

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) requires schools to request a dental examination in the following grades: school entry, K, 2, 4, 7 & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your child's dentist for an assessment. If your child had a dental check-up before he/she started school, ask the dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1: To be completed by Parent/Guardian (Please Print)

Child's Name:			Birth Date:
Last	First	MI	/ / mm dd yy
Sex: <input type="checkbox"/> male <input type="checkbox"/> female	School:	Grade:	Child's 1st visit?: <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak, or focus on school activities? Yes
 No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays, if necessary, to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing, or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature: _____ Date: _____

Section 2: To be completed by Dentist

I. The Dental Health condition of _____ on _____ (date of exam).

The date of the exam needs to be within 12 months of the start of the school year in which it is requested.

Check One:

- Yes, the student listed above is in fit condition of dental health.
 No, the student listed above is not in fit condition of dental health.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak, or focus on school activities including pain, swelling, or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's Name & Address (Please Print or Stamp)

Dentist's Signature

Optional Sections - if you agree to release this information to your child's school, please initial here _____

II. Oral Health Status (check all that apply)

- Yes No **Caries Experience/Restoration History** - Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- Yes No **Untreated Caries** - Does this child have an open cavity? [At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- Yes No **Dental Sealants Present**
- Other problems (specify): _____

III. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- Immediate dental care is required. Please schedule an appointment immediately to avoid problems.