附件1

吉林市教师资格认定体检专用表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓  名 |  | | 性  别 | |  | 出生  年月 | | |  | | | 民  族 | | | |  | | | 文化  程度 | |  | | 职业 | | |  | | | 小二寸免冠正面彩色照片 | |
| 单  位 |  | | | | | | | | | | | | | | 现在  住所 | | | |  | | | | | | | | | |
| 既往病史 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 以上所列各项由申请人本人填写 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 外  科 | 身 高 | | 厘米 | | | | | 体重 | | | 公斤 | | | | | | | 胸 围 | | | | 厘米 | | | | | | |
| 淋 巴 | |  | | | | | | | | | | | | | | | 皮 肤 | | | |  | | | | | | | | |
| 脊 柱 | |  | | | | | | | | | | | | | | | 四 肢 | | | |  | | | | | | | | |
| 甲状腺 | |  | | | | | | | | | | | | | | | 泌尿生殖器 | | | |  | | | | | | | | |
| 其 他 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医生  意见 | | 签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内  科 | 血 压 | | 毫米汞柱 | | | | | | | | | | | | | | | 脉搏 | | | 每分钟 | | | | | | | | | |
| 心脏血  管系统 | |  | | | | | | | | | | | | | | | 肺呼  吸道 | | |  | | | | | | | | | |
| 精神  神经 | |  | | | | | | | | | | | | | | | 腹 腔  脏 器 | | |  | | | | | | | | | |
| 其 他 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医生  意见 | | 签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 胸部透视  医生签字： | | | | | | | | | | | | | | | | | | 心电图  医生签字： | | | | | | | | | | | | |
| B超 | 医生签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 五  官  科  化验  检查 | 眼 | 视  力 | | 右 | | |  | | | 矫正视力 | | | 右 | | | |  | | | 眼疾 | | 右 | |  | | | 色觉 | | |  |
| 左 | | |  | | | 左 | | | |  | | | 左 | |  | | |
| 耳 | 听  力 | | 右 | | | 公尺 | | | | | | | | | | 耳 疾 | | | | |  | | | | | | | | |
| 左 | | | 公尺 | | | | | | | | | |
| 鼻 | 嗅觉 | |  | | | | | | | | | | 鼻疾 | | |  | | | | | | | | | | | | | |
| 咽 喉 | | |  | | | | | | | | | | 口吃 | | |  | | | | | | | | 其他 | | |  | | |
| 医 生  意 见  肝功 | | | 签字：  医生签字： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 血常规 | | | 医生签字： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 尿常规 | | | 医生签字： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主检医师结论  签名：  年 月 日 | | | | | | | | | | | | | | | | | 体检医疗单位意见  （盖章）  年 月 日 | | | | | | | | | | | | | |
| 复审结论  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 贴化验单处； |

注：1、此表请申请人于10月17日-19日到相应的申请认定机构加盖体检钢印后到医院体检，此表在体检前必须贴有本人照片，并加盖认定机构公章，否则无效。

2、体检单必须贴于“贴化验单处”。

3、体检指定医院：外县市在本地中心医院；市区内为二二二医院、吉林市中心医院、吉林市第二中心医院、吉林市附属医院、四六五医院、化工医院、吉林省吉林中西医结合医院。