



ETAT DE FRIBOURG  
STAAT FREIBURG

Service du médecin cantonal SMC  
Kantonsarztamt KAA

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## Compulsory school-entry health check

Dear parents/guardians,

In the canton of Fribourg, all children must undergo a **health check** before starting their first year of school. The purpose of this check is to ensure that your child can begin their education in good health, and to screen for and address health concerns that could affect their learning. Ideally, this should take place before your child starts school, but no later than 30 September of their first year. Please contact your paediatrician or family doctor to make an appointment.

**List of paediatricians:** [La médecine scolaire | Etat de Fribourg](#)

During the appointment, the paediatrician/family doctor will also check your child's immunisation record and administer any vaccinations they may have missed. These **vaccinations** (which are not mandatory but strongly recommended) are:

- Diphtheria, tetanus, whooping cough and polio booster
- MMR (measles, mumps, rubella) catch-up

**Information:** [Vaccinations recommandées | Etat de Fribourg](#)

In the event of an outbreak of one of these illnesses, your child will be temporarily excluded from school for up to 21 days if they have not been vaccinated against the illness concerned.

**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.

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 30 September.*

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 et prénom 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.*