附件

福建省教师资格申请人员

体

检

表

|  |  |
| --- | --- |
| 福  建   省   教   育   厅 | 制 |
| 福建省卫生与计划生育委员会 |

体检须知

为了准确反映受检者身体的真实状况，请注意以下事项：

1.均应到指定医院进行体检，其它医疗单位的检查结果一律无效。

2.严禁弄虚作假、冒名顶替；如隐瞒病史影响体检结果的，后果自负。

3.体检表上贴近期二寸免冠照片一张。

4.本表第二页由受检者本人填写（用黑色签字笔或钢笔），要求字迹清楚，无涂改，病史部分要如实、逐项填齐，不能遗漏。

5.体检前一天请注意休息，勿熬夜，不要饮酒，避免剧烈运动。

6.体检当天需进行采血、B超等检查，请在受检前禁食8-12小时。

7.女性受检者月经期间请勿做妇科及尿液检查，待经期完毕后再补检；怀孕或可能已受孕者，事先告知医护人员，勿做X光检查。

8.请配合医生认真检查所有项目，勿漏检。若自动放弃某一检查项目，将会影响对您的录用。

9.体检医师可根据实际需要，增加必要的相应检查、检验项目。

10.如对体检结果有疑义，请按有关规定办理。

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| 姓名 | | | | | |  | | | | | | | | | | | | 性 别 | | | | |  | | | | | | | | | 出生年月 | | | | | | |  | | | | | 照   片 | | | | | |
| 民 族 | | | | | |  | | | | | | | | | | | | 婚姻状况 | | | | |  | | | | | | | | | 籍 贯 | | | | | | |  | | | | |
| 联系电话 | | | | | |  | | | | | | | | | | | | 通讯地址 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 申请资格种类 | | | | | |  | | | | | | | | | | | | 身份证号 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 请本人如实详细填写下列项目（在每一项后的空格中打“√”回答“有”或“无”，如故意隐瞒，后果自负） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 病名 | | | | | | | | | 有 | | | | | | | 无 | | | | | 治愈时间 | | | 病名 | | | | | | | | | | | 有 | | | | | | | 无 | | | | | | 治愈时间 | |
| 高血压病 | | | | | | | | |  | | | | | | |  | | | | |  | | | 糖尿病 | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 冠心病 | | | | | | | | |  | | | | | | |  | | | | |  | | | 甲亢 | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 风心病 | | | | | | | | |  | | | | | | |  | | | | |  | | | 贫血 | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 先心病 | | | | | | | | |  | | | | | | |  | | | | |  | | | 癫痫 | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 心肌病 | | | | | | | | |  | | | | | | |  | | | | |  | | | 精神病 | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 支气管扩张 | | | | | | | | |  | | | | | | |  | | | | |  | | | 神经官能症 | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 支气管哮喘 | | | | | | | | |  | | | | | | |  | | | | |  | | | 吸毒史 | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 肺气肿 | | | | | | | | |  | | | | | | |  | | | | |  | | | 急慢性肝炎 | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 消化性溃疡 | | | | | | | | |  | | | | | | |  | | | | |  | | | 结核病 | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 肝硬化 | | | | | | | | |  | | | | | | |  | | | | |  | | | 性传播疾病 | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 胰腺疾病 | | | | | | | | |  | | | | | | |  | | | | |  | | | 恶性肿瘤 | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 急慢性肾炎 | | | | | | | | |  | | | | | | |  | | | | |  | | | 手术史 | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 肾功能不全 | | | | | | | | |  | | | | | | |  | | | | |  | | | 严重外伤史 | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 结缔组织病 | | | | | | | | |  | | | | | | |  | | | | |  | | | 其他 | | | | | | | | | | |  | | | | | | |  | | | | | |  | |
| 备 注： | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受检者签字：                                 体检日期：           年       月      日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身高 | | | | | 厘米 | | | | | | | | | | | | | | | 体重 | | 公斤 | | | | | | | | | | | | 血压 | | | | | | | /       mmHg | | | | | | | | |
| 内  科 | | | | | 病史：曾患过何种疾病（起病时间及目前症状）。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 心脏 | | | | | | | | | 心界                      杂音 | | | | | | | | | | | | | | | | | 心率          次/分   律 | | | | | | | | | | | | | | | | | | |
| 肺 | | | | | | | | |  | | | | | | | | | | | | | | | | | 腹部 | | | | | |  | | | | | | | | | | | | |
| 肝 | | | | | | | | |  | | | | | | | | | | | | | | | | | 神经系统 | | | | | |  | | | | | | | | | | | | |
| 脾 | | | | | | | | |  | | | | | | | | | | | | | | | | | 其他 | | | | | |  | | | | | | | | | | | | |
| 建议 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 医师签字 | | | | | | | |  | | | | |
| 外  科 | | | | | 病史：曾做过何种手术或有无外伤史（名称及时间），目前功能如何。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 皮肤 | | | | | | | | |  | | | | | | | | | | | | | | | | | 浅表淋巴结 | | | | | |  | | | | | | | | | | | | |
