



**Gemeinsamer
Bundesausschuss**

Surname _____

First name _____

Date of birth _____

Your child's medical records

Please bring your child in for the following examinations:

U2	3rd–10th day	from: _____	to: _____
U3	4th–5th week	from: _____	to: _____
U4	3rd–4th month	from: _____	to: _____
U5	6th–7th month	from: _____	to: _____
U6	10th–12th month	from: _____	to: _____
U7	21st–24th month	from: _____	to: _____
U7a	34th–36th month	from: _____	to: _____
U8	46th–48th month	from: _____	to: _____
U9	60th–64th month	from: _____	to: _____

Please be sure to come to all these appointments. They are important for your child's health.



Surname _____

First name _____

Date of birth _____

Participation card

Dear parents, please safeguard your child's health records. When dealing with public authorities, nurseries, day care facilities, schools, or child protective services, this detachable card serves as proof that your child has had his or her health examinations.

U2

3rd–10th
day

Date

Examination completed (signature and stamp)

U3

4th–5th
week

Date

Examination completed (signature and stamp)*

U4

3rd–4th
month

Date

Examination completed (signature and stamp)*

U5

6th–7th
month

Date

Examination completed (signature and stamp)*

U6

10th–12th
month

Date

Examination completed (signature and stamp)*

U7

21st–24th
month

Date

Examination completed (signature and stamp)*

U7a

34th–36th
month

Date

Examination completed (signature and stamp)*

U8

46th–48th
month

Date

Examination completed (signature and stamp)*

U9

60th–64th
month

Date

Examination completed (signature and stamp)*

* The examination includes medical advice on all age-appropriate vaccinations recommended for your child according to the G-BA Vaccination Directive.

Dear parents

Congratulations on the birth of your baby!



Your child is going to grow and develop in many ways, especially in the early years of its life. During this time, it is important for your child to have regular medical examinations in order to detect and treat any diseases or developmental issues promptly. These examinations are vital for the health of your child, and will be paid for by your statutory health insurance.

During the first six years of your child's life, your doctor will check to be sure your child is healthy and developing normally, and will explain the results of each examination to you. You will also receive information on vaccinations that can be administered during the examinations. At every examination you will have the opportunity to discuss your child's development with your doctor and to ask any questions you might have, for example about nutrition or preventing accidents.

You will also receive information from your doctor about support that is available in your area, for example parent/child groups, early years support, family midwives and sponsors, and public health services.

Certain times have been defined for each examination. It is very important for you to be aware of these times and to adhere to

them. That is because some diseases can be detected and treated only at certain ages, for example metabolic disorders or hip malalignment. In the case of premature babies born before week 37+0 of pregnancy, it is absolutely imperative that these examination times be followed. The premature date of birth will be taken into consideration when interpreting the results.

Please take advantage of these services! It is the best way to ensure that any health issues or abnormalities your baby might have can be detected and treated in time.

Please be aware that this yellow booklet contains confidential information. No institution (e.g. nursery, day care, school, child protective services) is allowed to demand access to its contents. You alone decide if and with whom you want to share this information. The detachable participation card is sufficient proof that the examinations have been conducted.

We wish you and your child every success!

Gemeinsamer Bundesausschuss, Berlin*

Courtesy translation. Only the German text is binding.
Zur Information; es gilt die deutsche Fassung.

* Gemeinsamer Bundesausschuss (G-BA, Federal Joint Committee). The G-BA is made up of the National Associations of Statutory Health Insurance Physicians and Dentists, the German Hospital Federation e.V., and the National Associations of Statutory Health Insurance Funds. The G-BA issues directives specifying which healthcare services are provided under statutory health insurance in Germany. This yellow booklet is an annex to the G-BA Paediatrics Directive. You will find more information on the G-BA website at www.g-ba.de.

U1

Information for parents about the first examination of newborns

Immediately after birth, your baby will receive its first examination. The doctor or midwife will check to be sure that your baby has pulled through its birth all right.

The purpose of U1 is to detect any external deformities or conditions that require immediate treatment, so that any necessary measures can be taken right away to prevent complications.

What will be examined:

- Your baby's Apgar score will be taken: appearance (skin colour), pulse, grimace (reflex), activity (muscle tone), and respiration. This score is taken twice: five and ten minutes after birth.
- Blood will be drawn from the umbilical cord and its pH measured to be sure that your newborn received enough oxygen during birth.
- Your baby will be examined for any visible external deformities.

Your baby will be measured and weighed, and with your consent, vitamin K will be administered to prevent internal bleeding.

You will receive competent nutritional advice for your child (breastfeeding or

other forms), as well as ongoing support if any nutritional problems arise while your child is nursing.

Other important examinations are recommended for your baby during the next three days. They will allow for early detection and prompt treatment if these diseases are present. The test for critical congenital heart defects should be conducted between 24 and 48 hours after birth. A blood test for congenital metabolic disorders and cystic fibrosis should be conducted using a few drops of blood between 36 and 72 hours after birth. A newborn hearing test should be conducted at the latest 72 hours after birth. You will receive a detailed factsheet on each of these examinations.

The next examination (U2) should take place between days 3 and 10.

Medical history

! Please tick all that apply!

During pregnancy:

- Diabetes mellitus
- Gestational diabetes
- Long-term medication
- Acute or chronic infections during pregnancy
- Positive antibody screening
- Mother B streptococcus-positive
- Multiple pregnancy
- (Poly-)hydramnios
- Oligohydramnios
- Exceptional mental stress
- Exceptional social stress
- Substance abuse

Birth:

Date of birth **Time of birth** **Week + day of pregnancy**

. .
 :
 +

Gender

- male
- female
- uncertain

Delivery

- natural
 - C-section
- Vaginal operation:
- vacuum
 - forceps

Foetal position

- cephalic
- breech
- transverse

pH level (umbilical artery)

,

Base excess

,

Prenatal diagnostic findings, if any:

Family medical history:

(including hyperbilirubinaemia requiring treatment in a previous child)

Horizontal lines for text entry in the family medical history section.

Physical examination

Apgar score 5'/10'

Input fields for Apgar score 5' and 10'.

Signs of maturity

Body weight in g

Input fields for body weight in grams.

Deformities:

Body length in cm

Input fields for body length in centimeters.

Traumas:

Jaundice Oedema

Other

Vitamin K prophylaxis administered

yes no dose: 2 mg oral

other dose:

Stamp

Signature and date:

Special screenings

Pulse oximetry screening

No pulse oximetry screening because critical heart defect diagnosed prenatally

Parents do not want this examination

Examination conducted on:

Date Time

Result: % abnormal normal follow-up needed

Follow-up conducted on:

Date: Time:

Result: % abnormal normal

Assessment ordered:

yes no Date:

Signature and stamp

Courtesy translation. Only the German version is binding. Zur Information; es gilt die deutsche Fassung.

Extensive newborn screening

Parents do not want
this examination

Stamp and signature

Blood sample taken:

Stamp and signature

Date:

Time:

First sample taken at the latest 36 hours after birth/
at birth if child is born before week 32 of pregnancy

Second blood sample taken:

Stamp and signature

Date:

Follow-up blood sample
(if results are abnormal)

Stamp and signature

Date:

Screening laboratory:

Screening for cystic fibrosis

Parents do not want
this examination

Stamp and signature

Blood sample for
cystic fibrosis screening
taken during the extensive
newborn screening

Stamp and signature

Blood sample taken separately for cystic fibrosis screening

Date:

Stamp and signature

Time:

Screening laboratory:

Courtesy translation. Only the German version is binding.
Zur Information; es gilt die deutsche Fassung.

Newborn hearing screening

First examination using TEOAE or AABR, normally in the first 3 days

Conducted on:	<input type="text"/>	Signature and stamp
TEOAE	normal on both sides <input type="checkbox"/>	
	abnormal <input type="checkbox"/> R <input type="checkbox"/> L	
AABR	normal on both sides <input type="checkbox"/>	
	abnormal <input type="checkbox"/> R <input type="checkbox"/> L	

Follow-up AABR if first results abnormal – usually before U2

Conducted on:	<input type="text"/>	Signature and stamp
AABR	normal on both sides <input type="checkbox"/>	
	abnormal <input type="checkbox"/> R <input type="checkbox"/> L	

Paediatric audiological diagnostic

if follow-up AABR abnormal

Ordered on:	<input type="text"/>	Signature and stamp
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Results of paediatric audiological diagnostic – usually before 12th week

Conducted on:	<input type="text"/>	Signature and stamp
	normal on both sides <input type="checkbox"/>	
	abnormal <input type="checkbox"/> R <input type="checkbox"/> L	

Examination results and any treatment needed

Discussed with parents on:	<input type="text"/>	Signature and stamp
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Physician's signature and stamp:

Parents do not want this examination

U2

Information for parents about examination on 3rd to 10th day

Your baby is now a few days old. If you are in a clinic, the second examination, U2, will take place there. If you are at home, please make an appointment as soon as possible with the doctor who will care for your child. U2 should be conducted before your baby is 10 days old. If the tests for critical congenital heart defects, the newborn hearing screening, or the tests for congenital metabolic disorders and/or cystic fibrosis have not been conducted, they should be done immediately; for some diseases it is especially important that a diagnosis is available as soon as possible.

