

date

Verwaltungszentrum Zwickau
 Haus 4, 2. Etage
 Telefon: 0375 4402-22401

Recipient

Invitation to the examination for school admission

Dear parents,

soon, it will be time for your child to start school.

Doctors of medicine in the child and youth medical service of the health office will be happy to advise you as you prepare for this new phase.

The examination for school admission aims to identify health peculiarities that may be of importance for school attendance and, if necessary, to recommend necessary treatments and support measures. For this purpose, we examine your child physically (including vision and hearing tests) and make an orienting assessment of the child's developmental status. We also discuss health history and provide vaccination advice.^{1, 2}

The examination for school admission is conducted for all children of an age group and provides information about their state of health. For the statistical evaluation of examination results, pseudonymised data is collected and passed on to the Saxony Statistical Office.^{3, 4}

The data obtained during the vaccination status survey is communicated in aggregated and anonymised form to the Robert Koch Institute via the highest state authority.⁵ For more information on data protection, see: https://www.landkreis-zwickau.de/dsgvo_gesundheitsamt

As per the legal basis, the examination for school admission is mandatory for all children. The presence of a legal guardian is required.^{1, 6}

Of course, all findings and your information are subject to medical confidentiality.

We invite you and your child to the examination for school admission:

on	at	hours	Place
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If you are unable to keep the appointment, please make a new appointment by telephone.

Please bring the following with you:

- **this health history form with signature**
- **vaccination certificate** (only for the purposes of counselling² and knowing the vaccination status according to the law⁵)
- **yellow booklet**
- **if applicable, medical findings/documents**
 (e.g., severely disabled person's certificate, care degree certificate - if available)

Kind regards,

Your Doctor of Medicine in the
 Child and Youth Medical Service

Please turn over!

¹ § 26a, in particular Paragraph 2, Paragraph 3 No. 1, Paragraph 4 of the School Act for the Free State of Saxony

² § 3 Paragraph 1 of the Saxon School Health Care Ordinance

³ § 7 Paragraph 4 of the Saxon School Health Care Ordinance

⁴ § 3 of the Saxon Data Protection Law in conjunction with Articles 4, 6, 9 of the EU General Data Protection Regulation

⁵ § 34 Paragraph 11 of the Infection Protection Act

⁶ § 4 Paragraph 3 of the Saxon School Health Care Ordinance

In preparation for the examination for school admission, please complete this page.

Surname, First name(s)		Date of birth
Address		
Name of legal guardian		Telephone of legal guardian
Day-care facility <input type="checkbox"/> Yes <input type="checkbox"/> No	Name/address of the day-care facility	

Health history information

Pregnancy and birth process

Particularities (for example premature birth)	Birth weight	g
	Birth length	cm

Development

Free running	<input type="checkbox"/> by 18 months	<input type="checkbox"/> later
First words	<input type="checkbox"/> by 18 months	<input type="checkbox"/> later
Speech problems	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Wetting during the day	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Handedness	<input type="checkbox"/> Right	<input type="checkbox"/> Left <input type="checkbox"/> Alternating

Medical conditions

Sight disorders
Hearing disorders/ear diseases
Atopic/allergic diseases <input type="checkbox"/> Bronchial asthma <input type="checkbox"/> Hay fever <input type="checkbox"/> Neurodermatitis <input type="checkbox"/> Food allergy (for example nuts, eggs, fish)
Skin diseases
Orthopaedic diseases (for example hip trouble)
Seizures
Other diseases (for example diabetes)
Diseases suffered in the past <input type="checkbox"/> Chickenpox <input type="checkbox"/> Measles (with medical certificate)

Treatments and support measures

Regular medication intake
Operations
Hospitalisations
Curative and support measures (for example physiotherapy, occupational therapy, speech therapy, early support, day-care integration, curative education facility)

Are you worried about your child's developmental abnormalities or behavioural problems?

Paediatrician/Family doctor	
We/I confirm the accuracy of the above information	
Date	Signature(s) of parents or at least one parent/legal guardian