附件2

教师招聘体检表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | 年 龄 |  | | 性别 |  | | 婚否 | | |  | | | 民族 |  | 照片 |
| 籍贯 | |  | 现住所 |  | | | | | | | | 联系电话 | | |  | |
| 既往病史（本人  如实填写） | | |  | | | | | | | | | | | | | |
| 五  官  科 | 裸眼视力 | | 右 | | 矫正  视力 | | 右 | | | | | 矫正  度数 | | | 右 | | 医师意见  签名 |
| 左 | | 左 | | | | | 左 | |
| 辨色力 | |  | | | | 眼 病 | | | |  | | | | | |
| 听力 | | 右耳 米 | | | | | | | 左耳 米 | | | | | | |
| 鼻 | | 嗅觉 | |  | | | | | 鼻及鼻窦 | | | |  | | |
| 面部 | |  | | | | | | | 咽喉 | | |  | | | |
| 口腔唇腭 | |  | | | | | | | 齿 | | |  | | | |
| 其它 | |  | | | | | | | | | | | | | |
| 外  科 | 身高 | | 公分 | | | | | 体重 | | | | 公斤 | | | | | 医师意见  签名 |
| 淋巴 | |  | | | | | 脊柱 | | | |  | | | | |
| 四肢 | |  | | | | | 关节 | | | |  | | | | |
| 皮肤 | |  | | | | | 颈部 | | | |  | | | | |
| 其它 | |  | | | | |  | | | |  | | | | |
| 内  科 | 营养状况 | |  | | | | | | | | | | | | | | 医师意见  签名 |
| 血 压 | |  | | | | | | | | | | | | | |
| 心脏及血管 | |  | | | | | | | | | | | | | |
| 呼吸系统 | |  | | | | | | | | | | | | | |
| 腹部器官 | |  | | | | | | | | | | | | | |
| 神经及精神 | |  | | | | | | | | | | | | | |
| 其 他 | |  | | | | | | | | | | | | | |
| 妇科检查 | | |  | | | | | | | | | | | | | | 签名 |
| 胸部透视 | | |  | | | | | | | | | | | | | | 签名 |
| 化验检查 | | |  | | | | | | | | | | | | | | 签名 |
| 体检结论 | | | 负责医师签字： | | | | | | | | | | | | | | |
| 体检医院  意 见 | | | 体检医院公章  年 月 日 | | | | | | | | | | | | | | |

本表用A4纸双面打印