

**For 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 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 \_\_\_\_\_

**For 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 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 \_\_\_\_\_