

*******DUE NO LATER THAN FIRST DAY OF SCHOOL*******

2013 - 2014

**PHYSICAL EXAM
AND
IMMUNIZATIONS**

Spring/Summer 2013

Dear Parent/Guardian,

A physical exam is recommended for all students entering the 6th grade at Hobart Middle School. A physical completed on the attached physical form or an athletic physical will be accepted as the physical. Keep in mind that all students must have a yearly physical to participate in any extra-curricular activity.

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

- One Tdap immunization on or after age 10.
- One dose of Meningococcal immunization (MCV4).
- Two doses of Varicella (chickenpox) or parental history of disease.

- HPV immunization is recommended for all female students.

*****Send immunization dates to the attention of the school nurse*****

The School City of Hobart will be enforcing the state requirements for immunizations. Medical and religious objections will be accepted.

The Lake County Health Department offers a variety of vaccines.

Lake County Health Department
2900 W 93rd St. Crown Point, IN #755-3658

Your child must be accompanied by a parent/guardian. Previous immunization records must be presented at time of immunization.

Your child should not have a cold or other illness.

Any questions or concerns may be directed to your school nurse.

Sincerely,

School Nurse

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 _____
- Varicella Vaccine (Chickenpox) #1 _____ #2 _____
- Other _____

The School City of Hobart does not discriminate on the basis of race, creed, sex, national origin, religion, age, sexual orientation, marital status, age, or genetic information or disability, including limited English proficiency.

For 6th 7th 8th Grade Students

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 _____

Date _____

Examining Physician _____