Gesundheits-, Sozial- und Integrationsdirektion
Gesundheitsamt
Kantonsärztlicher Dienst

Englische Übersetzung des Formulars "Fragebogen über den Gesundheitszustand (2. Kindergartenjahr und 4. Schuljahr der Primarstufe)“ / Ausgabe 2021

Health questionnaire (2nd year of kindergarten and 4th primary level year)

Dear parents

The compulsory school medical examination by the school doctor is to take place shortly.

Your child will be exempt if you can provide a confirmation from your family doctor showing that a medical examination has been carried out or that an appointment for a check-up has been made. Such a confirmation should be submitted to the school doctor **one week prior to the school medical examination. If no such confirmation has been presented by the day of the examination, the school doctor will proceed with the check-up.**

The presence of one parent during medical examinations of kindergarten children is both important and desired. One parent is also welcome during check-ups of children attending the 4th primary level year.

You will be required to present the following items at the medical examination:

- a fully completed **health questionnaire** in a sealed envelope
- any **glasses** that might be worn at present
- the **certificate of vaccination**
- **written consent** (on the respective form entitled “Recommended Vaccinations” and your child’s health insurance card, if necessary voluntary vaccinations are to be administered on the day of the examination.

During the compulsory school medical examination, the school doctor may carry out further medical examinations or give advice in the event of problems, at the request and with the consent of the parents. Parents must confirm their consent to these additional examinations by signing this form. The consent form must be submitted to the school doctor on the day of the school medical examination.

Please turn over!

Bern, 2021

Surname: ._____ First name: _____ Date of birth: _____

Street name:_____ Postcode/Town: _____

Parents' surname(s) and first names: _____ Tel.: _____

Highest level of education completed:	Father	Mother
Compulsory education (junior high/secondary, orientation or special school)	☐	☐
Apprenticeship, vocational A-Levels, A-Levels, specialised secondary school (secondary school level II)	☐	☐
Technical college, university of applied sciences, university, doctorate (tertiary level)	☐	☐

Current occupation of father:_____

Current occupation of mother:_____

Siblings' birth years: Brothers: _____ Sisters: _____

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1. Information regarding development and previous illnesses
Answer the following questions only if this information has not already been given on the occasion of a previous school medical examination *or* if the health situation has changed in the meantime.

At what age did your child walk? _____ talk? _____

Have you taken your child to see a paediatrician for a preventive medical check-up over the past 2 years? no ☐ yes ☐

What illnesses has your child suffered from in the past?

Frequent middle ear infections	no	☐	yes	☐		
Frequently recurring bouts of angina	no	☐	yes	☐		
Measles	no	☐	yes	☐	at what age?	_____
Mumps	no	☐	yes	☐	at what age?	_____
Rubella	no	☐	yes	☐	at what age?	_____
Chickenpox	no	☐	yes	☐	at what age?	_____
Whooping cough	no	☐	yes	☐	at what age?	_____

Does your child suffer from any chronic illnesses? (Which ones? Since when?)

_____

_____

Does your child suffer from the consequences of an accident? (Which consequences? Since when?)

_____

_____

2. Information regarding the current state of health.
Does your child have any of the following problems or disorders? Please tick as appropriate.

☐ visual impairment	☐ back pain	☐ stomach pains
☐ movement disorder	☐ cardiovascular disease	☐ nervousness
☐ asthma, lung disease	☐ insomnia	☐ temper tantrums
☐ weight problems	☐ allergy	☐ anxiety
☐ skin condition	☐ speech defect	☐ jealousy issues
☐ auditory impairment	☐ joint pain	☐ bed-wetting

Are there any other problems or disorders? If so, which ones?:

_____

_____

_____

Is your child currently receiving medical treatment? If so, why? Who is treating your child?

_____

_____

_____