| 头颅 | | | | | | | | |  | | | | | | | | | | | | | | | | | 甲状腺 | | | | | |  | | | | | | | | | | | | |
| 乳腺 | | | | | | | | |  | | | | | | | | | | | | | | | | | 脊柱四肢关节 | | | | | |  | | | | | | | | | | | | |
| 肛门外生殖器 | | | | | | | | |  | | | | | | | | | | | | | | | | | 其他 | | | | | |  | | | | | | | | | | | | |
| 建议 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 医师签字 | | | | | | | |  | | | | |
| 眼  科 | | | | | 裸眼视力 | | | | | | | | | 右 | | | | | | | | 矫正视力 | | | | | | | | 右 | | | | | | | 医师签字 | | | | | | | |  | | | | |
| 左 | | | | | | | | 左 | | | | | | |
| 色觉 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建议 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 医师签字 | | | | | | | |  | | | | |
| 耳鼻喉科 | | 听力 | | | | | | | | | | 左耳右耳 | | | | | | | | | | | | | | | | | 嗅觉 | | | | | | | | | | |  | | | | | | | | | |
| 外耳 | | | | | | | | | |  | | | | | | | | | | | | | | | | | 鼻 | | | | | | | | | | |  | | | | | | | | | |
| 鼻咽 | | | | | | | | | |  | | | | | | | | | | | | | | | | | 口咽 | | | | | | | | | | |  | | | | | | | | | |
| 喉咽 | | | | | | | | | |  | | | | | | | | | | | | | | | | | 其他 | | | | | | | | | | |  | | | | | | | | | |
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| 口腔科 | | 唇腭 | | | | | | | | | |  | | | | | | | | | | | | | | | | 舌 | | | | | | | | | | | |  | | | | | | | | | |
| 龋齿 | | | | | | | | | |  | | | | | | | | | | | | | | | | 口吃 | | | | | | | | | | | |  | | | | | | | | | |
| 口腔粘膜 | | | | | | | | | |  | | | | | | | | | | | | | | | | 其他 | | | | | | | | | | | |  | | | | | | | | | |
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| 刮片：                                         初诊 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 耳鼻喉科 | | | | 听力 | | | | | | | | | | | | | 左耳右耳 | | | | | | | | 耳部 | | | | | | | | | | |  | | | | | | | | | | | | | |
| 鼻部 | | | | | | | | | | | | |  | | | | | | | | 咽部 | | | | | | | | | | |  | | | | | | | | | | | | | |
| 喉部 | | | | | | | | | | | | |  | | | | | | | | 嗅觉 | | | | | | | | | | |  | | | | | | | | | | | | | |
| 其他 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建议 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 医师签字 | | | | | | | | | |  | | | | | | |
| 口腔科 | | | | 唇腭舌 | | | | | | | | | | | | |  | | | | | | | | 牙齿 | | | | | | | | | | |  | | | | | | | | | | | | | |
| 是否口吃 | | | | | | | | | | | | |  | | | | | | | | 发音是否嘶哑 | | | | | | | | | | |  | | | | | | | | | | | | | |
| 其他 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建议 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | 医师签字 | | | | | | | | | |  | | | | | | |
| 妇科检查 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 医师签字 | | | | | | | | | |  | | | | | | |
| 申请幼儿教师资格加测 | | | | 淋球菌 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | 医师签字 | | | | | | | | | |  | | | | | | |
| 梅毒螺旋体 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 妇科 | | | | | | 滴虫 | | | | | | | | |  | | | | | | | | | | | | | |
| 念球菌 | | | | | | | | |  | | | | | | | | | | | | | |
| 耳鼻喉科 | 听力 | | | | | | | | | | 左耳右耳 | | | | | | | | | | | | | | | | 嗅觉 | | | | | | | | | | |  | | | | | | | | | | | |
| 外耳 | | | | | | | | | |  | | | | | | | | | | | | | | | | 鼻 | | | | | | | | | | |  | | | | | | | | | | | |
| 鼻咽 | | | | | | | | | |  | | | | | | | | | | | | | | | | 口咽 | | | | | | | | | | |  | | | | | | | | | | | |
| 喉咽 | | | | | | | | | |  | | | | | | | | | | | | | | | | 其他 | | | | | | | | | | |  | | | | | | | | | | | |
| 建议 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 医师签字 | | | | | | | |  | | | |
| 口腔科 | 唇腭 | | | | | | | | | |  | | | | | | | | | | | | | | | 舌 | | | | | | | | | | | |  | | | | | | | | | | | |
| 龋齿 | | | | | | | | | |  | | | | | | | | | | | | | | | 口吃 | | | | | | | | | | | |  | | | | | | | | | | | |
| 口腔粘膜 | | | | | | | | | |  | | | | | | | | | | | | | | | 其他 | | | | | | | | | | | |  | | | | | | | | | | | |
| 建议 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 医师签字 | | | | | | | |  | | | |
