附件2 此表适用于申请高中、中职、初中、小学教师资格

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 浙江省申请教师资格人员体格检查表 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （2010年12月修订） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号码 |  |  |  |  |  |  | |  | |  | |  |  |  | |  | |  |  | |  | |  |  |  | 1寸照片 与网报一致 |
| 姓名 |  | | | | | | 性别 | | | |  | | | | 出生年月 | | | | | |  | | | | |
| 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： | | | | | | | | | | | | | | | | | | | | | 主检医师  意 见：  签名： | | | |
| 眼科 | 裸眼视力 | | | 右： | | | 矫正  视力 | | | | 右：矫正度数 | | | | | | | | | | | 检查者 | | | | 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： | | | | | | | | | | | | | | | | | | 检查者 | | | |
| 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 | | | / kpa | | | | | | | | | | | | | | | | | | 检查者 | | | | 医师意见：  签名： |
| 发育情况 | | |  | | | | | 心脏及血管 | | | | |  | | | | | | | |
| 呼吸系统 | | |  | | | | | 神经系统 | | | | |  | | | | | | | |
| 腹部器官 | | | 肝 脾 肾 | | | | | | | | | | | | | | | | | |
| 其它 | | |  | | | | | | | | | | | | | | | | | |
| 外科 | 身高 | | | 厘米 | | | 体重 | | | | 千克 | | | | 颈部 | | | | |  | | 检查者 | | | | 医师意见：  签名： |
| 皮肤 | | |  | | | 面部 | | | |  | | | | 关节 | | | | |  | |
| 脊柱 | | |  | | | 四肢 | | | |  | | | | 其它 | | | | |  | |
| 耳鼻喉 | 听力 | | | 左耳 米 右耳 米 | | | | | | | | | | | | | | | | | | 检查者 | | | | 医师意见：  签名： |
| 嗅觉 | | |  | | | | | | | | | | | | | | | | | |
| 耳鼻咽喉 | | |  | | | | | | | | | | | | | | | | | |
| 口腔科 | 唇腭 | | |  | | | | | | | | | | | 是否  口吃 | | | | |  | | 检查者 | | | | 医师意见：  签名： |
| 牙齿 | | | （齿缺失——-—+—-——） | | | | | | | | | | |
| 其它 | | |  | | | | | | | | | | | | | | | | | |
| 胸片 |  | | | | | | | | 医师签名： | | | | | | | | 体检  结论 | | | 主检医师签名：  (医院盖章) 年 月 日 | | | | | | |
|
| 肝脏功能 |  | | | | | | | | 主检医师意见：  签名： | | | | | | | |
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| 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，不符合认定条件者，  即使取得资格，一经发现收回认定资格。 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. 主检医师作体检结论要填写合格、不合格两种结论，并简单说明原因。 | | | | | | | | | | | | | | | | | | | | | | | | | | |