In U2, your baby will receive an extensive physical examination for congenital diseases and deformities (e.g. of the heart) in order to prevent life-threatening complications. This also includes detecting jaundice that requires treatment.

During this and all other examinations, your baby will be measured and weighed.

The doctor will pay special attention to the:

- skin
- sensory organs
- chest and abdominal organs
- sex organs
- head (mouth, nose, eyes, ears)
- musculoskeletal and nervous systems

Your doctor will talk to you about what is important for your baby's healthy development. You will receive information about support that is available in your area, for example parent/child groups and early years support.

During this examination your child will receive another dose of vitamin K to prevent bleeding. Your doctor will also advise you on the use of vitamin D (to prevent rickets, a bone disease) and fluoride, which is important for teeth hardening later, and might prescribe them for your baby. You will also receive advice on breastfeeding and nutrition, and on how to reduce the risk of sudden infant death.

U3

Information for parents about examination in 4th to 5th week

Your baby is now about one month old. From week three, most babies are able to turn their heads towards the source of a noise. They prefer to look at colourful surfaces rather than grey ones, and have pronounced sucking and grasping reflexes.

One of the important aims of U3 and all further examinations is to detect any abnormalities in your baby's development as early as possible. During U3, your doctor will check whether your baby can hold its head while lying in a prone position, open its hands spontaneously, or look attentively into faces of people close by.

After a thorough physical examination, your baby will be given an ultrasound examination of the hip joint so that any malalignment can be treated promptly. This ultrasound examination of the hip joint is highly advisable, as it can spare your child from serious lifelong symptoms.

As during U1 and U2, the doctor will reexamine your baby for jaundice, which

may be an indication of blockage in the bile ducts.

Your doctor will also ask you if you have noticed anything unusual about your baby's sleeping, drinking, digestion, or behaviour. Vitamin D will be recommended to prevent rickets, a bone disease, as will fluoride to promote the hardening of the teeth later in life. You will also receive more advice on feeding and nutrition, reducing the risk of sudden infant death, preventing accidents, and on the dangers your baby may face if there is chemical dependence or addiction in the family. If the newborn hearing screening or the tests for congenital metabolic disorders and/or cystic fibrosis have not yet been conducted, they should be done immediately; for some diseases it is especially important that a diagnosis is available as soon as possible.

You will also receive advice on what to do if your baby cries a lot, as well as detailed information on recommended vaccinations. With your consent, your baby

will receive its first vaccinations at 6 weeks, and a vaccination record booklet will be issued for your baby. Please be sure to make an appointment for these vaccinations, as there is no regular examination in week 6.

You will receive information about support that is available in your area, for example parent/child groups and early years support.



Tip: Have you noticed anything about your baby's development or behaviour that seems unusual? It's best to make notes about what you have observed and what you would like to discuss with your doctor before the examination.

Notes:

Medical history



Please tick all that apply!

Medical history (pregnancy and birth):

check documentation of U1 and complete if necessary.

Current medical history (child):

- Serious illnesses since the last examination, operations, seizures
- Difficulty drinking or swallowing, age-inappropriate nutrition
- Abnormal crying
- Stool colour (use colour chart)

Family medical history:

- Eye diseases (e.g. childhood cataracts, strabismus, amblyopia, hereditary eye disease)
- Congenital hearing disorder or deformity of the ears
- Immunodeficiency

Social situation:

- Care situation
- Exceptional burdens in the family

Observation of interactions

The following reactions can help your doctor assess your child's mood and communication and regulation skills when interacting with its primary caregiver. They also serve as a basis for further talks between you and your doctor:

Mood/affect:

The child appears satisfied and content in the presence of its primary caregiver. During positive verbal or non-verbal communication by the primary caregiver, the child remains open, content, and interested.

caregiver, the child responds by smiling, turning its head, or with spontaneous physical contact.

Regulation/stimulation:

The child can be calmed quickly through rocking, singing, or speaking by the primary caregiver. The child responds appropriately to loud noises, bright light, and touch.

Contact/communication:

During verbal or non-verbal communication by the primary

Indications of abnormalities:

Developmental assessment (as orientation)



Tick only those items that are NOT fulfilled!

Gross motor skills:

Maintains head position for at least 3 seconds when suspended in prone position.
Holds head in line with body for 10 seconds in prone and supine positions.

Perception/cognition:

Follows an object with the eyes to at least 45 degrees on both sides.

Social/emotional competence:

Looks attentively at faces of close caregivers when they are nearby.

Fine motor skills:

Opens hands spontaneously but keeps them more closed most of the time.

Examination



Please tick abnormalities only!

Skin

- Abnormal pallor
- Cyanosis
- Jaundice
- Haemangioma
- Naevi and other pigment anomalies
- Oedema
- Hint of injuries (e.g. bruises, petechiae, burns, scars)
- Inflammatory changes in the skin

Thorax, lung, respiratory tract

- Auscultation
- Breathing sound
- Respiratory rate
- Thoracic retractions
- Thorax configuration
- Collar bones

Abdomen, genitals (incl. anal region)

- Anomalies
- Changes in the navel
- Size of liver and spleen
- Hernias

Heart, circulatory system

Auscultation:

- Heart rate
- Heart rhythm
- Heart sounds
- Second heart sounds
- Femoral pulse

Ears

- Deformities (e.g. ear fistula, appendages)

**Locomotor system
(bones, muscles, nerves)**

Full-body inspection in supine, prone, and upright positions:

- Asymmetries
- Tilting
- Spontaneous motor function
- Muscle tone
- Opisthotonus
- Passive mobility of the large joints
- Muscle reflexes
- Grasp reflex
- Moro reflex
- Sucking reflex
- Signs of clinical fracture

Head

- Malposition
- Signs of dysmorphia
- Cranial structure
- Cephalhematoma
- Fontanelle tone
- Crepitatio capitis
- Positional skull asymmetry

Mouth cavity, jaw, nose

- Abnormalities of the mucous membranes and jaw ridge
- Cleft palate
- Signs of injury
- Abnormal tongue size

- Nasal breathing obstruction
- Orofacial hypotonia

Eyes

- Inspection:
- Morphological abnormalities (e.g. ptosis, leukocoria, abnormal size of the eye bulb, coloboma)
 - Nystagmus

Test using transmitted light:

- Abnormal transillumination with opacification of the refractive media

Parents are concerned about the child's development and behaviour because:

Counselling

! Please tick areas where more advice is needed!

Advice on the following topics:

- Sudden infant death
- Accident prevention
- Dealing with excessive crying
- Rickets prophylaxis with vitamin D and caries prophylaxis with fluoride
- Check (and administer, if applicable) vitamin K prophylaxis
- Feeding/nutrition/oral hygiene
- Information on vaccinations/arrange vaccination appointment
- Information on available support (e.g. parent/child groups, early years support)

Comments:

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate)

yes no

Body dimensions:

Body weight in g

Body length in cm

Head circumference in cm

Overall results:

No abnormalities

Abnormalities to monitor:

Additional measures:

Check, advise on, and order if applicable:

- Extensive newborn screening
- Screening for cystic fibrosis
- Screening for hip joint dysplasia and luxation
- Newborn hearing screening

Vitamin K prophylaxis administered:

yes dose: 2 mg oral

other dose:

no

Remarks:

Appointments

Vaccination appointment on:

U4 on:

Stamp

Signature and date:

Screening for hip joint dysplasia and luxation

Medical history:

- Breech birth yes
- Hip joint luxation or dysplasia in the family of origin yes
- Postural anomalies or deformities (esp. of the feet) yes

Clinical signs:

Hip ultrasound:

A Previous finding (hip ultrasound)
 yes no unknown

Graf hip type

Alpha angle (degrees)

Beta angle (degrees)

	left	right
Graf hip type	<input type="checkbox"/>	<input type="checkbox"/>
Alpha angle (degrees)	<input type="checkbox"/>	<input type="checkbox"/>
Beta angle (degrees)	<input type="checkbox"/>	<input type="checkbox"/>

B Finding (hip ultrasound) in 4th–5th week:

Graf hip type

Alpha angle (degrees)

Beta angle (degrees)

	left	right
Graf hip type	<input type="checkbox"/> Ia/Ib <input type="checkbox"/> IIa <input type="checkbox"/> IIc/D <input type="checkbox"/> IIIa <input type="checkbox"/> IIIb <input type="checkbox"/> IV	<input type="checkbox"/> Ia/Ib <input type="checkbox"/> IIa <input type="checkbox"/> IIc/D <input type="checkbox"/> IIIa <input type="checkbox"/> IIIb <input type="checkbox"/> IV
Alpha angle (degrees)	<input type="checkbox"/>	<input type="checkbox"/>
Beta angle (degrees)	<input type="checkbox"/>	<input type="checkbox"/>

Next steps:

- Follow-up ultrasound yes
- Referral for diagnostic assessment yes
- Treatment recommendation yes

Date and signature:

U4

Information for parents about examination in 3rd to 4th month

At this age, most babies become more mobile and active. They start to grasp for things with their hands and smile. They respond to their caregiver. They also start using certain sounds to attract attention.

