

## Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 1, 3, 5, 7, 9, 11. Your child should 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 dentist for an assessment. If your child had a dental check-up before he/she started school, ask your dentist to fill out Section 2. Return the completed form to the school nurse as soon as possible.

### Section 1. To be completed by Parent/Guardian At Your Private Dentist/Clinic (Please Print)

Child's Name: _____		
Birth Date:    /    / <small>Month    Day    Year</small>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No
School: _____		Grade _____
Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. Parent's Signature _____ Date _____		

### Section 2. To be completed by the 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 to permit him/her attendance at the public schools.

No, The student listed above is not in fit condition of dental health to permit him/her attendance at the public schools.

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 and address (please print or stamp) \_\_\_\_\_ Dentist's Signature \_\_\_\_\_

Optional Sections - If you agree to release this information to school, parent 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 with your dentist to avoid problems.

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### Section 1. To be completed by Parent/Guardian At Your Private Dentist/Clinic (Please Print)

Child's Name: <span style="float: right; margin-right: 20px;">Last</span> <span style="float: right; margin-right: 20px;">First</span> <span style="float: right;">Middle</span>		
Birth Date:    /    -    / <small>Month    Day    Year</small>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No
School: <small>Name</small>		Grade
Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. Parent's Signature _____ Date _____		

### Section 2. To be completed by the 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 to permit him/her attendance at the public schools.

No, The student listed above is not in fit condition of dental health to permit him/her attendance at the public schools.

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 and address (please print or stamp)	Dentist's Signature

**Optional Sections - If you agree to release this information to school, parent 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)**

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