Dear Parents,

It's almost time - your child is about to start school. In preparation for this new step, the school doctors from the Dresden Paediatric Service are happy to advise you.

The aim of the school entrance examination is to identify health issues that may be relevant to attending school and, if necessary, to recommend necessary treatments and support.

To do this, we physically examine your child (including visual and hearing tests) and assess their level of development. In addition, we discuss their health history and provide a vaccination consultation.

The school entrance examination covers all children in this age group and thus provides information about the state of their health. For the purposes of statistical evaluation, the data are compiled, pseudonymised and transferred to the State Statistics Office of the Free State of Saxony. Further information about data protection can be found at: www.dresden.de/schulaufnahmeuntersuchung

In accordance with legal requirements*, the school entrance examination is mandatory for all children. The presence of a guardian is required.

As a matter of course, all findings and your information are subject to medical confidentiality.

We invite you and your child to the **school entrance examination**:

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If you are unable to attend the appointment, please telephone to make another appointment.

Please bring with you:
- the vaccination certificate (registration of vaccination status according to law **)
- the care booklet
- this form containing medical history
- if necessary, any medical findings/documents

Kind regards,

Signature/stamp

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* Education Act for the Free State of Saxony and School Health Care Ordinance in the current version

** § 34 para. 11 Infection Protection Act in the current version
In preparation for the school entrance examination, we request you to fill out this page.

Child’s surname and first name(s)

Date

Address (postcode, town/city, street, house number)

Name and phone number of the legal guardian

Day care centre [ ] Yes [ ] No

Address

Medical history details

Pregnancy and birth details

Particulars

Weight at birth ___ g  Length at birth ___ cm

Development

- Walking [ ] Up to 18 months  [ ] Later
- First words [ ] Up to 18 months  [ ] Later
- Speech condition [ ] No  [ ] Yes
- Daytime wetting [ ] No  [ ] Yes
- Handedness [ ] Right  [ ] Left  [ ] Alternating
- Multilingual abilities [ ] No  [ ] Yes

Illnesses

- Visual impairments
- Hearing impairments / ear disorders
- Atopic disorders [ ] Bronchial asthma  [ ] Hay fever  [ ] Atopic eczema  [ ] Food allergies (e.g., nuts, eggs, fish)
- Other allergies
- Dermatological disorders
- Orthopaedic disorders (e.g., hip complaints)
- Seizures
- Other chronic illnesses (e.g., diabetes mell.)
- Contracted infectious diseases [ ] Mumps  [ ] Measles  [ ] Rubella  [ ] Chickenpox

Treatments and support

- Regular medications taken
- Operations
- Hospitalisations
- Healing and support measures (speech / physio / occupational / play therapy, early intervention, day care integration, support day care)

Are you concerned about any aspects of your child’s development or behaviour?

Paediatrician/family doctor:

By signing, you consent to the examination and processing of data.

Date

Signature of the parent/legal guardian

(if only one legal guardian signs, the consent of the second legal guardian or the sole custody of the undersigned is hereby confirmed)