The doctor will check whether your baby's physical and mental development is coming along well, as well as how your baby moves. The doctor will check whether your baby can see and hear, and will pay attention to how you and your baby interact with one another. Another physical examination will be conducted, this time also to check whether the soft spot on your baby's head (fontanelle) is big enough for its skull to continue to grow without any difficulties.

Follow-up vaccinations will also be offered during U4, or the first vaccinations will be administered. Your doctor will also talk to

you about such things as your baby's nutrition and digestion, what you can do to prevent sudden infant death, and how you should respond if your baby cries a lot and is unable to sleep. Other topics will include how to foster your baby's speech development through frequent talking and singing, as well as the prophylaxis of rickets (with vitamin D) and caries (with fluoride). You will receive information about support that is available in your area, for example parent/child groups and early years support.

If your baby has not had its newborn hearing test, that should be done at this time.

Mood/affect:
The child appears satisfied and content in the presence of its primary caregiver. During positive verbal or non-verbal communication by the primary caregiver, the child remains open, content, and interested.

The child sends spontaneous and clear signals to the primary caregiver and seeks contact through eyes, facial expression, gestures, and sounds. In unfamiliar situations, the child seeks reassurance from the primary caregiver through body or eye contact.

Contact/communication:
During verbal or non-verbal communication by the primary caregiver, the child responds by smiling, turning its head, or with spontaneous physical contact.

Regulation/stimulation:
The child can be calmed quickly through rocking, singing, or speaking by the primary caregiver. The child responds appropriately to loud noises, bright light, and touch.

Indications of abnormalities:

Examination

! Please tick abnormalities only!

Skin

- Abnormal pallor
- Cyanosis
- Jaundice
- Haemangioma
- Naevi and other pigment anomalies
- Oedema
- Hint of injuries (e.g. bruises, petechiae, burns, scars)
- Inflammatory changes in the skin

Thorax, lung, respiratory tract

- Auscultation
- Breathing sound
- Respiratory rate
- Thoracic retractions
- Thorax configuration
- Collar bones

Abdomen, genitals (incl. anal region)

- Anomalies
- Size of liver and spleen
- Hernias

Heart, circulatory system

- Auscultation:*
- Heart rate
 - Heart rhythm
 - Heart sounds
 - Second heart sounds
 - Femoral pulse

Locomotor system (bones, muscles, nerves)

Full-body inspection in supine, prone, and upright positions:

- Asymmetries
- Tilting
- Spontaneous motor function
- Muscle tone
- Opisthotonus
- Passive mobility of the large joints
- Muscle reflexes
- Grasp reflex
- Foot grasp reflex
- Newborn reflexes
- Signs of clinical fracture

Head

- Malposition
- Signs of dysmorphia
- Cranial structure
- Cephalhematoma
- Fontanelle tone

Mouth cavity, jaw, nose

- Abnormalities of the mucous membranes and jaw ridge
- Cleft palate
- Signs of injury
- Abnormal tongue size
- Nasal breathing obstruction
- Orofacial hypotonia

Eyes

Inspection:

- Morphological abnormalities
- Nystagmus

Brückner-Test

- Transillumination difference (e.g. with opacification of the refractive media, strabismus, anisometropia)

Smooth pursuit test with a silent object that interests the child (e.g. source of light):

- Weak focus right/left

Parents are concerned about the child's development and behaviour because:

Counselling

! Please tick areas where more advice is needed!

Advice on the following topics:

- Feeding/nutrition/oral health
- Sudden infant death
- Accident prevention
- Dealing with excessive crying, sleep or eating disorders
- Language advice: supporting the mother's language and German (including spoken and sign language)
- Rickets prophylaxis with vitamin D and caries prophylaxis with fluoride
- Information on available support (e.g. parent/child groups, early years support)
- Information on vaccinations/arrange vaccination appointment, check vaccination status according to the G-BA Vaccination Directive

Comments:

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate): yes no

Body dimensions:

Body weight in g	Body length in cm	Head circumference in cm
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Overall results: No abnormalities

Abnormalities to monitor: _____ Additional measures: _____

Check, advise on, and order if applicable:

- Newborn hearing screening
- Screening for hip joint dysplasia and luxation

All vaccinations up to date by end of appointment: yes no

Missing vaccinations:

Remarks: _____

Appointments

Next vaccination appointment on:	U5 on:
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Stamp _____ **Signature and date:** _____

U5

Information for parents about examination in 6th to 7th month

Your baby continues to grow and develop. At this age, most babies can lift their upper bodies using their forearms. They laugh when they are teased and might even try to communicate using a succession of sounds, such as “da da da”. Some babies begin to be wary of strangers, behaving differently towards known and unknown persons. At this age they will typically take objects in their hands and put them in their mouths.

During U5, the doctor will check if there are any indications that your baby is developing slowly, or if there are any developmental risks. Your baby will receive a physical examination. Certain tests will be conducted to check if there is any indication of vision impairment. The doctor will also watch to see how mobile your baby is and how it controls its physical movements, and will observe the interaction between you and your baby.

You will receive advice on the vaccinations recommended according to the vaccination schedule. Your doctor will also talk to you about such things as your baby’s nutrition and digestion, and what you can do to prevent sudden infant death. Particularly important topics during this talk are accident prevention, how you should respond when your baby cries, how to prevent sleep disorders, and how to support your baby’s speech development. Rickets (with vitamin D) and caries (fluoride) prophylaxis will also be discussed again. Your doctor will advise you on oral hygiene for your baby.

If your baby has any abnormalities of the teeth or oral mucous membranes, your doctor will refer you to a dentist. You will receive information about support that is available in your area, for example parent/child groups and early years support.

- **Mood/affect:**
The child appears satisfied and content in the presence of its primary caregiver. During positive verbal or non-verbal communication by the primary caregiver, the child remains open, content, and interested. After a short separation (or turning away) from the primary caregiver, the child seems relaxed and happy upon reuniting, and seeks eye contact immediately.
- **Contact/communication:**
During verbal or non-verbal communication by the primary caregiver, the child responds by smiling, turning its head, or with spontaneous physical contact. The child sends spontaneous and clear

signals to the primary caregiver and seeks contact through eyes, facial expression, gestures, and sounds. In unfamiliar situations, the child seeks reassurance from the primary caregiver through body or eye contact.

- **Regulation/stimulation:**
The child can be calmed quickly through rocking, singing, or speaking by the primary caregiver. The child interacts playfully with the primary caregiver (e.g. with fingers or building blocks). The child can usually regulate its own feelings and tolerate mild disappointments. The child responds appropriately to loud noises, bright light, and touch.

Indications of abnormalities:

Examination

! Please tick abnormalities only!

Skin

- Abnormal pallor
- Hint of injuries (e.g. bruises, petechiae, burns, scars)
- Inflammatory changes in the skin

Thorax, lung, respiratory tract

- Auscultation
- Breathing sound
- Respiratory rate
- Thoracic retractions
- Thorax configuration

Abdomen, genitals (incl. anal region)

- Anomalies
- Undescended testicle right/left
- Size of liver and spleen
- Hernias

Heart, circulatory system

Auscultation:

- Heart rate
- Heart rhythm
- Heart sounds
- Second heart sounds
- Femoral pulse

Locomotor system (bones, muscles, nerves)

Full-body inspection in supine, prone, and upright positions:

- Asymmetries
- Tilting
- Spontaneous motor function

Parents are concerned about the child's development and behaviour because:

- Muscle tone
- Passive mobility of the large joints
- Muscle reflexes
- Signs of clinical fracture

Head

- Malposition
- Signs of dysmorphia
- Cranial structure
- Fontanelle tone

Mouth cavity, jaw, nose

- Signs of injury
- Lack of mouth closure

Eyes

Inspection:

- Morphological abnormalities
- Nystagmus

Brückner-Test

- Transillumination difference (e.g. with opacification of the refractive media, strabismus, anisometropia)

Smooth pursuit test with a silent object that interests the child (e.g. source of light):

- Weak focus right/left

Counselling

! Please tick areas where more advice is needed!

Advice on the following topics:

- Feeding/nutrition
- Sudden infant death
- Accident prevention
- Rickets prophylaxis with vitamin D and caries prophylaxis with fluoride
- Addiction
- UV protection
- Language advice: supporting the mother's language and German (including spoken and sign language)
- Information on available support (e.g. parent/child groups, early years support)
- Information on vaccinations/arrange vaccination appointment, check vaccination status according to the G-BA Vaccination Directive
- Advice on oral hygiene and tooth-friendly nutrition
- Referral to dentist to examine abnormalities of the teeth and mucous membranes

Comments:

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate): yes no

Body dimensions: Body weight in g Body length in cm Head circumference in cm

Overall results: No abnormalities

Abnormalities to monitor:

Additional measures:

Referral to dentist

Check, advise on, and order if applicable:

- Newborn hearing screening

All vaccinations up to date by end of appointment: yes no

Missing vaccinations:

Remarks:

Appointments

Next vaccination appointment on:

Stamp

Signature and date:

U6

Information for parents about examination in 10th to 12th month

Courtesy translation. Only the German version is binding. Zur Information; es gilt die deutsche Fassung.

Now your child is almost one year old. It can probably already crawl and pull itself into a standing position by holding on to furniture. With some support it might even be able to take a few steps. Its fingers are becoming more nimble, so that it can probably drink from a cup with a little help. At this age most children imitate sounds and are able to form double syllables such as "da-da". You child might even be able to hand you an object when asked.

During U6, your doctor will look again for any abnormalities in your child's development, and will give your child a physical examination. This will include an eye test to detect any vision impairments. The doctor will also watch to see how mobile your child is and how it controls its physical movements, and observe the interaction between you and your child.

You will receive advice on the vaccinations recommended according to the vaccination schedule. Your doctor will also talk to you about other things, such as your child's nutrition, accident prevention, supporting speech development, rickets prophylaxis with vitamin D, and caries prophylaxis with fluoride, and give you advice on oral hygiene for your child. If your child has any abnormalities of the teeth or oral mucous membranes, your doctor will refer you to a dentist.

You will receive information about support that is available in your area for example parent/child groups and early years support.

- **Mood/affect:**
The child appears satisfied and content in the presence of its primary caregiver. During positive verbal or non-verbal communication by the primary caregiver, the child remains open, content, and interested. After a short separation (or turning away) from the primary caregiver, the child seems relaxed and happy upon reuniting, and seeks eye contact immediately.
- **Contact/communication:**
During verbal or non-verbal communication by the primary caregiver, the child responds by smiling, turning its head, or with spontaneous physical contact. The child sends spontaneous and clear signals to the primary caregiver and seeks contact

through eyes, facial expression, gestures, and sounds. In unfamiliar situations, the child seeks reassurance from the primary caregiver through body or eye contact.

- **Regulation/stimulation:**
The child can be calmed quickly through rocking, singing, or speaking by the primary caregiver. The child interacts playfully with the primary caregiver (e.g. with fingers or building blocks). The child can usually regulate its own feelings and tolerate mild disappointments. The child tolerates brief separation from the primary caregiver. The child responds appropriately to loud noises, bright light, and touch.

Indications of abnormalities:

Examination

Skin

- Abnormal pallor
- Hint of injuries (e.g. bruises, petechiae, burns, scars)
- Inflammatory changes in the skin

Thorax, lung, respiratory tract

- Auscultation
- Breathing sound
- Respiratory rate
- Thoracic retractions
- Thorax configuration
- Distance between nipples

Abdomen, genitals (incl. anal region)

- Anomalies
- Undescended testicle right/left
- Size of liver and spleen
- Hernias

! Please tick abnormalities only!

Heart, circulatory system

Auscultation:

- Heart rate
- Heart rhythm
- Heart sounds
- Second heart sounds
- Femoral pulse

Locomotor system (bones, muscles, nerves)

Full-body inspection in supine, prone, and upright positions:

- Asymmetries
- Tilting
- Spontaneous motor function
- Muscle tone
- Passive mobility of the large joints
- Muscle reflexes

Head

- Malposition
- Signs of dysmorphia
- Cranial structure
- Fontanelle tone

Mouth cavity, jaw, nose

- Abnormalities of the teeth or mucous membranes
- Signs of injury
- Nasal breathing obstruction
- Lack of mouth closure
- Unusual voice (e.g. hoarse, nasal)

Eyes

Inspection:

- Morphological abnormalities

- Nystagmus
- Head malposition

Brückner-Test:

- Transillumination difference (e.g. with opacification of the refractive media, strabismus, anisometropia)

Smooth pursuit test with a silent object that interests the child (e.g. source of light):

- Weak focus right/left

Pupils:

- Size comparison, shape, reaction to light right/left

Parents are concerned about the child's development and behaviour because:

Counselling **!** Please tick areas where more advice is needed!

Advice on the following topics:

- Accident prevention
- Language advice: supporting the mother's language and German (including spoken and sign language)
- Nutrition
- Rickets prophylaxis with vitamin D and caries prophylaxis with fluoride
- Addiction
- Information on vaccinations/arrange vaccination appointment,
- check vaccination status according to the G-BA Vaccination Directive
- Advice on oral hygiene (dental care) and tooth-friendly nutrition
- Information on available support (e.g. parent/child groups, early years support)
- Referral to dentist to examine abnormalities of the teeth and mucous membranes

Comments:

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate): yes no

Body dimensions:

Body weight in g	Body length in cm	Head circumference in cm
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Overall results: No abnormalities

Abnormalities to monitor:	Additional measures:
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Referral to dentist

Check, advise on, and order if applicable:

All vaccinations up to date by end of appointment: yes no

Missing vaccinations:

Remarks:

Next appointment

Next vaccination appointment on:

Stamp

Signature and date:

U7

Information for parents about examination in 21st to 24th month

Courtesy translation. Only the German version is binding.
Zur Information; es gilt die deutsche Fassung.

Now your child is almost two years old. It can probably walk or run well for quite some time without any help, and can climb down stairs. Most children’s vocabularies are growing quickly at this point. They like to say “no” and test what type of response their behaviour receives.

The last examination was around one year ago. During U7, your doctor will look again for any abnormalities in your child’s development, and will give your child a physical examination. This will include an eye test to detect any vision impairments. The doctor will check whether your baby can understand simple words and sentences, and ask you about your child’s

behaviour in the family, in groups of children, and during playtime. Your doctor will observe the interaction between you and your child.

You will receive advice on the vaccinations recommended according to the vaccination schedule. Your doctor will also talk to you about other things such as your child’s nutrition, accident prevention, supporting speech development, and caries prophylaxis with fluoride, and give you advice on oral hygiene for your child. If your child has any abnormalities of the jaw development, teeth, or oral mucous membranes, your doctor will refer you to a dentist.

Examination

! Please tick abnormalities only!

Skin

- Abnormal pallor
- Hint of injuries (e.g. bruises, petechiae, burns, scars)
- Inflammatory changes in the skin

Thorax, lung, respiratory tract

- Auscultation
- Breathing sound
- Respiratory rate
- Thoracic retractions
- Thorax configuration
- Distance between nipples

Abdomen, genitals (incl. anal region)

- Undescended testicle right/left
- Size of liver and spleen
- Hernias

Heart, circulatory system

- Auscultation:*
- Heart rate
 - Heart rhythm
 - Heart sounds
 - Second heart sounds

Locomotor system (bones, muscles, nerves)

- Inspection of the entire body in supine and prone positions, while sitting, from behind, and from the sides*
- Asymmetries
 - Tilting
 - Passive mobility of the large joints
 - Muscle reflexes

Mouth cavity, jaw, nose

- Abnormalities of the teeth or mucous membranes
- Signs of injury
- Salivation
- Unusual voice

Eyes

- Inspection:*
- Morphological abnormalities
 - Nystagmus
 - Head malposition

Brückner-Test:

- Transillumination difference (e.g. with opacification of the refractive media, strabismus, anisometropia)

Pupils:

- Size comparison, shape, reaction to light right/left

Parents are concerned about the child's development and behaviour because:

Counselling **!** Please tick areas where more advice is needed!

Advice on the following topics:

- Advice on dental care (fluoride)
- Accident prevention
- Language advice: supporting the mother's language and German (including spoken and sign language)
- Movement
- Nutrition
- Information on vaccinations/arrange vaccination appointment, check vaccination status according to the G-BA Vaccination Directive
- Referral to dentist to examine abnormalities of the teeth, mucous membranes, and jaw development

Comments:

Courtesy translation. Only the German version is binding.
Zur Information; es gilt die deutsche Fassung.

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate): yes no

Body dimensions: Body weight in kg , Body length in cm Head circumference in cm BMI in kg/m² ,

Overall results: No abnormalities

Abnormalities to monitor:

Additional measures:

Referral to dentist

Check, advise on, and order if applicable:

All vaccinations up to date by end of appointment: yes no

Missing vaccinations:

Remarks:

Next appointment

Next vaccination appointment on:

Stamp

Signature and date:

U7a

Information for parents about examination in 34th to 36th month

*Courtesy translation. Only the German version is binding.
Zur Information; es gilt die deutsche Fassung.*

Now your child is around three years old. At this age, most children refer to themselves as “I” and try to lend a helping hand around the house. They enjoy playing with other children and assuming “make-believe” roles. Your child might have a great need for physical activity, climb stairs using “adult steps”, and jump down from lower steps.

During U7a, your doctor will look again for any abnormalities in your child’s development, and will give your child a physical examination. This will include a vision test. During U7a, your doctor will also have a look at your child’s teeth and jaw development, and will pay special attention to your child’s speech development.

Your doctor will observe the interaction between you and your child.

You will receive advice on the vaccinations recommended according to the vaccination schedule. Your doctor will also talk to you about other things, such as your child’s nutrition and physical activity, accident prevention, supporting speech development, and the role of media (e.g. TV, game consoles, internet, etc.) in your child’s day-to-day life. Your doctor will also refer your child to a dentist for screening.

Examination

! Please tick abnormalities only!

- Skin**
- Abnormal pallor
 - Hint of injuries (e.g. bruises, petechiae, burns, scars)
 - Inflammatory changes in the skin

- Thorax, lung, respiratory tract**
- Auscultation
 - Breathing sound
 - Respiratory rate
 - Thorax configuration
 - Distance between nipples

- Abdomen, genitals (incl. anal region)**
- Undescended testicle right/left
 - Size of liver and spleen
 - Hernias

- Heart, circulatory system**
- Auscultation:*
- Heart rate
 - Heart rhythm
 - Heart sounds
 - Second heart sounds

- Locomotor system (bones, muscles, nerves)**
- Inspection of the entire body in supine and prone positions, while sitting, from behind, and from the sides:*
- Asymmetries
 - Tilting
 - Passive mobility of the large joints
 - Muscle tone
 - Muscle reflexes

- Mouth cavity, jaw, nose**
- Abnormalities of the teeth or mucous membranes
 - Abnormality of the jaw
 - Signs of injury
 - Lack of mouth closure
 - Nasal breathing obstruction

- Eyes**
- Inspection:*
- Morphological abnormalities
 - Nystagmus
 - Head malposition

- Pupils:*
- Abnormal (size, shape, reaction to light right/left)

- Corneal light reflex:*
- Abnormal (strabismus)

- Stereo test (e.g. Lang test, Titmus test, TNO test):*
- Abnormal

- Vision test (monocular test, e.g. with eye occlusion plaster): (non-verbal shape recognition tests, e.g. Lea-Hyvärinen test, Sheridan-Gardiner test, H test according to Hohmann/Haase using single optotypes at 3 m distance)*

- Amblyopia right
- Amblyopia left
- Difference left/right

Parents are concerned about the child's development and behaviour because:

Counselling **!** Please tick areas where more advice is needed!

Advice on the following topics:

- Accident prevention
- Language advice: supporting the mother's language and German (including spoken and sign language)
- Nutrition
- Movement
- Media (e.g. media usage, TV, game consoles, constant noise)
- Information on dental care from 30 months
- Information on vaccinations/arrange vaccination appointment, check vaccination status according to the G-BA Vaccination Directive
- Referral to dentist for dental screening

Comments:

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate): yes no

Body dimensions: Body weight in kg ,
 Body length in cm
 BMI in kg/m² ,

Overall results: No abnormalities

Abnormalities to monitor:

Additional measures:

Referral to dentist

Check, advise on, and order if applicable:

All vaccinations up to date by end of appointment: yes no

Missing vaccinations:

Remarks:

Next appointment

Next vaccination appointment on:

Stamp

Signature and date:

U8

Information for parents about examination in 46th to 48th month

Courtesy translation. Only the German version is binding.
 Zur Information; es gilt die deutsche Fassung.

Now your child is almost four years old. At this age, most children can get dressed and undressed by themselves. Their speech has developed to the point that they might be able to tell short stories and ask many questions (why, how, where, when).

During U8, your doctor will look again for any abnormalities in your child's development, and will give your child a physical examination. This will include a vision test and a hearing test. Your doctor will also have a look at your child's teeth and jaw development, test how flexible and dexterous your child is, whether it can entertain itself, and how well it

speaks. You will be asked about your child's behaviour in the family, in groups of children, and during playtime. Your doctor will observe the interaction between you and your child.

You will receive advice on the vaccinations recommended according to the vaccination schedule. Your doctor will also speak to you about such things as your child's nutrition and physical activity, accident prevention, promoting speech development, and the responsible use of media (e.g. TV, game consoles, internet) in your child's everyday life. Your doctor will also refer your child to a dentist for screening.

Examination

! Please tick abnormalities only!

Skin

- Abnormal pallor
- Hint of injuries (e.g. bruises, petechiae, burns, scars)
- Inflammatory changes in the skin

Thorax, lung, respiratory tract

- Auscultation
- Breathing sound
- Respiratory rate
- Thorax configuration
- Distance between nipples
- Indication of rickets

Abdomen, genitals (incl. anal region)

- Undescended testicle right/left
- Size of liver and spleen
- Hernias
- Abnormal urinary findings (multi-strip test)

Ears

Hearing test using screening audiometry (test of hearing threshold in air conduction with at least 5 test frequencies):

- right
- left

Heart, circulatory system

Auscultation:

- Heart rate
- Heart rhythm
- Heart sounds
- Second heart sounds

Locomotor system (bones, muscles, nerves)

Inspection of the entire body in supine and prone positions, while sitting, from behind, and from the sides

- Forward bend test
- Asymmetries
- Tilting
- Spontaneous motor function
- Passive mobility of the large joints
- Muscle tone
- Muscle reflexes
- Indication of rickets in the extremities

Mouth cavity, jaw, nose

- Abnormalities of the teeth or mucous membranes
- Abnormality of the jaw
- Signs of injury

Eyes

Inspection:

- Morphological abnormalities
- Nystagmus
- Head malposition

Pupils:

- Abnormal (size, shape, reaction to light right/left)

Corneal light reflex:

- Abnormal (strabismus)

Stereo test (e.g. Lang test, Titmus test, TNO test):

- Abnormal

Vision test (monocular test, e.g. with eye occlusion plaster): (non-verbal shape recognition tests, e.g. Lea-Hyvärinen test, Sheridan-Gardiner test, H test according to Hohmann/Haase, tumbling E, Landolt rings using single optotypes at 3 m distance)

- Amblyopia right
- Amblyopia left
- Difference left/right

Parents are concerned about the child's development and behaviour because:

Counselling **!** Please tick areas where more advice is needed!

Advice on the following topics:

- Accident prevention
- Language advice: supporting the mother's language and German (including spoken and sign language)
- Media (e.g. media usage, TV, game consoles, constant noise)
- Nutrition
- Movement
- Information on vaccinations/arrange vaccination appointment, check vaccination status according to the G-BA Vaccination Directive
- Referral to dentist for dental screening

Comments:

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate): yes no

Body dimensions: Body weight in kg ,
 Body length in cm
 BMI in kg/m² ,

Overall results: No abnormalities

Abnormalities to monitor:

Additional measures:

Referral to dentist

Check, advise on, and order if applicable:

All vaccinations up to date by end of appointment: yes no

Missing vaccinations:

Remarks:

Next appointment

Next vaccination appointment on:

Stamp

Signature and date:

U9

Information for parents about examination in 60th to 64th month

Courtesy translation. Only the German version is binding.
 Zur Information; es gilt die deutsche Fassung.

Now your child is around five years old. At this age, many children need lots of physical activity. They like to climb, and like to ask a lot of questions. They will show a lot of imagination in role play with other children, and like to colour with crayons and use scissors. If your child is not able to produce all the sounds in German or its native language, ask your doctor for advice.

During U9, your doctor will look again for any abnormalities in your child's development, and will give your child a physical examination. This will include a vision test to detect any vision impairment early. The doctor will also watch to see how mobile your child is, how it controls its physical movements, and how well it speaks. Your doctor will ask about your child's interests, what it

enjoys, and what it might be afraid of. Soon your child will start school, so this information is important, and will enable your doctor to provide support if needed. Your doctor will observe the interaction between you and your child.

You will receive advice on the vaccinations recommended according to the vaccination schedule. Your doctor will also speak to you about such things as your child's nutrition and physical activity, accident prevention, promoting speech development, and the responsible use of media (e.g. TV, game consoles, internet) in your child's everyday life. Your doctor will remind you of the importance of caries prophylaxis with fluoride, and refer your child to a dentist for screening.

Examination

! Please tick abnormalities only!

Skin

- Abnormal pallor
- Hint of injuries (e.g. bruises, petechiae, burns, scars)
- Inflammatory changes in the skin

Thorax, lung, respiratory tract

- Auscultation
- Breathing sound
- Respiratory rate
- Thorax configuration
- Distance between nipples

Abdomen, genitals (incl. anal region)

- Size of liver and spleen
- Hernias

Heart, circulatory system

Auscultation:

- Heart rate
- Heart rhythm
- Heart sounds
- Second heart sounds

Locomotor system (bones, muscles, nerves)

Inspection of the entire body in supine and prone positions, while sitting, from behind, and from the sides:

- Asymmetries
- Tilting
- Passive mobility of the large joints
- Muscle tone
- Muscle reflexes

Mouth cavity, jaw, nose

- Abnormalities of the teeth or mucous membranes
- Abnormality of the jaw
- Signs of injury

Eyes

Inspection:

- Morphological abnormalities
- Nystagmus
- Head malposition

Pupils:

- Abnormal (size, shape, reaction to light right/left)

Corneal light reflex:

- Abnormal (strabismus)

Stereo test (e.g. Lang test, Titmus test, TNO test):

- Abnormal

Vision test (monocular test, e.g. with eye occlusion plaster): (non-verbal shape recognition tests, e.g. Lea-Hyväinen test, Sheridan-Gardiner test, H test according to Hohmann/Haase, tumbling E, Landolt rings using single optotypes at 3 m distance)

- Amblyopia right
- Amblyopia left
- Difference left/right

Parents are concerned about the child's development and behaviour because:

Counselling

! Please tick areas where more advice is needed!

Advice on the following topics:

- Check caries prophylaxis with fluoride
- Accident prevention
- Language advice: supporting the mother's language and German (including spoken and sign language)
- Physical activity and preventing obesity
- Nutrition
- Media (e.g. media usage, TV, game consoles, constant noise)
- Addiction
- Information on vaccinations/arrange vaccination appointment, check vaccination status according to the G-BA Vaccination Directive
- Referral to dentist for dental screening

Comments:

Results

Relevant medical findings:

Developmental assessment (as orientation, age-appropriate): yes no

Body dimensions: Body weight in kg , Body length in cm BMI in kg/m² ,

Overall results: No abnormalities

Abnormalities to monitor:

Additional measures:

Referral to dentist

Check, advise on, and order if applicable:

All vaccinations up to date by end of appointment: yes no

Missing vaccinations:

Remarks:

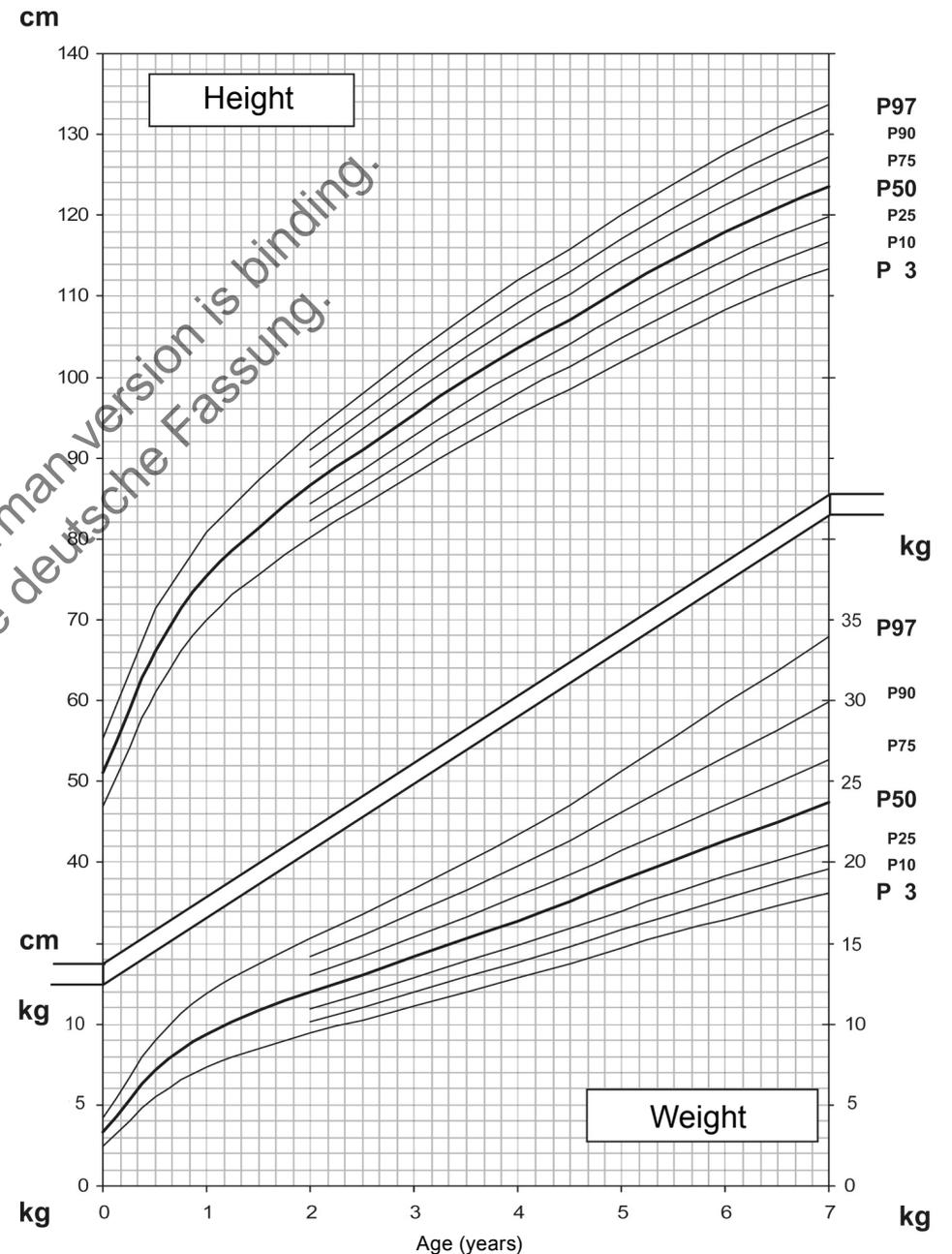
Next appointment

Next vaccination appointment on:

Stamp

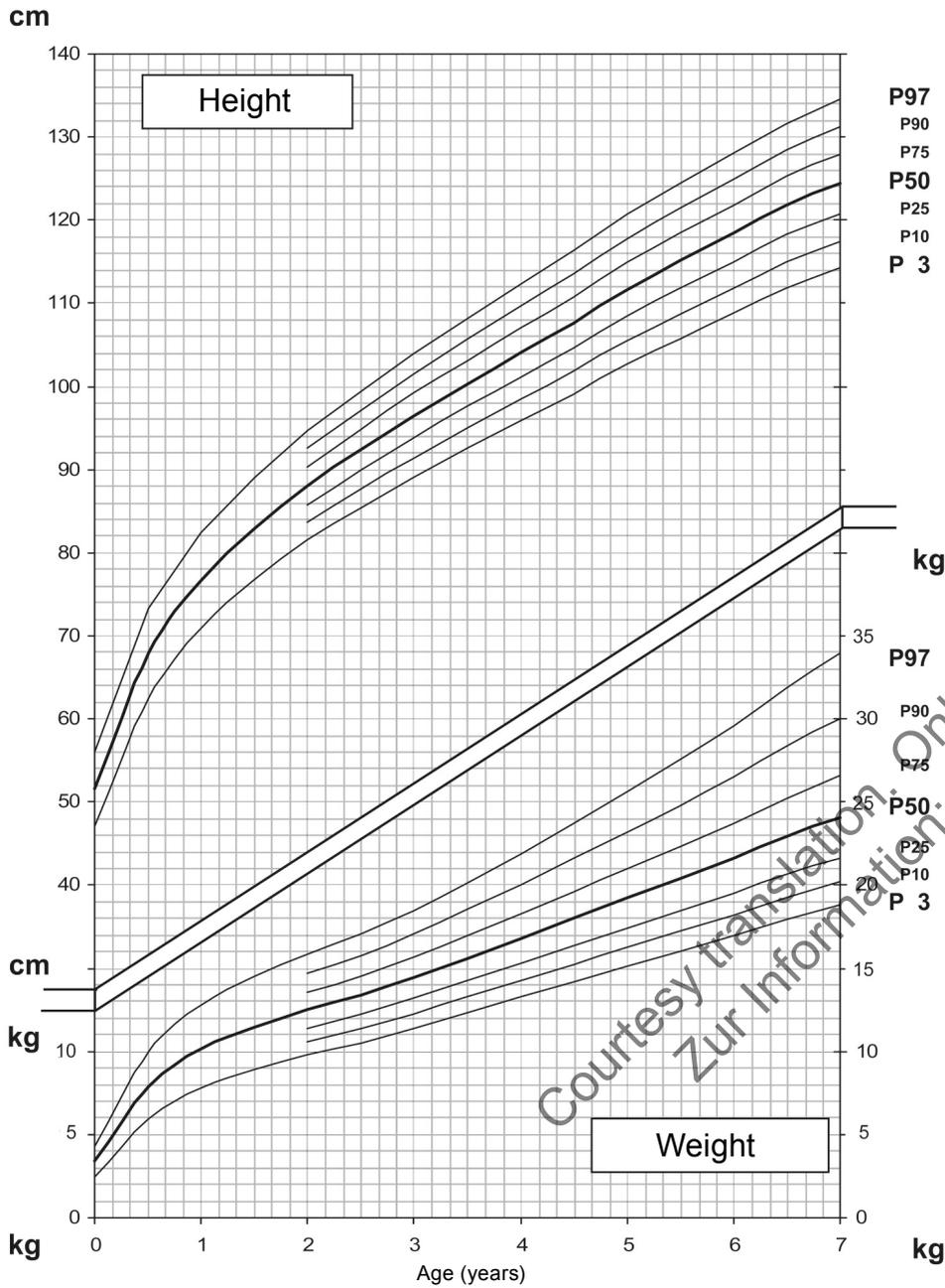
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Percentile curves for height and weight (girls 0 – 7 years)

