附件 2

河南省教师资格申请人员体检表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | | |  |  | 年龄 |  |  |  | 性别 |  |  |  | 婚否 | | |  |  |  |  |  | 民族 | |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  | | |  | |  |  | |  |  |  |  |  |
| 单位 | | |  |  |  |  |  |  |  |  |  |  | 联系电话 | | | | | |  | |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  | 1.肝炎 2.结核 3.皮肤病 | | | | | | | | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| 既往病史（本人如实填写） | | | | | | | | | 4. 性传播性疾病 | | | | | | | | 5. 精神病 | | | | | 6. 其他 | |  |  |
|  |  |  |  |  |  |  |  |  | 受检者签字： | | | | |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  | 右 | | | |  |  |  |  | 右 | |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 裸眼视力 | | |  |  |  |  | 矫正视力 | | |  |  |  |  |  |  |  | 辨色力 | | |  |  |  |  |
|  | 左 | | | |  | 左 | |  |  |  |  |  | 签名 |  |
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|  |  |  | 听 | 力 | 左耳 | | | | 米 | | |  |  |  | 右耳 | | | | | | |  | 米 |  |  |
| 五 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 鼻 |  | 嗅 觉 | |  |  |  |  |  |  | 鼻及鼻窦 | | | | |  |  |  |  |  |  |  |  |
| 官 |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| 科 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 面 部 | |  |  |  |  |  |  |  |  | 咽 喉 | | | |  |  |  |  |  |  |  |  |  |
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|  |  | 口腔唇腭 | | |  |  |  |  |  |  |  |  |  |  | 齿 | |  |  |  |  |  |  |  |  |  |
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|  |  |  | 其 | 他 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 签名 |  |
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|  |  |  | 身 | 高 |  |  |  |  | 公分 | |  |  | 体 | | 重 | |  |  |  |  |  | 公斤 | |  |  |
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| 外 |  |  | 淋 | 巴 |  |  |  |  |  |  |  |  | 脊 | | 柱 | |  |  |  |  |  |  |  |  |  |
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|  |  |  | 四 | 肢 |  |  |  |  |  |  |  |  | 关 | | 节 | |  |  |  |  |  |  |  |  |  |
| 科 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | 皮 | 肤 |  |  |  |  |  |  |  |  | 颈 | | 部 | |  |  |  |  |  |  |  |  |  |
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|  |  | 心电图 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 签名 |  |
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|  | 胸部透视 | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 签名 |  |
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| 肝、胆、脾、胰、肾 | |  |  |  | 签名 |  |
|  | B 超 |  |  |  |  |
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|  |  |  |  |  |  |  |
|  | 发育情况 |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | 血 压 |  |  | mmHg |  |  |
|  |  |  |  |  |  |  |
|  | 心脏及血管 |  |  |  |  |  |
| 内 |  |  |  |  |  |  |
| 呼吸系统 |  |  |  |  |  |
|  |  |  |  |  |  |
| 科 |  |  |  |  |  |  |
| 神经及精神 |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  | 腹部器官 |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | 其 他 |  |  |  | 签名 |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | 肝功能 |  | 其 他 |  |  |
| 化验检查（附化验单） | |  |  |  | 签名 |  |
|  |  |  |  |
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|  |  |  |  |  |  |  |
|  | 体检结论 |  |  |  |  |  |
|  |  |  |  | 主检医师签字： | |  |
|  |  |  |  |  |  |  |
| 体检医院意见 | |  |  |  |  |  |
|  |  |  |  | 体检医院盖章 | |  |
|  |  |  |  | 年 | 月 日 |  |
|  |  |  |  |  |  |  |
|  | 备 注 |  |  |  |  |  |
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|  | **说明：**1.体检前必须贴有本人 1寸彩色近照； | | |  |  |  |
|  | 2.体检表中个人基本资料如实填写齐全； | | |  |  |  |
|  | 3.体检当日早晨须空腹（禁食、禁水）； | | |  |  |  |
|  | 4.本表须 A4 规格纸张正反双面下载。 | | |  |  |  |