Gesundheitsblatt des Kindergartens: Kindergartennummer:
Kindergarden Health Sheet : Kindergarden Number:

Name of child : ..... Date of birth: .....
Name des Kindes: geb.:

Gender O Female O Male O Nationality.....
Geschlecht: O weiblich O männlich O Nationalität

I. Medical History to be completed by parents/legal guardian

I. Anamnese von den Eltern/Erziehungsberechtigten auszufüllen

General Development (Entwicklung allgemein):

Walking by 18 months O yes O later, when? .....

First words by 14 months. O yes O later, when? .....

Is your child clean and dry both day and night? O yes O no

Are there any special features in the social behaviour of your child? O no O yes .....

Specific Illnesses : Allergies O no O yes, which .....

Asthma O no O yes Hay fever O no O yes

Epilepsy (seizures) O no O yes Heart Defect O no O yes

Neurodermatitis O no O yes Diabetes O no O yes

Other .....

Operations/Serious Accidents O no O yes .....

Use of Aids: O Glasses O Hearing Aid O Splints O Wheelchair

O Other Aids .....

Is your child having or has had the following therapies: O Ergotherapy O Speech Therapy

O Physioth O Other .....

Does your child regularly take medication: O no

O yes, which .....

Vaccinations: Combination vaccination (diphtheria, tetanus, whooping cough, polio, HIB, hepatitis B) O yes O no

MMR (measles, mumps, rubella) O yes O no Tick borne Encephalitis (TBE) O yes O no

Pneumococcal O yes O no Diahorrea O yes O no

Other vaccinations .....

Date: ..... Signature: .....

II. Medical Examination (Ärztliche Untersuchung)

Examination 1 on ..... by Dr. .....
EX. 2 on ..... by Dr. ..... **EX. 3** on ..... by Dr. .....

Observation Sheet normal O yes
abnormal O motor skills O self reliance O social/emotional behavior
O play interaction O speech O perception

Height: (1)_____cm_____percentile (2)_____cm_____percentile (3)_____cm_____percentile
Weight: (1)____ kg_____percentile (2)_____kg_____percentile (3)_____kg_____ percentile

Status of teeth:	normal/clean	O Examination 1	O Ex 2	O Ex 3
	tooth decay	O Examination 1	O Ex 2	O Ex 3
	dental misalignment	O Examination 1	O Ex 2	O Ex 3
Ears Nose	normal	O Examination 1	O Ex 2	O Ex 3
and Throat	acute infection	O Examination 1	O Ex 2	O Ex 3
Heart ("auskult."):	normal	O Examination 1	O Ex 2	O Ex 3
	path. report	O Examination 1	O Ex 2	O Ex 3
Lungs ("auskult."):	normal	O Examination 1	O Ex 2	O Ex 3
	path. report	O Examination 1	O Ex 2	O Ex 3
Abdominal	normal	O Examination 1	O Ex 2	O Ex 3
organs ("palp."):	path. report	O Examination 1	O Ex 2	O Ex 3
Skin:	normal	O Examination 1	O Ex 2	O Ex 3
	path. report	O Examination 1	O Ex 2	O Ex 3
Spine:	normal	O Examination 1	O Ex 2	O Ex 3
	path. report	O Examination 1	O Ex 2	O Ex 3
Extremities:	normal	O Examination 1	O Ex 2	O Ex 3
	path. report	O Examination 1	O Ex 2	O Ex 3
Muscle Tone:	normal	O Examination 1	O Ex 2	O Ex 3
	path. report	O Examination 1	O Ex 2	O Ex 3
Gait:	normal	O Examination 1	O Ex 2	O Ex 3
	path. report	O Examination 1	O Ex 2	O Ex 3
Standing on one leg/	normal	O Examination 1	O Ex 2	O Ex 3
hopping:	abnormal	O Examination 1	O Ex 2	O Ex 3
Thumb Test:	normal	O Examination 1	O Ex 2	O Ex 3
	abnormal	O Examination 1	O Ex 2	O Ex 3

Other .....
Notification: Provided O no O yes Response : O no O yes

Ophthalmic Report by Dr. ..... on .....
Vision: O normal O abnormal *Squint* : O no O yes Response: O no O yes

Hearing Test by Dipl. Log. ..... on .....
O normal *Hearing Loss:* O one side O both sides Response: O no O yes

Speech Report by Dipl. Log. ..... O normal O abnormal on .....