |  | | | | | | |
| 呼吸系统 | | |  | | | | | | | | | | | | | | | | |
| 腹部器官 | | | 肝 脾 肾 | | | | | | | | | | | | | | | | |
| 其 它 | | |  | | | | | | | | | | | | | | | | |
| 外  科 | 皮 肤 | | |  | | 面 部 | | |  | | | | | | | | 关节 | | |  | 医师意见：  签名： |
| 脊 柱 | | |  | | 四 肢 | | |  | | | | | | | | | | | |
| 颈 部 | | |  | | 其 它 | | |  | | | | | | | | | | | |
| 耳鼻喉 | 听 力 | | | 左耳 米 | | | | | | | | 右耳 米 | | | | | | | | | 医师意见：  签名： |
| 嗅 觉 | | |  | | | | | | | | | | | | | | | | |
| 耳鼻咽喉 | | |  | | | | | | | | | | | | | | | | |
| 口腔科 | 唇 腭 | | |  | | | | | | | | | | | 是否  口吃 | | |  | | | 医师意见：  签名： |
| 牙 齿 | | | （齿缺失 ） | | | | | | | | | | |
| 其 它 | | |  | | | | | | | | | | | | | | | | |
| 化 验 检查 | 丙氨酸氨基转移酶(ALT) | | | |  | | | | | | | | 滴 虫 | | | | | | | |  |
| 淋球菌 | | | |  | | | | | | | | 梅毒螺旋体 | | | | | | | |  |
| 外阴阴道假丝酵母菌（念珠菌） | | | |  | | | | | | | | 其他 | | | | | | | |  |
| 胸部透视 | | |  | | | | | | | | | | | | | | | | 医师签名： | | |
| 心电图 | | |  | | | | | | | | | | | | | | | | 医师意见签名： | | |
| 体检结论：  主检医师签名：  年 月 日（医院盖章） | | | | | | | | | | | | | | | | | | | | | |
| 备注：1.滴虫、外阴阴道假丝酵母菌指妇科检查项目（均为外取）。  2.胸片检查只限于上岗前及上岗后出现呼吸系统疑似症状者。  3. “既往病史”一栏，申请人必须如实填写，如发现有隐瞒严重病史，不符合认定条件者，即使取得资格，一经发现取消教师资格。  4. 主检医师作体检结论要填写合格、不合格、受限三种结论，并简单说明原因。 | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2020年新疆维吾尔自治区中小学教师招聘体检表**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **姓  名** | |  | | | **性 别** | | |  | | | | **年 龄** | | | | |  | | **一寸**  **照片** | | **籍 贯** | |  | | | **民  族** | | |  | | | | **婚 否** | | | | |  | | | **现住所** | |  | | | | | | **本人手机号码** | | | | | |  | | | | | | **既往病史** | |  | | | | | | | | | | | | | | | | | | **眼**  **科** | **裸眼**  **视力** | **右：** | | **矫 正**  **视 力** | | | **右：矫正度数** | | | | | | | | | | | | **医师意见：**  **签名：** | | **左：** | | **左：矫正度数** | | | | | | | | | | | | | **色**  **觉**  **检**  **查** | **彩色图案及彩色数码检查：**  **色觉检查图名称：**  **单色识别能力检查：（色觉异常者查此项）**  **红（   ）  黄（  ）  绿（   ）  蓝（   ）  紫（  ）** | | | | | | | | | | | | | | | | | | **眼    病** | |  | | | | | | | | | |  | | | | | | | **内**  **科** | **血    压** | | **/mmHg** | | | **心脏及血管** | | | | | | |  | | | | | | **医师意见：**  **签名：** | | **营养状况** | |  | | | **神经系统** | | | | | | |  | | | | | | | **呼吸系统** | |  | | | | | | | | | |  | | | | | | | **腹部器官** | | **肝         脾          肾** | | | | | | | | | | | | | | | | | **其  它** | |  | | | | | | | | | | | | | | | | | **外**  **科** | **皮   肤** | |  | | **面 部** | | | |  | | | | | | **关 节** | | |  | **医师意见：**  **签名：** | | **脊   柱** | |  | | **四 肢** | | | |  | | | | | | | | | | | **颈   部** | |  | | **其 它** | | | |  | | | | | | | | | | | **耳鼻喉** | **听   力** | | **左耳        米** | | | | | | | **右耳           米** | | | | | | | | | **医师意见：**  **签名：** | | **嗅   觉** | |  | | | | | | | | | | | | | | | | | **耳鼻咽喉** | |  | | | | | | | | | | | | | | | | | **口腔科** | **唇    腭** | |  | | | | | | | | **是否**  **口吃** | | | | |  | | | **医师意见：**  **签名：** | | **牙    齿** | | **2011071218270950120110712182709254（齿缺失      ）** | | | | | | | | | **其    它** | |  | | | | | | | | | | | | | | | | | **胸部透视** | |  | | | | | | | | | | | | | | | | | **医师签名：** | | **化   验** | | **肝 功：** | | | | | | | | | | | | | | | | | **医师签名：** | | **心 电 图** | |  | | | | | | | | | | | | | | | | | **医师签名：** | | **体检结论：**    **主检医师签名： （医院盖章） 年 月   日** | | | | | | | | | | | | | | | | | | | |   **说明：**1、“既往病史”一栏，申请人必须如实填写，如发现有隐瞒严重病史，一经发现取消教师资格。  2、主检医师作体检结论要填写合格、不合格、受限三种结论，并简单说明原因。 |