附件

湖南省教师资格认定体检表

第 号

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性别 | | | |  | | 婚否 | | |  | | | | | 民族 | | |  | | | | | 半身  脱帽  正面  白底  一寸  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 | | | | | | | | 辩色力 | | |  | | | 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 | | |

说明：

1.体检在相应的教师资格认定机构指定的县级以上医院进行，并必须包括传染病和精神病史等项目。高等学校教师资格认定体检由拟聘任教学校统一组织在市州以上医院进行。

2.体检标准参照《普通高等学校招生体检工作指导意见》（教学〔2003〕3号）和《教育部办公厅、卫生部办公厅关于普通高等学校招生学生入学身体检查取消乙肝项目检测有关问题的通知》（教学厅〔2010〕2号）的有关规定执行。

3.承担体检的医院应当根据上述标准，对被检人员做出合格、学科受限或不合格的结论。