**附件2**

**叶县中等专业学校**

**2021年公开招聘教师（人事代理）体检表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | **性别** | |  | **年龄** | |  | | | | **民族** |  | | **婚姻** |  | **照**  **片** | |
| **籍贯**  **或住址** | | |  | | | | | | | | **文化程度** | | |  | | | |
| **身份证号码** | | |  | | | | | | | | **联系方式** | | |  | | | |
| **既往病史本人如实填写** | | | 1. **肝炎 2.精神病 3.先心病 4. 癫痫 5.结核病**   **6. 性转播疾病 7.其他 受检人签字：** | | | | | | | | | | | | | | |
| **外科** | **身高** | | | | **厘米** | | | | | **体重** | | | | | **千克** | | | **医师签字：** | |
| **淋巴** | | | |  | | | | | **脊柱** | | | | |  | | |
| **四肢** | | | |  | | | | | **关节** | | | | |  | | |
| **皮肤** | | | |  | | | | | **颈部** | | | | |  | | |
| **其他** | | | |  | | | | | | | | | | | | |
| **内**  **科** | **血压** | | | | **/ mmHg** | | | | | **心率** | | | | | **次/分** | | | **医师签字：** | |
| **心脏** | | | |  | | | | | **脉搏** | | | | |  | | |
| **腹部** | | | |  | | | | | **呼吸系统** | | | | |  | | |
| **发育情况** | | | |  | | | | | **精神状况** | | | | |  | | |
| **其他** | | | |  | | | | | | | | | | | | |
| **五**  **官**  **科** | **裸眼视力** | | | | **右** | | | | | **矫正视力** | | | | | **右** | | | **医师签字：** | |
| **左** | | | | | **左** | | |
| **辨色力** | | | |  | | | | | **嗅觉** | | | | |  | | |
| **听力** | | | | **右 米 米** | | | | | **左 米** | | | | |  | | |
| **鼻及鼻窦** | | | |  | | | | | **口吃** | | | | |  | | |
| **其他** | | | |  | | | | | | | | | | | | |
| **化验检查** | | | | **血常规** | | | | | | | | **空腹血糖** | | | | | | | **医师签字：** | |
| **肝功五项** | | | | | | | | **肾功三项** | | | | | | |
| **梅毒艾滋** | | | | | | | | **甲功五项** | | | | | | |
| **尿常规** | | | |  | | | | | | | | | | |
| **心电图** | | | |  | | | | | | | | | | | | | | | **医师签字：** | |
| **胸 片** | | | |  | | | | | | | | | | | | | | | **医师签字：** | |
| **彩色超声** | | | | **肝 胆 脾 胰 双肾 ：** | | | | | | | | | | | | | | | **医师签字：** | |
| **体检结论** | | | | **主检医师盖章：** | | | | | | | | | | | | | | | | |
| **体检医院意见** | | | | **体检单位盖章：**  **年 月 日** | | | | | | | | | | | | | | | | |
| **备 注** | | | |  | | | | | | | | | | | | | | | | |

1. **体检前必须贴有本人彩色近照；**
2. **体检表个人基本资料如实填写；**
3. **本表须A规格纸正反双面下载。**