湖北省申请认定教师资格人员体检表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓    名 | |  | | | | | 性别 | | | |  | | | | 出生日期 | | | 年  月  日 | 二 寸 免 冠 近 照 |
| 文化程度 | |  | | | | | 民族 | | | |  | | | | 职业 | | |  |
| 婚否 | |  | | | | | 籍贯 | | | | 省        市       县 | | | | | | | |
| 既往病史 | |  | | | | | | | | | | | | | | | | |
| 现住址 | |  | | | | | | | | | | | | | | | | | （骑缝章） |
| （以上由本人如实填写） | | | | | | | | | | | | | | | | | | | |
| 五官科 | 眼 | 裸眼视力 | | 右 | | | | | | 矫正          视力 | | | | 右 | | | | | 医师意见                       签字： |
| 左 | | | | | | 左 | | | | |
| 其它眼病 | |  | | | | | | 色觉     检查 | | | | 彩色图案                  及编码 | | | | |
| 单颜色识别：红、绿、紫、蓝、黄 | | | | |
| 耳 | 听      力 | | 右     米 | | | | | | 耳疾 | | | |  | | | | |
| 左     米 | | | | | |
| 鼻 | 嗅觉 | |  | | | | | | 鼻及鼻窦疾病 | | | |  | | | | |
| 颜面部 |  | | | | | | | 咽喉 | | | | |  | | | | |
| 口腔 | 唇腭 | | | | | | | 门齿 | | | | |  | | | 口吃 |  |
| 其它 |  | | | | | | | | | | | | | | | | |
| 外科 | 身高 | cm | | | | 体重 | | kg | | | | | | | 皮肤 | | |  | 医师意见       签字： |
| 淋巴 |  | | | | 甲状腺 | |  | | | | | | | 脊柱 | | |  |
| 四肢 |  | | | | | | | | | | | 平跖足 | | | | |  |
| 关节 |  | | | | | | | | | | | | | | | | |
| 其它 |  | | | | | | | | | | | | | | | | |
| 内科 | 血压 | | mmHg | | | | | | | | | 脉搏 | | | | 次/分 | | | 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 | |  | | | | | | | | | | | | | |
| 腹 | |  | | | | | | | | | | | | | |
| 其它 | |  | | | | | | | | | | | | | | | |
| 胸部放射       线检查 | | |  | | | | | | | | | | | | | | | | 医师意见     签字： |
| 化验检查 | | | 附化验单据 | | | | | | | | | | | | | | | |  |
| 检查结论 | | | （盖章） | | | | | | | | | | | | | | | | 负责医师     签字： |
| 备注 | | |  | | | | | | | | | | | | | | | |  |

体检日期        年           月         日