附件3：

公办幼儿园劳动合同制度教师录用体检基本情况表

（考生体检前填写）

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性 别** | |  | | **出生年月** | | |  | | **照**  **片** |
| **民 族** |  | | **婚姻状况** | |  | | **籍 贯** | | |  | |
| **文化程度** |  | | **联系电话** | |  | | | | | | |
| **毕业院校** |  | | | | **报考岗位** | | |  | | | |
| **家庭住址** |  | | | | **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** | | |  | |  |  |
| **心脏病** | |  |  |  | | **甲亢** | | |  | |  |  |
| **支气管扩张** | |  |  |  | | **神经官能症** | | |  | |  |  |
| **支气管哮喘** | |  |  |  | | **吸毒史** | | |  | |  |  |
| **神经系统**  **疾病** | |  |  |  | | **严重消化系统疾病** | | |  | |  |  |
| **精神病** | |  |  |  | | **结核病** | | |  | |  |  |
| **癫痫** | |  |  |  | | **性病** | | |  | |  |  |
| **胰腺疾病** | |  |  |  | | **恶性肿瘤** | | |  | |  |  |
| **急慢性肾炎** | |  |  |  | | **手术史** | | |  | |  |  |
| **急慢性肝炎** | |  |  |  | | **严重外伤史** | | |  | |  |  |
| **结缔组织病** | |  |  |  | | **其他** | | |  | |  |  |
| **备 注：** | |  | | | | | | | | | | |
| **受检者签字： 体检日期：2023年6月12日** | | | | | | | | | | | | |