



ETAT DE FRIBOURG  
STAAT FREIBURG

Service du médecin cantonal SMC  
Kantonsarztamt KAA

Rte de Villars 101, 1752 Villars-sur-Glâne

T +41 26 305 79 80  
www.fr.ch/smc

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**Dernier Rappel - Bilan de santé préscolaire obligatoire**

**Final reminder: Compulsory school-entry health check**

Dear parents/guardians,

Further to our first reminder, please note that your child must undergo a **compulsory school-entry health check** before 1 May of their first school year.

This check should be performed by your paediatrician or family doctor.

**At the end of the appointment, please ask the paediatrician/family doctor to sign the slip below.** We kindly request that you return the signed slip to your commune in the envelope provided **no later than 1 May**.

If you have yet to find a paediatrician or a family doctor, we have provided a complete **list of paediatricians in the canton of Fribourg** (see enclosed) to assist your search.

Should you fail to comply with this request, **the relevant authorities will be compelled to intervene.** We therefore kindly request that you **arrange an appointment with a paediatrician/family doctor** as soon as possible.

If you require more information or have any questions, please do not hesitate to contact us.

Yours sincerely,

Cantonal Medical Service

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*The following slip must be signed by the paediatrician/family doctor and returned to the commune by 1 May.*

Par sa signature ci-dessous, le médecin atteste avoir effectué l'examen selon les checklists pour les examens de prévention établis par la Société Suisse de Pédiatrie et en cas d'accord parental contrôlé et complété les vaccinations selon les recommandations de l'Office fédéral de la santé publique.

Nom, prénom, date de naissance et adresse de l'enfant : .....

.....

Date, timbre et signature du médecin : .....

*SVP ne PAS inscrire de données médicales confidentielles sur ce coupon ! Si des problèmes médicaux doivent être connus de l'école, les parents/le médecin avec l'accord des parents sont priés de contacter le responsable d'établissement concerné.*

Für Deutsch bitte wenden



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**Zweites und letztes Erinnerungsschreiben – Obligatorischer vorschulischer Gesundheitscheck**

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Mit meiner Unterschrift bestätige ich, den Gesundheitscheck gemäss Checklisten für die Vorsorgeuntersuchungen der Schweizerischen Gesellschaft für Pädiatrie durchgeführt zu haben und die Impfungen im Einvernehmen mit den Eltern gemäss Empfehlungen des Bundesamts für Gesundheit überprüft und vervollständigt zu haben.

Name, Vorname, Geburtsdatum und Adresse des Kindes: .....

Datum, Stempel und Unterschrift der Ärztin bzw. des Arztes: .....

*Bitte auf dem Talon keine vertraulichen medizinischen Angaben machen! Muss die Schule über allfällige gesundheitliche Probleme informiert werden, bitten wir die Eltern oder die Ärztin bzw. den Arzt in Absprache mit den Eltern die Schulleitung zu kontaktieren.*