

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 <input type="text"/>
Child's nationality	Child's country of birth	Duration of daycare/ Child care / Kindergarten attendance (in years)	<input type="text"/>
Name and address of the legal guardian			
Name..... First Name..... Postcode, Place.....			
Street Tel.			
Pregnancy and delivery (Information in the yellow booklet)			
Weight at birth: _ _ _ _ grams Completed weeks of pregnancy: _ _ weeks <input type="checkbox"/> Multiple birth			
Development			
Speech abnormalities in development	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Child grows up multilingual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Contact with the German language	<input type="checkbox"/> since birth	<input type="checkbox"/> not since birth	
If contact with the German language has not been since birth, then at what age? _ years _ _ months			
Parents' mother tongue (please specify for both parents)?			
<input type="checkbox"/> German	<input type="checkbox"/> Other (which?): _____		
<input type="checkbox"/> German	<input type="checkbox"/> Other (which?): _____		
Which languages are spoken in your home? <input type="checkbox"/> German <input type="checkbox"/> Other language(s)			
Is your child	<input type="checkbox"/> right-handed	<input type="checkbox"/> left-handed	<input type="checkbox"/> 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?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Supporting measures or treatments			
Participation in the preliminary course in German	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> is planned
Speech therapy	<input type="checkbox"/> No	<input type="checkbox"/> completed	<input type="checkbox"/> is currently in progress <input type="checkbox"/> is planned
Information on pre-existing diseases or health restrictions			
Has your child ever been examined by an ophthalmologist? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, the following was determined or initiated:			
<input type="checkbox"/> No abnormal findings <input type="checkbox"/> 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

If yes, please answer the following questions:

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

If yes, which ones: MCAD deficiency Hypothyroidism (congenital) PKU AGS
 Cystic fibrosis Diabetes mellitus (type 1) Diabetes mellitus (type 2)

Other:

Age at diagnosis: |__| |__| |__| (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?

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Do the following exist in your family (parents, siblings)

▶ A reading and spelling weakness (dyslexia) No Yes

▶ A weakness in arithmetic (dyscalculia) No Yes

Completed on:

