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| **周口市中心城区2020年公开招聘教师体检表**  **所报专业岗位：** | | | | | | | | | | | | | | | | | | |
| **姓名** | |  | **年龄** |  | | | **性别** |  | | | **婚否** |  | | | **民族** | |  | **相片** |
| **单位** | |  | | | | | | | | | **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** | | | **辨色力** | | |  | | **签名** |
| **左** | | | **左** | | |
| **听 力** | | **左耳 米** | | | | | | | **右耳 米** | | | | | | | | **签名** |
| **鼻** | | **嗅 觉** | |  | | | | | **鼻及鼻窦** | | |  | | | | |
| **面 部** | |  | | | | | | | **咽 喉** | | |  | | | | |
| **口腔唇腭** | |  | | | | | | | **齿** | | |  | | | | |
| **其 他** | |  | | | | | | | | | | | | | | |
| **外 科** | **身 高** | | **公分** | | | | | | **体 重** | | | | **公斤** | | | | | **签名** |
| **淋 巴** | |  | | | | | | **脊 柱** | | | |  | | | | |
| **四 肢** | |  | | | | | | **关 节** | | | |  | | | | |
| **皮 肤** | |  | | | | | | **颈 部** | | | |  | | | | |
| **其 他** | |  | | | | | | | | | | | | | | |
| **心电图** | | |  | | | | | | | | | | | | | | | **签名** |
| **胸部透视** | | |  | | | | | | | | | | | | | | | **签名** |

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| **内 科** | **发育情况** |  | | **签名** |
| **血 压** | **mmHg** | |
| **心脏及血管** |  | |
| **呼吸系统** |  | |
| **神经及精神** |  | |
| **腹部器官** |  | |
| **其 他** |  | |
| **化验检查（附化验单）** | | **肝功能** | **其 他** | **签名** |
|  |  |
| **体检结论** | | **主检医师签字：** | | |
| **体检医院意见** | | **体检医院公章**  **年 月 日** | | |
| **备 注** | |  | | |
|  | **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。** | | | |