Stadt Leipzig
Der Oberbürgermeister

Stadt Leipzig • Amt 53.30 • 04092 Leipzig

Office of Public Health
Paediatric and Adolescent Medical Services
email: kinder.und.jugendmedizin@leipzig.de

Invitation to the "Start of School Examination"

Dear Parents,

the time has almost arrived – your child will start school.

Our school doctors from the Paediatric and Adolescent Medical Services will gladly assist and advise you in preparing for this new phase in life.

The purpose of the Start of School Examination is to identify particular health circumstances that may be of significance to school attendance and to recommend treatments or remedial measures where necessary. To do this, we perform a physical examination of your child (including a vision and hearing test) and obtain an assessment of its state of developement as a benchmark. We also discuss your child's medical history and advise you on vaccinations.

The "Start of School Examination" is conducted on all children starting school in a particular year and therefore provides information about their state of health. Pseudonymised data is collected and transferred to the State Statistic Office of the Free State of Saxony in order to compile statistics. Your rights to information according to Art. 13 and 14 of the EU General Data Protection Regulation are accessed at: **www.leipzig.de/vorsorge-gesundheitsamt**

The "Start of School Examination" is a compulsory examination for all children according to the relevant laws. A legal guardian must be present.
Naturally, all findings, as well as your data, are subject to medical secrecy.

We are inviting you and your child to attend the **Start of School Examination**:

Date	Time	Place:

Kindly take note that this appointment is binding.
Appointments may be changed in urgent cases; please call us by telephone to arrange an alternative in these instances.
You should expect the examination of your child to last at least 60 to 90 minutes.

Please bring the following documents to the examination appointment:

- **Vaccination certificates** (stating the vaccination status required by law*)
- **Examinations booklet** (yellow booklet)
- **A signed copy of the preparation form** (see overleaf)
- any relevant **medical findings/documents**, disabled person's pass

With kind regards

The School Doctor
appointed by the Office of Public Health in the City of Leipzig

Please complete this form for the "Start of School Examination"

Surname and first name(s) of the child

Date of birth

Address (post code, city, street, house number)

Name and phone number of the legal guardian

Daycare facility ☐ yes ☐ no | Address

Medical History Details

Course of pregnancy and birth

Particular factors (e.g. premature birth)

Weight at birth: g | Length at birth: cm

Development

Unassisted walking	☐ by 18 months	☐ later	
First words	☐ by 18 months	☐ later	
Speech problems	☐ no	☐ yes	
Daytime wetting	☐ no	☐ yes	
Dominant hand	☐ right	☐ left	☐ alternate

Medical conditions

Vision impairments

Hearing impairments/ear disorders

Atopic conditions ☐ Asthma ☐ Hay fever ☐ Eczema ☐ Food intolerance (e.g. nuts, egg, fish)

Other allergic reactions

Skin conditions

Orthopaedic conditions (e.g. hip conditions)

Seizures

Other conditions (e.g. diabetes)

Illnesses already contracted (e.g. chicken pox)

Treatments and remedial measures

Regular medicine intake

Surgery

Periods in hospital

Rehabilitation and remedial measures (speech, physio or occupational therapy, early support, daycare integration, special needs daycare)

Do you have concerns about how your child is developing or behaving?

Paediatrician/GP

Date

Signature of the Parents/Legal Guardian *

*The signatory declares at the same time that the consent of the second legal guardian has been obtained or that the signatory has sole custody of the child.