

*Lamb of God Lutheran School & Preschool*

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**Pre-Admission Physical Exam**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Name of Doctor or Health Agency \_\_\_\_\_

Doctor's Address \_\_\_\_\_

\_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Date of Pre-admission Exam \_\_\_\_\_

Is there any reason why this child cannot be immunized? \_\_\_\_\_

\_\_\_\_\_

Does this child have any special problems or conditions which a child care program would be unable to deal with?

\_\_\_\_\_

\_\_\_\_\_

Results of examination \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Physician or Health Agency Representative

*\*This form must be turned in along with immunization records before your child can attend class.\**