

City of Leipzig

Public Health Office

SG Paediatric Medicine Services Centre

Email: kinder.und.jugendmedizin@leipzig.de

Date

**Medical examinations
at the day care centre**

Dear Parents,

the Paediatric Medicine Services offers a medical examination to determine the development of each child, which is usually carried out between the ages of 3 and 4, so around 2 years before the start of school. It is used to assess language acquisition and motor skills, and includes a vision and hearing test (refer below for the legal basis). **No** other physical examination takes place.

This service is in addition to the screening carried out by your paediatrician. Our concern is to assess the stage of your child's development, to identify any abnormalities early on and to inform you of remedial options where necessary. Participation is voluntary.

The summarised, anonymised findings of the examination will be transferred to the State Ministry for Social Affairs and Consumer Protection of Saxony to produce state-wide statistics.

You would assist in the examination and consultancy by answering the following questions. This information is also voluntary and is, of course, subject to medical confidentiality.

You will receive from us brief medical findings (in a sealed envelope).

The examination will take
place on

Date

in the child day care centre.

Kindly submit the following in a sealed enveloped on the day of the examination:

- a signed copy of this form
- vaccination card (only for consulting)
- screening booklet (yellow examinations booklet)

Yours sincerely,

Information about the child

Surname, first name

Date of birth

Child's address (post code, town, street, house number)

Child day care centre

Which paediatrician looks after your child?

When did the paediatrician conduct the last screening examination?

Date

Is your child otherwise treated by a specialist doctor?☐

Optometrist

☐

ENT specialist

☐

Other discipline

☐

Orthopaedics

☐

Dermatologist

If yes, please tick where appropriate and state the reason for treatment

Continue overleaf!

Has your child been admitted to hospital?

☐ no

☐ yes

If yes, when and why?

Does your child regularly take medication?

☐ no

☐ yes

If yes, which medicine?

Has your child been diagnosed with any diseases?

☐ no

☐ yes

If yes, which medicine?

Does your child receive any of the following treatments?

If yes, please tick where appropriate and add the attending therapists and any comments.

☐ Physiotherapy

☐ Occupational therapy

☐ Speech therapy

☐ Others

☐ Early support

☐ Integration place in the child
day care centre

Is your child severely disabled?

☐ no

☐ yes

☐ applied for

Has your child contracted chickenpox?

☐ no

☐ yes

**Is your child being raised in a multilingual
environment?**

☐ no

☐ yes

If yes, which languages:

Are you concerned about any abnormalities in your child (e.g. in the areas of language, motor skills, coordination, vision, hearing)?

If yes, what are they?

Do you have other questions or information for the paediatrician?

Kindly provide us with your **telephone number** in case we have questions:

I consent that the preschool teacher may attend the examination:

☐ yes

☐ no

You consent to the examination by signing the form.

Date

Signature of the legal guardian*

*The legal guardian signing here declares furthermore that consent from the second legal guardian has been obtained or that the signatory has sole custody of the child.

Legal bases:

- Section 7 of the Act for the Promotion of Children in Day Care Centres (SächsKitaG)
- Section 11(1) of the Act on Public Health Services in the Free State of Saxony (SächsGDG)
- SächsDSDG (Implementing Act on Data Protection in Saxony) Section 3 in conjunction with the EU General Data Protection Regulation, Articles 4, 6, 9
- Appendix: EU GDPR Leaflet