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| 福建省教育厅  福建省卫生和计划生育委员会 | 文件 |

闽教师〔2018〕20号

福建省教育厅 福建省卫生和计划生育委员会关于印发福建省教师资格申请人员体检标准及办法（2018年修订）的通知

各市、县（区）、平潭综合实验区教育局、卫生和计生委（局），各高校，各直属单位（学校）：

为严格教师资格准入制度，做好我省教师资格认定工作，根据《教师法》《教师资格条例》《托儿所幼儿园卫生保健管理办法》《关于进一步规范入学和就业体检项目维护乙肝表面抗原携带者入学和就业权利的通知》等文件精神，结合《公务员录用体检通用标准（试行）》（人社部发〔2016〕140号）,经广泛征求社会各界意见，依据相关法规和程序，省教育厅和省卫计委联合对2006年修订出台的《福建省教师资格申请人员体检标准及办法》进行重新修订，现将《福建省教师资格申请人员体检标准（2018年修订）》《福建省教师资格认定体检工作实施办法（2018年修订）》印发给你们，并于2018年9月1日起执行。原有的教师资格申请人员体检标准及办法同时废止。

福建省教育厅 福建省卫生和计划生育委员会

2018年4月16日

福建省教师资格申请人员体检标准

### （2018年修订）

**第一条** 风湿性心脏病、心肌病、冠心病、先天性心脏病等器质性心脏病，不合格。先天性心脏病不需手术者或经手术治愈者，合格。

遇有下列情况之一的，排除病理性改变，合格：

（一）心脏听诊有杂音；

（二）频发期前收缩；

（三）心率每分钟小于50次或大于110次；

（四）心电图有异常的其他情况。

**第二条**血压在下列范围内，合格：收缩压小于140mmHg；舒张压小于90mmHg。

**第三条**血液系统疾病，不合格。单纯性缺铁性贫血，血红蛋白男性高于90g/L、女性高于80g/L，合格。

**第四条**结核病不合格。但下列情况合格：

（一）原发性肺结核、继发性肺结核、结核性胸膜炎，临床治愈后稳定1年无变化者；

（二）肺外结核病：肾结核、骨结核、腹膜结核、淋巴结核等，临床治愈后2年无复发，经专科医院检查无变化者。

**第五条**慢性支气管炎伴阻塞性肺气肿、严重支气管扩

张、严重支气管哮喘，不合格。

**第六条**慢性胰腺炎、溃疡性结肠炎、克罗恩病等严重慢性消化系统疾病，不合格。胃次全切除术后无严重并发症者，合格。

**第七条**各种急慢性肝炎及肝硬化，不合格。

**第八条**恶性肿瘤，不合格。

**第九条**肾炎、慢性肾盂肾炎、多囊肾，以及各种原因所致的慢性肾功能不全，不合格。

**第十条**糖尿病伴心、脑、肾、眼及末梢循环等其他器官功能严重受损者，尿崩症、肢端肥大症等内分泌系统疾病，不合格。甲状腺功能亢进治愈后1年无症状和体征者，合格**。**

**第十一条**有癫痫病史、精神病史、癔病史、夜游症、严重的神经官能症（经常头痛头晕、失眠、记忆力明显下降等），精神活性物质滥用和依赖者，不合格。

**第十二条**红斑狼疮、皮肌炎和多发性肌炎、硬皮病、结节性多动脉炎、类风湿性关节炎等各种弥漫性结缔组织疾病，大动脉炎，不合格。

**第十三条**晚期血吸虫病，晚期血丝虫病兼有橡皮肿或有乳糜尿，不合格。

**第十四条** 颅骨缺损、颅内异物存留、颅脑畸形、脑外伤后综合征，不合格。

**第十五条**严重的慢性骨髓炎，不合格。

**第十六条**三度单纯性甲状腺肿，不合格。

**第十七条**有梗阻的胆结石或泌尿系结石，不合格。

**第十八条**淋病、梅毒、软下疳、性病性淋巴肉芽肿、尖锐湿疣、生殖器疱疹，艾滋病，不合格。

**第十九条**双眼矫正视力均低于4.8（小数视力0.6），一眼失明另一眼矫正视力低于4.9（小数视力0.8），有明显视功能损害眼病者，不合格。

**第二十条** 色觉检查异常者，不宜从事美术、化学、生物等以颜色作为技术指标和实验数据的教学岗位。色盲、色弱，不宜申请幼儿园、特殊教育或相关专业教师资格。

**第二十一条**  双耳均有听力障碍，在使用人工听觉装置情况下，双耳在2米以内正常语言仍听不见者，不合格。

**第二十二条**严重口吃，吐字不清，持续声音嘶哑、失声及口腔有生理缺陷并妨碍发音，不合格。

**第二十三条**  对申请认定幼儿园教师资格人员，增加淋球菌、梅毒螺旋体、滴虫、外阴阴道假丝酵母菌（念球菌）（后两项指妇科）检查项目，阳性为不合格；呼吸系统疑似症状者需做胸片检查。

**第二十四条**未纳入体检标准，影响正常履行职责的其他严重疾病，不合格。

**第二十五条**本体检标准从2018年9月1日起执行，以往的相关体检标准自本标准实施之日起废止。

福建省教师资格认定体检工作实施办法

（2018年修订）

根据《教师资格条例》《〈教师资格条例〉实施办法》的有关规定，结合《公务员录用体检通用标准（试行）》（人社部发〔2016〕140号），制定本办法。  
   （一）体检对象     在福建省申请认定各类教师资格的人员。

（二）体检医院   
    由《中共福建省委组织部 省人力资源和社会保障厅 省卫生和计划生育委员会 省公务员局关于调整福建省公务员录用体检医院名单》（闽公局〔2015〕11号）中所列医院负责我省教师资格申请人员体检工作。

（三）体检工作组织实施

1.教师资格申请人员体检工作是一项重要而复杂的工作，各级有关部门和高等学校要加强领导，落实具体责任人，做好宣传教育和组织工作。

