## **Medical history sheet**

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

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	Duration of daycare/ attendance (in years)	Child care / Kindergarten							
Name and address of the legal gua	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: III I grams Completed weeks of pregnancy: II I weeks										
Development										
Speech abnormalities in developm	ent ☐ 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_I years II_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)										
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?										
Supporting measures or treatments										
Participation in the preliminary cou	urse in German	□ No	☐ is planned							
Speech therapy $\square$ N	No 🗆 completed 🗆	is currently in progress	☐ is planned							
Information on pre-existing diseases or health restrictions										
Has your child ever been examined	d 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								
Congenital severe hearing impairment			☐ Yes	□ No				
If yes, please answer the following questi	ions:							
Congenital hearing impairment		left		right		bilateral		
Hearing aid provided		left		right		bilateral		
Cochlear implant provided		left		right		bilateral		
Metabolic / hormone disorders (only medica	lly diag	nosed f	indings	)	☐ Yes	s 🗆 No		
If yes, which ones: ☐ MCAD deficiency ☐ Cystic fibrosis				. •	,	☐ PKU ☐Diabe		□ AGS tus (type 2)
☐ Other:								
Age at diagnosis: II II (years / months)								
Other chronic diseases:	□ Ye	s (Whic	h ones?)	):				🗆 No
Severe disability:	☐ Ye	s (Whic	h one?):					🗆 No
Medications to be taken regularly:	□ Ye	es (Whic	ch ones	?):				□ No
Are you aware of your child's illnesses that r	equire	certain	proced	ures in	emerge	ncy situation	ns	
(e.g. allergies, epilepsy, etc.)?	es/		□ No					
If yes, which illnesses?								
Do the following exist in your family (parents, siblings)								
► A reading and spelling weakness (dysle	xia)					□ No		⁄es
A weakness in arithmetic (dyscalculia)						□ No		⁄es
Completed on:								

Stand: Dezember 2022 / Anamnesebogen - Englisch

## 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 lam / We are aware that participation is without suffering any legal disadvantage.	s voluntary and can be revoked, and tha	at I / we d	can refuse or rev	oke consent			
Place, date	Signature of the legal guardian						
Number of adults in the household							
In which country were you born? (Plea	se 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 / M							
Intermediate secondary school leaving	cate)						
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 worki	ng 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)							