



Lewisville Christian School
Est. 1970

Health Statement Admission Requirement

In order for your child to be admitted to Lewisville Christian School, you must have your child examined by their doctor and secure their signature on this form then return it to our office by August 1.

Student Name: _____ Student DOB: _____

Parent / Guardian Signature: _____

Date: _____

Physician Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____

Physician's statement:

I have examined the above named child within the past year and find that he/she is physically able to take part in Lewisville Christian School activities. I have also examined the child's Immunization Record and attest that it is a true and accurate listing.

Physician's Signature: _____

Date: _____

Hearing & Vision Screening is required for children 4 and 5 years old.

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SCREENER SIGNATURE _____			
DATE _____			
HEARING	RIGHT: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	LEFT: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
SCREENER SIGNATURE _____			
DATE _____			