



SCHOOL CITY OF HOBART

32 East 7TH Street, Hobart, IN 46342
Phone: 219-942-8885 Fax: 219-942-0081
<http://www.hobart.k12.in.us>

"Building College and Career Ready Brickies"

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& Compliance

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2015-2016 Hobart Middle School

6th Grade Physical Exam & Immunization Information

Dear Parent/Guardian,

A physical exam is recommended for all students entering 6th grade at Hobart Middle School. A healthcare provider must complete the attached physical form. An athletic physical is also acceptable. All students who wish to participate in any extra-curricular athletic activity must have an annual physical stating they are cleared to participate.

The following additional immunizations are required for all incoming 6th grade students:

- **1 Tdap (Tetanus & Pertussis)**
- **1 MCV4 (Meningococcal conjugate)**

The full list of all school immunization requirements can be found online at <https://chrip.in.gov/> or <http://cdc.gov/vaccines/schedules/>.

Physicals and Immunizations are available at:

Brickie Community Health Clinic

2211 East 10th Street
Hobart, IN 46342
(219) 945-9383

Immunizations are also available at:

Lake County Health Department

2900 West 93rd Street
Crown Point, IN 46307
(219) 755-3658

***Reminder: Students need these vaccines by the first day of school. Students without completed immunizations will be excluded from school.**

Sincerely,

Regina Guarnero
Coordinator of Student Health Services



For 6th 7th 8th Grade Students
HOBART MIDDLE SCHOOL HEALTH RECORD

Name _____ Sex _____ Birthdate _____ Grade _____
Last First In

Address _____ Phone _____ Emergency # _____

DISEASE HISTORY (Give Dates)

Chicken Pox _____ Pneumonia _____

Scarlet Fever _____ Other _____

Significant Past Illness _____

Serious Injury or Accident _____

Surgeries _____

List Known Allergies _____

Asthma _____ Seizure Disorder _____ Diabetes _____

Under Physician's Care For _____

Medications Now Taking _____ For _____

Bee Sting Allergy - Type of Reaction _____

Other _____

IMMUNIZATIONS

- Tdap (due on or after 10 years of age) _____
- Meningococcal Vaccine MCV4 _____
- Other _____

For 6th 7th 8th Grade Students

RETURN THIS FORM TO THE
ATHLETIC DEPARTMENT

PHYSICAL EXAMINATION

Name _____ Sex _____ Birthdate _____ Grade _____

Height _____ Weight _____ B.P. _____ Bloodwork _____

<u>Examination</u>	<u>Satis.</u>	<u>Unsatis.</u>	<u>Comments</u>
Vision	_____	_____	_____
Hearing	_____	_____	_____
Respiratory	_____	_____	_____
Cardiovascular	_____	_____	_____
Liver, Kidney	_____	_____	_____
Hernia, Genitalia	_____	_____	_____
Musculoskeletal	_____	_____	_____
Neurological	_____	_____	_____
Skin/Foot Exam	_____	_____	_____
Scoliosis Exam	_____	_____	_____
Urine	_____	_____	_____

Physician is this child able to participate in the following?

- A. Classroom & Academic Activities? Yes _____ No _____
- B. Physical Education Classes? Yes _____ No _____
- C. Competitive Athletics? Yes _____ No _____
- D. Contact & Collision Sports? Yes _____ No _____

If limitations or recommendations are advised, please specify _____

Examining Physician _____ Date _____