**附件1**

**申请人思想品德鉴定表**

编号：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 申请人姓名： | | 性别： | | | | 工作单位： | | | |
| 2 | 常住地址： | | | 邮编： | | | | 电话： | | |
| 3 | 身份证号码： | | | 申请资格种类及学科： | | | | | | |
| 4 | 工作、政治  思想表现 |  | | | | | | | | |
| 5 | 热心社会公  益事业情况 |  | | | | | | | | |
| 6 | 遵守社会  公德情况 |  | | | | | | | | |
| 7 | 有无行政  处分记录 |  | | | | | | | | |
| 8 | 有无犯罪记录 |  | | | | | | | | |
| 9 | 其他需要说  明的情况 |  | | | | | | | | |
| 10 | 鉴定单位     （全称） |  | | | | | | | | |
| 11 | 鉴定单位  地    址 |  | | | 电话 |  | | | 邮编 |  |
| （单位）填写人（签名）：                    填写日期：      年    月   日    （加盖单位组织人事部门公章） | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |

本表由中华人民共和国教育部监制

说明：1.表中第1-3栏由申请人填写；第4-11栏由申请人所在工作单位或者所在乡镇（街道）

填写（其中第8栏由公安派出所或警署填写）。

2.“编号”由教师资格认定机关填写。

      3.填写字迹应该端正、规范。

4.本表必须据实填写。

**附件2**

**贵州省申请教师资格人员体格检查表**

（2010年3月修订）

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| 身份证号码 | | | |  | |  |  |  |  | | |  | | |  | |  |  | | |  | |  |  | | | |  | |  | | |  | |  |  |  | 一寸照片 |
| 姓  名 | | | |  | | | | | | | | | | | | | | | | 主检医师意见：          签名： | | | | | | | | | | | | | | | | | |
| 性别 | | |  | 出生年月 | | | |  | | | | | | | | | | | |
| 既往病史 | | |  | | | | | | | | 有无精神病史 | | | | | | | | |
|  | | | | | | | | |
| 眼科 | 裸眼视力 | | | 右： | | | | | | 矫正视力 | | | | | | 右：矫正度数 | | | | | | | | | | | | | | | 检查者 | | | | | | | 医师意见：          签名： |
| 左： | | | | | | 左：矫正度数 | | | | | | | | | | | | | | |
| 色觉检查 | | | | 彩色图案及彩色数码检查：  色觉检查图名称：  单色识别能力检查：（色觉异常者查此项）  红（   ） 黄（   ） 绿（   ） 蓝（   ） 紫（   ） | | | | | | | | | | | | | | | | | | | | | | | | | | 检查者 | | | | | | |
| 眼病 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 内科 | 血压 | | | | /         kpa | | | | | | | | | | | | | | | | | | | | | | 检查者 | | | | | | | | | | | 医师意见：        签名： |
| 发育情况 | | | |  | | | | | | | | | | | | | | 心脏及血管 | | | | | | | |  | | | | | | | | | | |
| 呼吸系统 | | | |  | | | | | | | | | | | | | | 神经系统 | | | | | | | |  | | | | | | | | | | |
| 腹部器官 | | | | 肝                 脾                  肾 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其它 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 外科 | 身高 | | | | 厘米 | | | | | | | | | 体重 | | | | | 千克 | | | | | | | | | | 颈部 | | | | |  | | | | 医师意见：      签名： |
| 皮肤 | | | |  | | | | | | | | | 面部 | | | | |  | | | | | | | | | | 关节 | | | | |  | | | |
| 脊柱 | | | |  | | | | | | | | | 四肢 | | | | |  | | | | | | | | | | 检查者 | | | | | | | | |
| 其它 | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 耳鼻喉 | 听力 | | | | 左耳      米 | | | | | | | | 右耳      米 | | | | | | | | | 检查者 | | | | | | |  | | | | | | | | | 医师意见：    签名： |
| 嗅觉 | | | |  | | | | | | | | | | | | | | | | | 检查者 | | | | | | |  | | | | | | | | |
| 耳鼻咽喉 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 口腔科 | 唇腭 | | | |  | | | | | | | | | | | | | | | | | | | | | 是否口吃 | | | | | |  | | | | | | 医师意见：    签名： |
| 牙齿 | | | | （齿缺失——————+——————） | | | | | | | | | | | | | | | | | | | | |
| 其它 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 胸部透视                                                                 医师签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 肝功能 | |  | | | | | | | | | | | | | | | | | | | | 体检结论 | | | 主检医师签名：  年    月    日（医院盖章） | | | | | | | | | | | | | |
| 主检医师意见：  签名： | | | | | | | | | | | | | | | | | | | | | |
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　　说明：1.“既往病史”一栏，申请人必须如实填写，如发现有隐瞒严重病史，不符合认定条件者，即使取得资格，一经发现收回认定资格。

　　2. 主检医师作体检结论要填写合格、不合格两种结论，并简单说明原因。