附件1

**广西壮族自治区申请认定教师资格人员体检表**

  　　 编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓  名 |  | | | 性别 |  | | 年龄 | |  | 婚否 | | |  | 民族 | |  | 二寸正面  免冠相片 |
| 文化程度 |  | | | 职业 | | |  | | | 申请教师资格种类 | | | |  | | |
| 单位  或住址 |  | | | | | | 电话 | | |  | | | | | | |
| 既往病史 |  | | | | | | | | | | | | | | | |
| 五      官      科 | 眼 | 视力 | 右 | | 矫正视力 | 右 | | | | | | 辨  色  力 | | |  | | 医师： |
| 左 | | 左 | | | | | |
| 其   他 | | |  | | | | | | | | | | | |
| 耳 | 听力 | 右 公尺 | | | | | 耳  疾 | | |  | | | | | | 医师： |
| 左 公尺 | | | | |
| 鼻 | 嗅觉 |  | | | | | 鼻  疾 | | |  | | | | | |
| 咽喉 |  | | | | | | 语言 | | |  | | | | | |
| 口腔 | 唇腭 |  | | | | | 齿 | | |  | | | | | | 医师： |
| 口  吃 |  | | | | |
| 外      科 | 身长 | 公分 | | | | | | 胸廓 | | |  | | | | | | 医师： |
| 体重 | 公斤 | | | | | | 脊柱 | | |  | | | | | |
| 淋巴 |  | | | | | | 甲状腺 | | |  | | | | | |
| 四肢 |  | | | | | | 关节 | | |  | | | | | |
| 面部 |  | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |