



Rainbow Years Learning Ministry
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Physical Health Examination Form

IN State Unlicensed Registered Childcare Ministry cite 470 IAC 3-4.7-86(a) "Each child has physical exam within 30 days of admission or six months prior to admission."

Child's name: _____

Date of Birth: _____

Examination Date: _____

Chronic health conditions: _____

Known allergies: _____

Immunization Record:

- Attached
- Adequately immunized for age

Communicable Disease:

- Free of...
 - Recently exposed to: _____
 - Carrier of: _____
- _____

Physician's signature: _____

Date: _____

Address: _____

