附件2

**2020年普通高考残疾考生申报登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | | **性别** | | |  | | **年龄** | | |  | | | | **民族** | |  |
| **身份**  **证号** |  | | | | | | | | | | | **考生号** | | |  | | | | |
| **毕业**  **学校** |  | | | | | | | | | | | | | | | | | | |
| **家庭**  **联系**  **地址** | **\_\_\_\_\_\_\_\_\_\_市\_\_\_\_\_\_\_\_\_\_县（市、区）**    **邮政编码：** | | | | | | | | | | | | | | | | **联系**  **电话** | | **（区号）** |
| **既往病史（或残疾原因）** |  | | | | | | | | | | | | | | | | | | |
| **以上由考生本人如实填写。** | | | | | | | | | | | | | | | | | | | |
| **残**  **疾**  **类**  **别** | **肢 体 残 疾** | | | | | | | | | | | | | | | | | | |
| **一级 □；二级 □；三级 □；四级 □** | | | | | | | | | | | | | | | | | | |
| **上肢** | | | | | **下肢** | | | | | **脊柱畸形** | | | | | **侏儒** | | **其他** | |
| **左肢** | **右肢** | **双肢** | | | **左肢** | **右肢** | | **双肢** | |  | | | | |  | |  | |
|  |  |  | | |  |  | |  | |
| **行走是否需要辅助工具：否 □； 是 □（拐杖□ 轮椅□ 其他□）** | | | | | | | | | | | | | | | | | | |
| **听 力**  **残 疾** | | | **一级 □；二级 □；三级 □；四级 □**  **（是否佩戴助听器：是 □；否 □）** | | | | | | | | | | | | | | | |
| **言语残疾** | | | **一级 □；二级 □；三级 □；四级 □** | | | | | | | | | | | | | | | |
| **视力残疾** | | | **一级 □；二级 □；三级 □；四级 □** | | | | | | | | | | | | | | | |
| **体检医院意见** | **（加盖公章）** | | | | | | | | | | | | | | | | | | |
| **当地招办意见** | **（加盖公章）** | | | | | | | | | | **当地残联意见** | | | （该生是否领取残疾人证）  **（加盖公章）** | | | | | |

填表说明：1.本表由考生本人和体检医院填写,考生必须如实填写本人基本情

况及既往病史,医院负责填写考生体检情况。

1. 本表由县(市、区)招生办和残联按要求备案和上报。