



KREFELD

City of Krefeld | 53 | 47792 Krefeld

**THE LORD MAYOR
Department of Health**

**Information provided:
Address:** Gartenstr. 30
Room:
Telephone:
Fax:
Email:

| **Your letter** | **My reference** | **Date**

Dear Parents,

Your child will soon be required to attend school. We kindly invite you to the pre-school medical examination.

Where: Department of Health, Gartenstraße 30-32, Krefeld
When:

Please note: The pre-school medical examination is compulsory! If you have problems with the german language, we would appreciate if you bring a translator with you.

Please bring your child's yellow check-up booklet and vaccination record with you to the medical examination appointment. If you have any other medical records, please feel free to bring them along as well.



1. If you or your child have signs of an infection or fever on the day of the examination, do not come to the pre-school medical examination. We will then give you a new appointment.
2. Only one parent should accompany the child. If possible, please do not bring any siblings to the examination.

The pre-school medical examination and the data collection required for this purpose are also carried out on the basis of legal provisions [Section 54 Schulgesetz (Education Act) NRW, Section 1 AO-GS (Primary school training regulations)]. Of course, this examination is subject to medical confidentiality.

We kindly ask you to bring the enclosed questionnaire filled out to the pre-school medical examination. Answering the questions is voluntary and serves to improve municipal and national health planning in the field of child and adolescent health. Your details will be used without mentioning your name; no personal data will be stored.

Yours sincerely,
signed on behalf of

Your school medical team

Parking is available in the multi-storey car park below the town hall.
Entrance Westwall or Nordwall/Schneiderstraße