

*Lamb of God Lutheran School & Preschool*

6232 N. Jones Ave., Las Vegas, NV 89130

[logschool@lambschool.org](mailto:logschool@lambschool.org)

Phone: 702-645-1626 Elementary 702-645-5229 Preschool

Fax: 702-645-6031

**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.\**