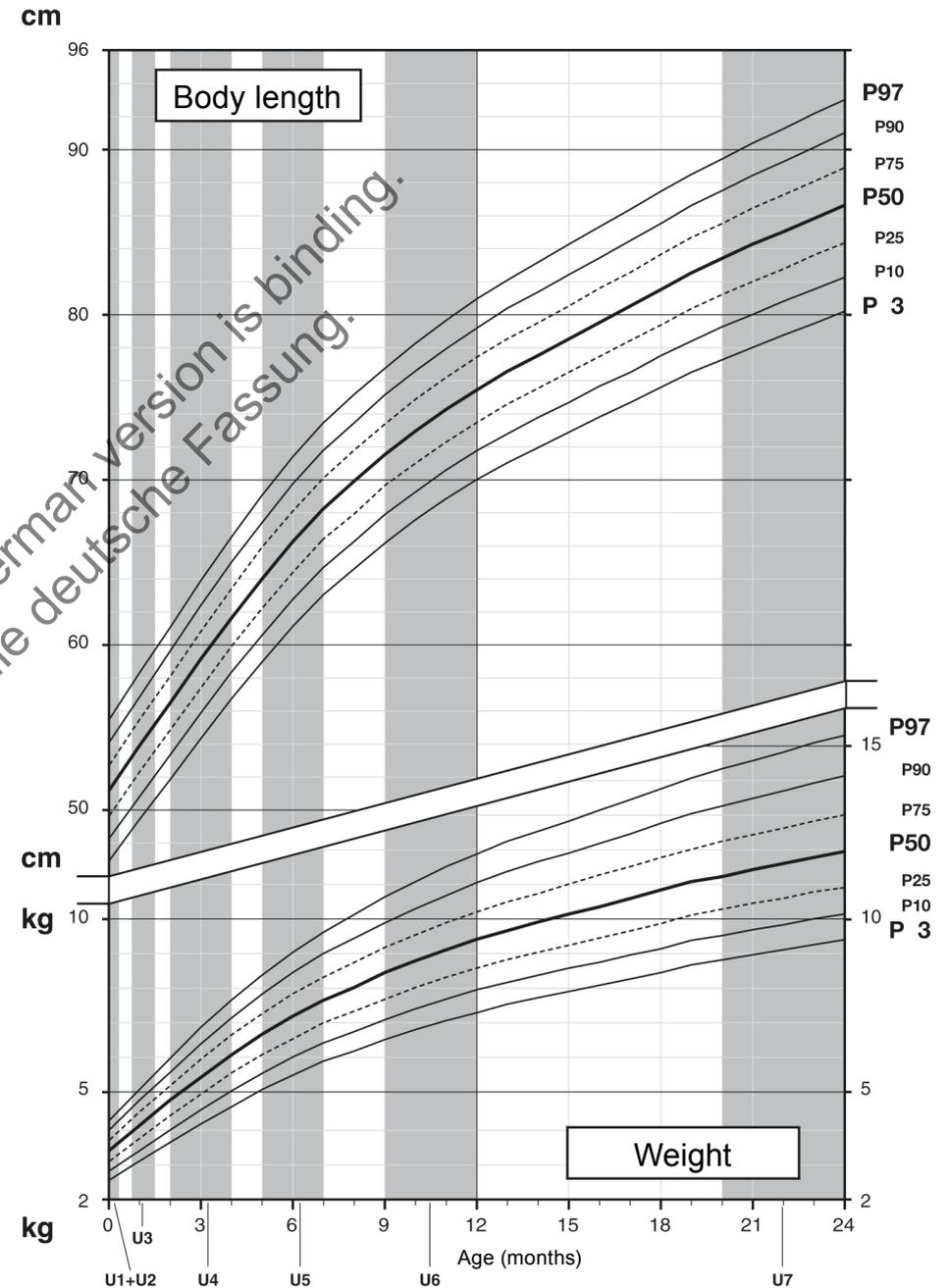


Percentile curves are based on the presentation by K. Kromeyer-Hauschild, M. Wabitsch, D. Kunze, F. Geller, H. C. Geiß, V. Hesse, A. von Hippel, U. Jaeger, D. Johnsen, W. Korte, K. Mener, G. Müller, J.M. Müller, A. Niemann-Pilatus, T. Remer, F. Schaefer, H.-U. Wittchen, S. Zabransky, K. Zellner, A. Ziegler, J. Hebebrand in the journal *Kinderheilkunde*, 2001, p. 807 ff.

Percentile curves for height and weight (boys 0 – 7 years)



Percentile curves for body length and weight (girls 0 – 2 years)

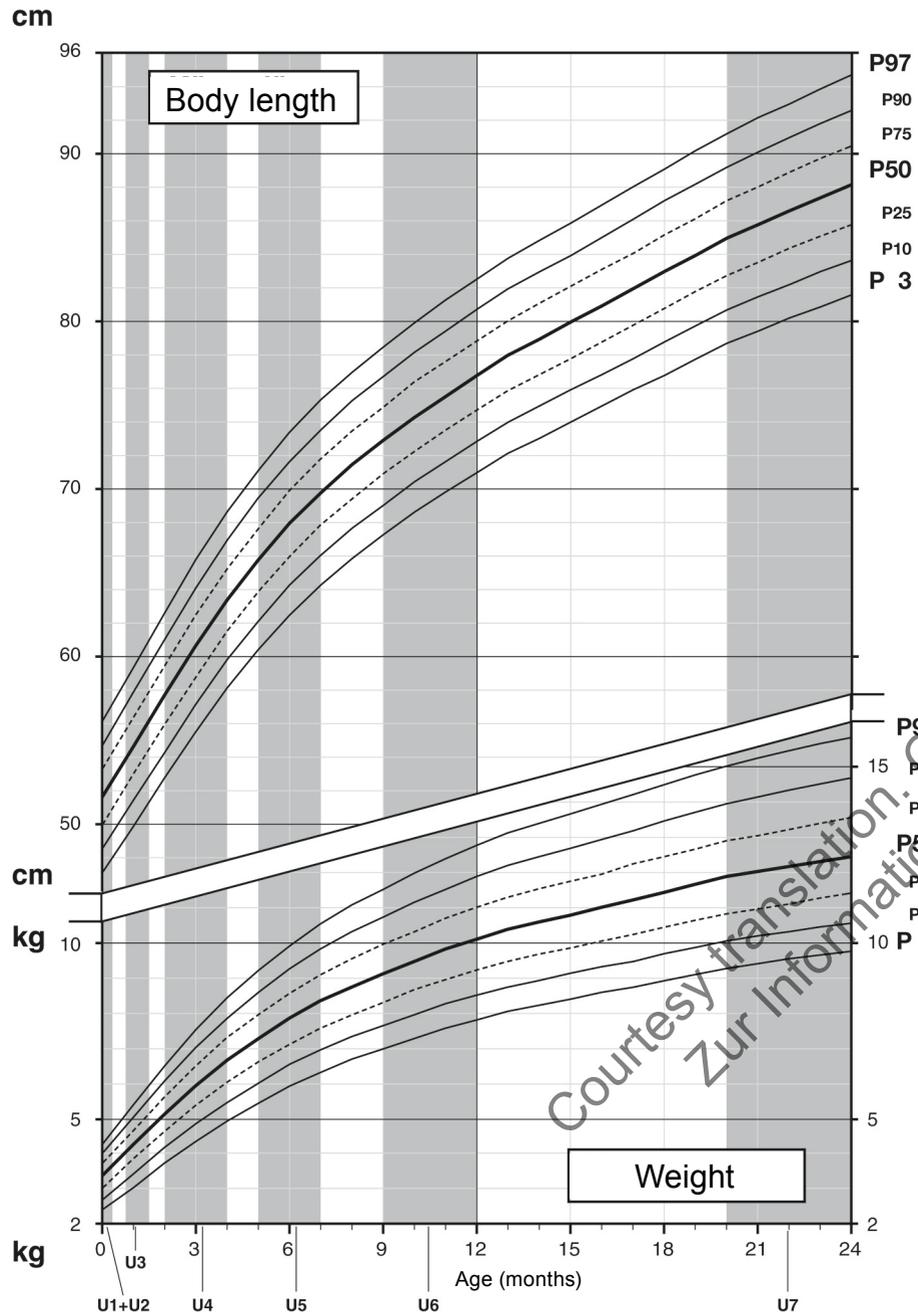


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Zur Information, es gilt die deutsche Fassung.

