

Medical history sheet

Instructions for filling out this form: Please fill in or tick as appropriate ☑

We ask you to provide the following information so that we can carry out the school entrance examination completely and give you qualified advice. Data processing is based, among other things, on Art. 12 Para. 1 of the Health Services Act, § 6 Para. 1 No. 1 of the School Healthcare Ordinance. Further information on data processing can be found in the data protection information that you received with the invitation to attend the school entrance examination.

The child's family name	First name of the child	Date of birth
Number of siblings	Child's nationality	Child's country of birth
Name and address of the legal guardian		
Name, First Name..... Name, First Name		
Tel. Tel.		
Address:		
Kindergarten		
Duration of crèche/daycare/kindergarten attendance (in years): _____		
Does your child currently attend a kindergarten? ☐ Yes ☐ No		
Type of kindergarten:		
☐ Regular kindergarten (incl. forest kindergarten, Montessori, etc.) ☐ Preparatory school facility (SVE)		
☐ Therapeutic daycare centre (HPT) ☐ Integration place / integration kindergarten		
☐ Other (Which?): _____		
Pregnancy and delivery (Information in the yellow booklet)		
Weight at birth: I__I__I__I__ / grams Completed weeks of pregnancy: I__I__I__ weeks ☐ Multiple birth		
Development		
Speech abnormalities in development ☐ Yes ☐ No		
Child grows up multilingual ☐ Yes ☐ No		
Contact with the German language ☐ since birth ☐ not since birth		
If contact with the German language has not been since birth, then at what age? I__I__ years I__I__I__ months		
Parents' mother tongue (please specify for both parents)?		
☐ German ☐ Other (which?): _____		
☐ German ☐ Other (which?): _____		
Which languages are spoken in your home?		
☐ German ☐ Other language(s) (which?): _____		
Is your child ☐ right-handed ☐ left-handed ☐ still undecided		
Would you say that, overall, your child has difficulties in one or more of the following areas: mood (gloomy, anxious, unstable, short-tempered), concentration (cannot sit still for long, does not listen persistently when being read to), behaviour, interaction with others?		
☐ Yes ☐ No		

Supporting measures or treatments			
Participation in the preliminary course in German	☐ Yes	☐ No	☐ is planned
Speech therapy	☐ No	☐ completed	☐ is currently in progress ☐ is planned
Information on pre-existing diseases or health restrictions			
Has your child ever been examined by an ophthalmologist?		☐ Yes	☐ No
<i>If yes, the following was determined or initiated:</i>			
☐ No abnormal findings	☐ Glasses have been prescribed		
☐ Short-sightedness (myopia)	☐ Long-sightedness (hypermetropia)	☐ Squinting	
Have you taken your child to the dentist in the past 12 months?		☐ Yes	☐ No
Congenital severe hearing impairment		☐ Yes	☐ No
<i>If yes, please answer the following questions:</i>			
Congenital hearing impairment	☐ left	☐ right	☐ bilateral
Hearing aid provided	☐ left	☐ right	☐ bilateral
Cochlear implant provided	☐ left	☐ right	☐ bilateral
Metabolic / hormone disorders (only medically diagnosed findings)		☐ Yes	☐ No
<i>If yes, which ones:</i> ☐ MCAD deficiency ☐ Hypothyroidism (congenital)			
☐ PKU	☐ AGS	☐ Cystic fibrosis	☐ Diabetes mellitus (type 1)
☐ Other:			
<i>Age at diagnosis:</i> I ___ I ___ I ___ I (years / months)			
Other chronic diseases:	☐ Yes (<i>Which ones?</i>):		☐ No
Severe disability:	☐ Yes (<i>Which one?</i>):		☐ No
Medications to be taken regularly:	☐ Yes (<i>Which ones?</i>):		☐ No
Are you aware of your child's illnesses that require certain procedures in emergency situations (e.g. allergies, epilepsy, etc.)? ☐ Yes ☐ No			
<i>If yes, which illnesses?</i>			
Do the following exist in your family (parents, siblings)			
▶ A reading and spelling weakness (dyslexia)	☐ Yes	☐ No	
▶ A weakness in arithmetic (dyscalculia)	☐ Yes	☐ No	

Completed on:

Voluntary information provided by legal guardians

Providing the following information is **voluntary**. However, your information is important for the further development of preventive measures. Further information on data processing can be found in the **data protection information** that you received with the invitation to attend the school entrance examination.

Your responses will be sent to the Regional Office for Health and Food Safety in anonymised form. If you revoke your consent by notifying the health authority responsible for you before sending it over to the Regional Office for Health and Food Safety, this data will not be transmitted to the Regional Office for Health and Food Safety. If you revoke your consent after it is sent to the Regional Office for Health and Food Safety, it is possible that your data has already been merged with other data and evaluated anonymously and therefore a revocation can no longer be implemented.

Declaration of consent:

As legal guardian(s) of

First and family name of the child: _____

Date of birth: _____

I / we agree with the answers to the following questions.

I am / We are aware that participation is voluntary and can be revoked, and that I / we can refuse or revoke consent without suffering any legal disadvantage.

Place, date

Signature of the legal guardian

Number of adults in the household ☐

In which country were you born? *(Please specify for both parents.)*

☐ In Germany

☐ In another country

☐ In Germany

☐ In another country

What is your nationality? *(Please specify for both parents.)*

☐ German

☐ German + other

☐ Other

☐ German

☐ German + others

☐ Other

What is your highest school qualification? *(Please specify for both parents.)*

(Yet) no school leaving certificate

☐☐

Secondary school / Primary school / Middle school / Qualification

☐☐

Intermediate secondary school leaving certificate (Middle school leaving certificate)

☐☐

General / subject-specific university entrance qualification

☐☐

High school qualification / University degree

☐☐

Which of the following information about employment applies to you *(Please specify for both parents)*.

Employed full-time with a weekly working time of 35 hours or more

☐☐

Employed part-time with a weekly working time of 15 to 34 hours

☐☐

Employed part-time or hourly with weekly working time of less than 15 hours

☐☐

Temporary leave, e.g. parental leave

☐☐

Trainee/Apprentice/Vocational re-trainee

☐☐

Currently not employed and not looking for work (e.g. housewives/househusbands, students, pensioners)

☐☐

Currently not employed and looking for work (unemployed)

☐☐