2.体检标准按福建省教育厅、福建省卫生和计划生育委员会印发的《福建省教师资格申请人员体检标准（2018年修订）》执行。

3.承担体检任务的医院要安排一名业务副院长具体负责，并选调政治思想素质好、工作责任心强、作风正派、业务水平高的各科医师、护士和工作人员组成体检队伍。

4.体检过程中，体检表、检验单应指定专人传递和集中保管，按顺序逐个对照检查，严禁申请人员自带，以防漏检或作弊。

5.参加体检的各科医生对本科所检的项目负责。发现阳性体征，一律如实记入体检表内，不得随意涂改。如确须更正的，应将原结果上面横腰划一条横杆，使更改的字迹清晰可见，然后在右边写上更改后的诊断或数据，主检医师在更改后要签名，并加盖体检医院公章，以示负责。疾病名称、化验结果及体检结论，均应用中文规范填写。

6.体检中发现有疑难问题，应采取集体会诊或进一步检查后再下结论。复查时，只限单科复查，并用原体检表。复查时要派专人陪同，上级医院对体检站的诊断结论否定时，要在诊断书上详注复查结果。申请人员自行取得的任何检查材料，均不得作为教师资格认定体检依据。

7.主检医师必须对“传染病”认真检查核实，亲自询问“精神病史”，及时综合各科检查结果，全面检查无误后对资格认定健康状况认真作出“合格”或“不合格”的结论，加盖公章。

8.对申请人员进行健康检查是一项严肃的工作，体检时各个环节务必严格把关，实事求是，不得弄虚作假。如发现弄虚作假者，除取消本人认定资格外，对责任人要严肃处理。

9.负责体检的医院要密切配合，提高效率，体检结束后一般应于七个工作日内向体检组织单位反馈结果，情况特殊者要及时告知。体检表由体检组织单位统一领取。

10.体检收费按体检医院经物价部门核定的体检收费标准收取。

（四）体检结果的使用

各教师资格认定机构应在体检结束后两周内将体检结果通知本人。体检不合格的不能认定教师资格。体检表由教师资格认定机构归档保存，不退还本人。体检结论仅在当年当次认定教师资格时有效。

（五）体检用表

《福建省教师资格申请人员体检表》（见附件）。

（六）本办法自2018年9月1日起执行，由福建省教师资格认定机构负责解释。

附件

福建省教师资格申请人员

体

检

表

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| 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** | | | | | | | | | | |  | | | | | | | | | |
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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** | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **口**  **腔**  **科** | | | | | **唇腭舌** | | | | | | | | | | | | | |  | | | | | | | | **牙齿** | | | | | | | | | | |  | | | | | | | | | | | | | |
| **是否**  **口吃** | | | | | | | | | | | | | |  | | | | | | | | **发音是否**  **嘶哑** | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **申请幼儿教师资格**  **加测** | | | | | **淋球菌** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **医师签字** | | | | | | | | | |  | | | | | | |
| **梅毒螺旋体** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| **鼻咽** | | | | | | | | | | |  | | | | | | | | | | | | | | | | **口咽** | | | | | | | | | | |  | | | | | | | | | | | |
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| **心**  **电**  **图** | | | | **建议： 医师签字：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **胸**  **部**  **X**  **光**  **片** | | | | **建议： 医师签字：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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

|  |  |  |
| --- | --- | --- |
| **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** |  | |

（此件主动公开）

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| 福建省教育厅办公室 2018年4月20日印发 |