附件1

[湖南省教师资格认定体检表](http://files.hnedu.cn/53/82/attach/20120612/20120612153313461004.doc" \t "http://jsc.gov.hnedu.cn/c/2016-10-12/_blank)

第 号

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性别 | | | |  | | 婚否 | | | | |  | | | 民族 | |  | | 半身  脱帽  正面  相片 |
| 出生年月 | |  | | | | 身份  证号 | | | |  | | | | | | | | | | | | | |
| 最高学历 | |  | | | | 工作  单位 | | | |  | | | | | | | 户籍  所在地 | | |  | | | |
| 现住所及  通讯地址 | |  | | | | | | | | | | | | | | | 申请  资格  种类 | | |  | | | |
| 既往病史  （须明确标明肝炎、结核、皮肤病、性传播疾病、精神病、其他，并受检者确认签字） | | | | | | | | | | | | 受检者签名： | | | | | | | | | | | | |
| 家族病史 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 五  官  科 | 眼 | 视力 | | | 右 | | | | | 矫正视力 | 右 | | | | | | | 辨色力 | | | |  | | 医师意见：    签字： |
| 左 | | | | | 左 | | | | | | |
| 砂眼 | | | 右 | | | | | 其他  眼疾 |  | | | | | | | | | | | | |
| 左 | | | | |
| 耳 | 听力 | | | 右　 　公尺 | | | | | 耳疾 |  | | | | | | | | | | | | |
| 左　　 公尺 | | | | |
| 鼻 | 嗅觉 | | |  | | | | | 鼻及鼻窦疾病 |  | | | | | | | | | | | | |
| 咽喉 |  | | | | | | | | 唇腭 |  | | | | | | 口吃 | | | | |  | |
| 齿 |  | | 龋齿 | | |  | | | | | 缺齿 | | | |  | 齿槽脓漏 | | | | |  | |
| 其他 | |  | | | | | | | | | | | | | | | | | | | | |
| 外  科 | 身高 | | cm | | | | | 胸围 | | | | cm | | | | | 皮肤 | | | |  | | | 医师意见：  签字： |
| 体重 | | kg | | | | | 呼吸差 | | | | cm | | | | |
| 淋巴 | |  | | | | | 甲状腺 | | | |  | | | | | 脊柱 | | | |  | | |
| 四肢 | |  | | | | | 关节 | | | |  | | | | | 平嗻足 | | | |  | | |
| 泌尿生殖器 | |  | | | | | | | | | | | | | | 肛门 | | | |  | | |
| 疝 | |  | | | | | | | | | 其他 | | | | |  | | | | | | |
| 内科 | 血压 | | 毫米汞柱 | | | | | | | | | | | | 脉搏 | | | |  | | | | | 医师意见：  签字： |
| 发育及营养状况 | |  | | | | | | | | | | | 神经  及精神 | | | | |  | | | | |
| 肺及呼吸道 | |  | | | | | | | | | | | 心脏  及血管 | | | | |  | | | | |
| 腹部器官 | |  | | | | | | | 肝 | | | | | | |  | | | | | | |
| 脾 | | | | | | |  | | | | | | |
| 其他 | |  | | | | | | | | | | | | | | | | | | | | |
| 认定幼儿园教师资格人员必填 | | | 淋球菌 | | | | | |  | | | | 滴虫 | | | | | | | | | |  | |
| 梅毒螺旋体 | | | | | |  | | | | 外阴阴道假丝酵母菌（念球菌） | | | | | | | | | |  | |
| 化验检查 | | | 贴肝功能化验单  　　　　　　　　　　　　　　化验员（签章）： | | | | | | | | | | | | | | | | | | | | | |
| 胸部爱克斯线  透　　视 | | | 医师（签章）： | | | | | | | | | | | | | | | | | | | | | |
| 其他检查 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 检查结论 | | | 认定学科建议：不宜认定体检标准中第二部分  第□□，□□，□□，□□，□□条所列相关学科。  体检结论：（1.合格，2.学科受限，3.不合格）  负责医师（签章）： | | | | | | | | | | | | | | | | | | | | 体检医院盖章  年 月 日 | |