附件1

**湖南省教师资格认定体检表**

（2018年3月修订）

姓名

工作单位

户籍所在地

申请资格种类

填表日期

湖南省教育厅监制

年　　月　　日

**说　　　明**

一、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。

二、申请认定幼儿园和小学教师资格的，参照《中等师范学校招生体检标准》的有关规定执行；申请认定初级中学及其以上教师资格的，参照《高等师范学校招生体检标准》的有关规定执行。、

三、承担体检的医院应当根据上述标准，对被检人员做出合格或不合格的结论

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | | |  | | | | 性别 | | | |  | | | | | | | 婚否 | | |  | | | | | 民族 | | |  | | 半身  脱帽  正面  相片  医院骑缝章 | |
| 出生年月 | | |  | | | | | 身份证号 | | | | | | | | |  | | | | | | | | | | | | | |
| 最高学历 | | |  | | | | | 职业 | | | |  | | | | | | | | | | 籍贯 | | |  | | | | | |
| 现住所及  通讯地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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： |
| 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 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 签字： |
| 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 | | |  | | | | | | | | |

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| 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 | | 负责医师（签章）： 　　　　　　　　　　　　 医院盖章 | | | | | | | | | |
| 备　　考 | | |  | | | | | | | | |