附件3

**2021年临泉县公开招聘合同制幼儿教师体检表**

户籍所在乡镇：  学段：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **年龄** |  | | | | **性别** | |  | | **婚否** | |  | | | | **民族** | |  | 照 片 | |
| **籍贯** |  | | **现住所** |  | | | | | | | | **联系电话** | |  | | | | | | |
| 既往病史  (本人如实填写) | | | 1、肝炎 2、结核 3、皮肤病 4、性传播性疾病  5、精神病 6、其他  受检者确认签字： | | | | | | | | | | | | | | | | | |
| 五  官  科 | 裸眼视力 | | 右 | | | | 矫正  视力 | | 右 | | | | | | 矫正  度数 | | | | 右 | | | 医师意见：  签名： |
| 左 | | | | 左 | | | | | | 左 | | |
| 辨色力 | |  | | | | | | 眼病 | | | | | |  | | | | | | |
| 听力 | | 左耳 米 | | | | | | | | | | 右耳 米 | | | | | | | | |
| 鼻 | | 嗅觉 | |  | | | | 鼻及鼻窦 | | | | | | |  | | | | | |
| 面部 | |  | | | | | | 咽喉 | | | | | | |  | | | | | |
| 口腔唇腭 | |  | | | | | | 齿 | | | | | | |  | | | | | |
| 其它 | |  | | | | | | | | | | | | | | | | | | |
| 外  科 | 身高 | | cm | | | | | | 体重 | | | | | | | | kg | | | | | 医师意见：  签名： |
| 淋巴 | |  | | | | | | 脊柱 | | | | | | | |  | | | | |
| 四肢 | |  | | | | | | 关节 | | | | | | | |  | | | | |
| 皮肤 | |  | | | | | | 颈部 | | | | | | | |  | | | | |
| 其它 | |  | | | | | | | | | | | | | | | | | | |
| 内  科 | 营养状况 | | | | |  | | | | | | | | | | | | | | | | 医师意见：  签名： |
| 血 压 | | | | |  | | | | | | | | | | | | | | | |
| 心脏及血管 | | | | |  | | | | | | | | | | | | | | | |
| 呼吸系统 | | | | |  | | | | | | | | | | | | | | | |
| 腹部器官 | | | | |  | | | | | | | | | | | | | | | |
| 神经及精神 | | | | |  | | | | | | | | | | | | | | | |
| 其 它 | | | | |  | | | | | | | | | | | | | | | |
| 化验单粘贴处 | | | | | | | | | | | | | | | | | | | | | | |
| 心电图 | | | |  | | | | | | | | | | | | | | | | | | 签名： |
| 实验室检查 | | 血常规 | |  | | | | | | | | | | | | | | | | | | 签名： |
| 尿常规 | |  | | | | | | | | | | | | | | | | | | 签名： |
| 转氨酶 | |  | | | | | | | | | | | | | | | | | | 签名： |
| 若转氨酶异常，需  进一步明确诊断 | |  | | | | | | | | | | | | | | | | | | 签名： |
| **仅限幼儿教师岗位** | | 淋球菌 | |  | | | | | | | 梅毒螺旋体 | | | | |  | | | | | | 签名： |
| 滴 虫 | |  | | | | | | | 外阴阴道假丝酵母菌（念珠菌） | | | | |  | | | | | | 签名： |
| 胸部透视 | | | |  | | | | | | | | | | | | | | | | | | 签名： |
| 若胸透异常，则  进行胸片检查 | | | | 检查结果： | | | | | | | | | | | | | | | | | | 签名： |
| 体检结论 | | | | 负责医师签字： | | | | | | | | | | | | | | | | | | |
| 体检医院  意 见 | | | | 体检医院公章  年 月 日 | | | | | | | | | | | | | | | | | | |