| 妇   |  | | --- | |  | |  | |  | |  |   科 | 病史:  初潮        周期        量（多、中、少）末次月经        绝经年龄      岁 结婚年龄：         孕     产           末产          年        月 难产：                                 手术史： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内  诊 | | | | | | 外阴 | | | | | | 阴道                分泌物 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 刮片：                                         初诊 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建议：                                                      医师签字 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 耳鼻喉科 | 听力 | | | | | | | | | | 左耳右耳 | | | | | | | | | | | | | | | | 嗅觉 | | | | | | | | | | |  | | | | | | | | | | | |
| 外耳 | | | | | | | | | |  | | | | | | | | | | | | | | | | 鼻 | | | | | | | | | | |  | | | | | | | | | | | |
| 鼻咽 | | | | | | | | | |  | | | | | | | | | | | | | | | | 口咽 | | | | | | | | | | |  | | | | | | | | | | | |
| 喉咽 | | | | | | | | | |  | | | | | | | | | | | | | | | | 其他 | | | | | | | | | | |  | | | | | | | | | | | |
| 建议 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 医师签字 | | | | | | | |  | | | |
| 口腔科 | 唇腭 | | | | | | | | | |  | | | | | | | | | | | | | | | 舌 | | | | | | | | | | | |  | | | | | | | | | | | |
| 龋齿 | | | | | | | | | |  | | | | | | | | | | | | | | | 口吃 | | | | | | | | | | | |  | | | | | | | | | | | |
| 口腔粘膜 | | | | | | | | | |  | | | | | | | | | | | | | | | 其他 | | | | | | | | | | | |  | | | | | | | | | | | |
| 建议 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 医师签字 | | | | | | | |  | | | |
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| 宫颈：大小（正常、肥大、萎缩） 糜烂（无、轻、中、重） 质地（软、中、硬） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 刮片：                                         初诊 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 建议：                                                      医师签字 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 耳鼻喉科 | 听力 | | | | | | | | | | 左耳右耳 | | | | | | | | | | | | | | | | 嗅觉 | | | | | | | | | | |  | | | | | | | | | | | |
| 外耳 | | | | | | | | | |  | | | | | | | | | | | | | | | | 鼻 | | | | | | | | | | |  | | | | | | | | | | | |
| 鼻咽 | | | | | | | | | |  | | | | | | | | | | | | | | | | 口咽 | | | | | | | | | | |  | | | | | | | | | | | |
| 喉咽 | | | | | | | | | |  | | | | | | | | | | | | | | | | 其他 | | | | | | | | | | |  | | | | | | | | | | | |
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| 口腔科 | 唇腭 | | | | | | | | | |  | | | | | | | | | | | | | | | 舌 | | | | | | | | | | | |  | | | | | | | | | | | |
| 龋齿 | | | | | | | | | |  | | | | | | | | | | | | | | | 口吃 | | | | | | | | | | | |  | | | | | | | | | | | |
| 口腔粘膜 | | | | | | | | | |  | | | | | | | | | | | | | | | 其他 | | | | | | | | | | | |  | | | | | | | | | | | |
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| 口腔科 | 唇腭 | | | | | | | | | |  | | | | | | | | | | | | | | | 舌 | | | | | | | | | | | |  | | | | | | | | | | | |
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| 鼻咽 | | | | | | | | | |  | | | | | | | | | | | | | | | | 口咽 | | | | | | | | | | |  | | | | | | | | | | | |
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| 口腔科 | 唇腭 | | | | | | | | | |  | | | | | | | | | | | | | | | 舌 | | | | | | | | | | | |  | | | | | | | | | | | |
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| 心  电 图 | | | 建议：                                医师签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 腹部B超检查 | | | | 建议：                               医师签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 体检结论及建议 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 体检医院签章处                                     主检医师签字：                           年        月        日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：对于滴虫和念球菌两项妇科检查项目未婚女性采取阴道口取样。

检 验 项 目

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| 血常规 | 白细胞总数（WBC）及分类 | 血红蛋白（HGB） |
| 红细胞总数（RBC） | 血小板计数（PLT） |
| 血生化 | 丙氨酸氨基转移酶（ALT） | 尿素氮（BUN） |
| 天冬氨酸氨基转移酶（AST） | 肌酐（CR） |
| 葡萄糖（GLU） |  |
| 免疫 | 艾滋病病毒抗体（抗HIV） | 梅毒血清特异性抗体（TPHA） |
| 尿常规 | 糖（GLU） | 蛋白质（PRO） |
| 胆红素（TBIL） | 尿胆原（URO） |
| 比重（SG） | 红细胞（BLO） |
| 酸碱度（PH） | 白细胞（LEU） |
| 镜检 |  |
| 其他 |  | |