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

☐ Other (Which?): _____

Pregnancy and delivery *(Information in the yellow booklet)*

Weight at birth: I__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 ☐ No ☐ Yes ☐ is planned

Speech therapy	☐ No	☐ completed	☐ is currently in progress	☐ is planned	☐ Waiting list
Special needs education	☐ No	☐ completed	☐ is currently in progress	☐ is planned	☐ Waiting list
Occupational therapy	☐ No	☐ completed	☐ is currently in progress	☐ is planned	☐ Waiting list
Early intervention	☐ No	☐ completed	☐ is currently in progress	☐ is planned	☐ Waiting list
Physiotherapy	☐ No	☐ completed	☐ is currently in progress	☐ is planned	☐ Waiting list

Information on pre-existing diseases or health restrictions

Has your child ever been examined by an ophthalmologist? ☐ Yes ☐ No

If yes, the following was determined or initiated:

☐ 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

Permanent hearing impairment ☐ Yes ☐ No

If yes, please answer the following questions:

Congenital hearing impairment	☐ left	☐ right	☐ bilateral
Acquired hearing impairment	☐ left	☐ right	☐ bilateral
Hearing aid provided	☐ left	☐ right	☐ bilateral
Cochlear implant provided	☐ left	☐ right	☐ bilateral

Congenital disorders (only medically diagnosed findings) ☐ Yes ☐ No

If yes, which ones: ☐ MCAD deficiency ☐ Hypothyroidism (congenital)

☐ PKU ☐ AGS ☐ Cystic fibrosis ☐ Diabetes mellitus (type 1)

☐ Sickle cell disease ☐ Spinal muscular atrophy (SMA)

☐ Other: ……

Age at diagnosis: I___I I___I___I (*years / months*)

Other chronic diseases: ☐ Yes *(Which ones?):* …… ☐ No

Severe disability: ☐ Yes *(Which one?):* …… ☐ No

Medications to be taken regularly: ☐ Yes *(Which ones?)*:…… ☐ No

Are you aware of your child's illnesses that require certain procedures in emergency situations (e.g. allergies, epilepsy, etc.)? ☐ Yes ☐ No

If yes, which illnesses? ……

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.)*			
Parent 1 ☐ In Germany	☐ In another country		
Parent 2 ☐ In Germany	☐ In another country		
What is your nationality? *(Please specify for both parents.)*			
Parent 1 ☐ German	☐ German + other	☐ Other	
Parent 2 ☐ German	☐ German + others	☐ Other	
What is your highest school qualification? *(Please specify for both parents.)*		*Parent 1*	*Parent 2*
(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)		☐	☐