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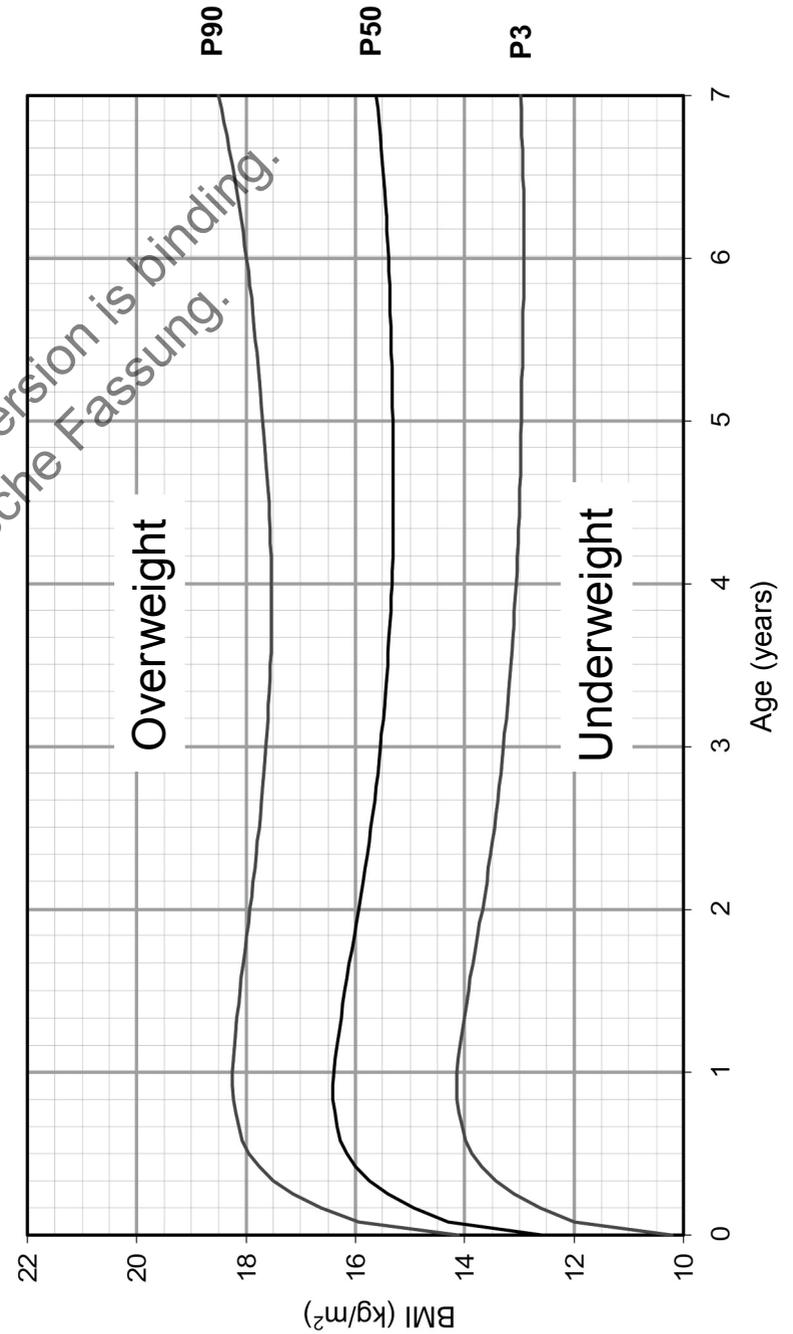
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Percentile curves for body length and weight (boys 0 – 2 years)



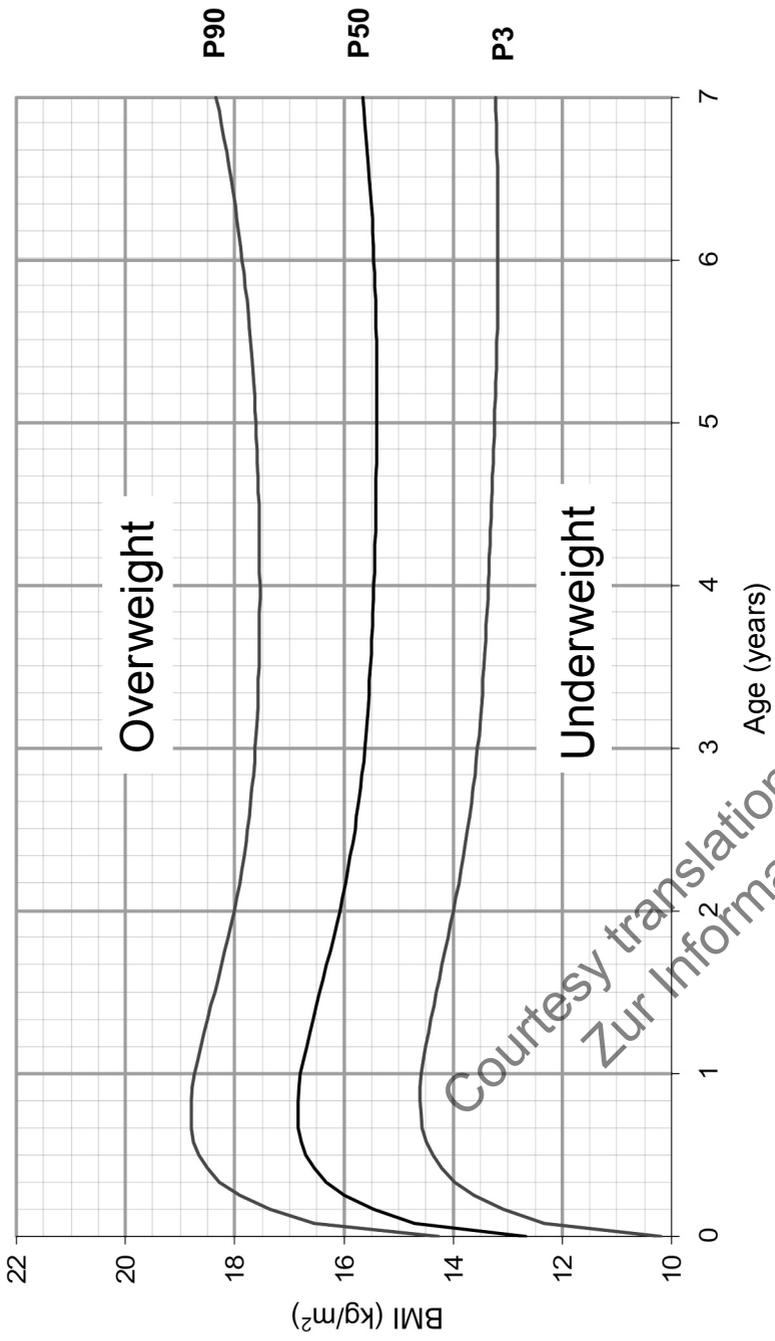
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Percentile curves for body mass index (girls 0 – 7 years)

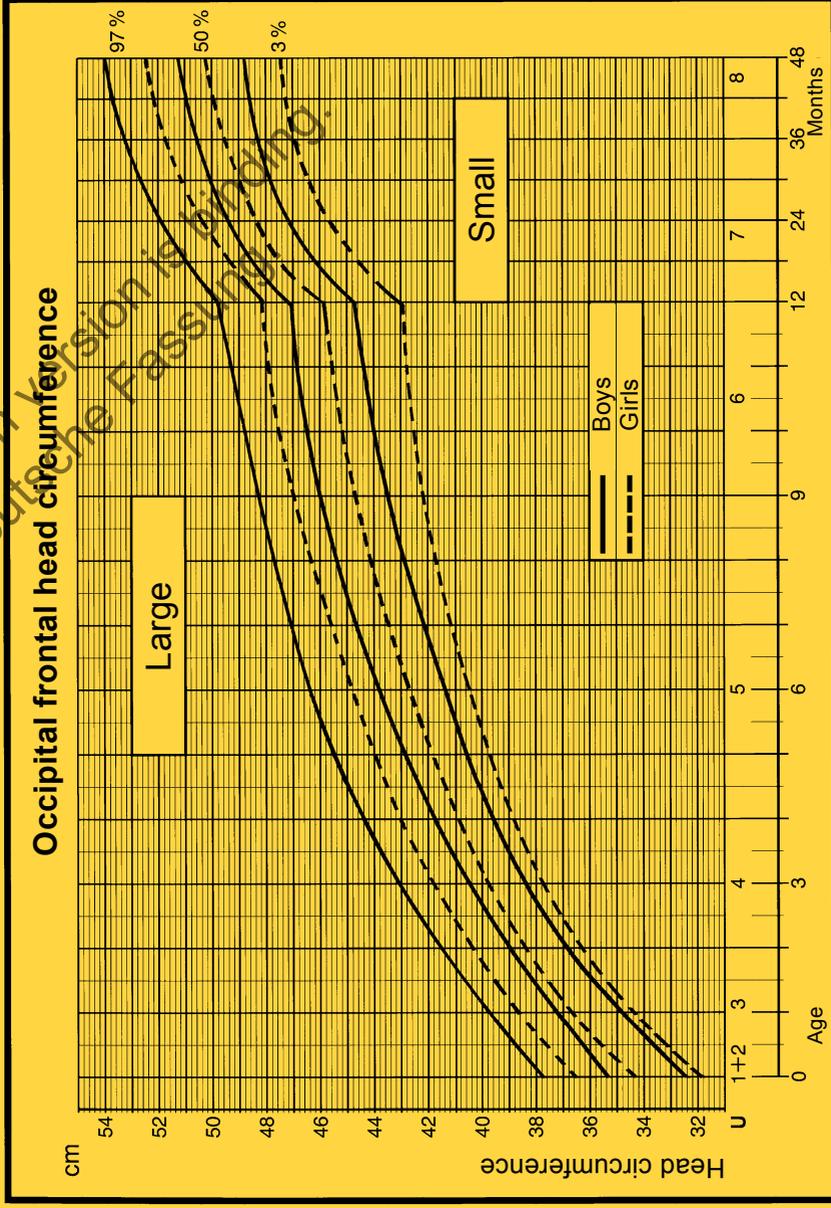


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Percentile curves for body mass index (boys 0 – 7 years)



Percentile curves are based on the presentation by K. Kromeyer-Hauschild, M. Wabitsch, D. Kunze, F. Geller, H. C. Geiß, V. Hesse, A. von Hippel, U. Jaeger, D. Johnsen, W. Korfer, K. Menner, G. Müller, J. M. Müller, A. Niemann-Pilatius, T. Remer, F. Schaefer, H.-U. Wittchen, S. Zabransky, K. Zellner, A. Ziegler, J. Hebebrand in the journal *Kinderheilkunde*, 2001, p. 807 ff.



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Zur Information; es gilt die deutsche Fassung.

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