## **Oral Health Assessment Form**

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

## <u>Section 1</u>: Child's Information (Filled out by parent or guardian)

**Dental Provider** 

Dental Professional Signature

Child's First Name:		Last Name:			Middle Initial:	Child's birth date:		
Address:						Apt.:		
City:				ZIP code:				
School Name:			Teacher:		Grade:	Child's Sex □ Male	∷ □ Female	
	ealth Data	□ Wh	ite □ l Native A tive Hawa	Black/African America merican □ Multi-ra aiian/Pacific Islander	icial □ Other □ Unknown		Asian –	
) IMPORT	ANT NOTE	: Cons	sider ea	ch box separately.	Mark each box			
Caries Experience (Visible decay and/or fillings present)		Visible Decay Present:		Treatment Urgency:  □ No obvious problem found  □ Early dental care recommended (caries without pain or infection or child would benefit from sealants or further evaluation)  □ Urgent care needed (pain, infection, swelling or soft tissue lesions)				
	Oral He IMPORT Caries Ex (Visible de	ian Name:  Oral Health Data  IMPORTANT NOTE  Caries Experience  (Visible decay and/or	Teac ian Name:  Child  Wh  Nat  Oral Health Data Collec ) IMPORTANT NOTE: Cons Caries Experience (Visible decay and/or  Pre	Teacher:  Child's race/ef  White   F  Native A  Native Hawa  Cral Health Data Collection (Fi  IMPORTANT NOTE: Consider each  Caries Experience (Visible decay and/or Present:	Teacher:  Child's race/ethnicity:  White Black/African America  Native American Multi-ra  Native Hawaiian/Pacific Islander  Oral Health Data Collection (Filled out by a Called)  IMPORTANT NOTE: Consider each box separately.  Caries Experience (Visible decay and/or fillings present)  Visible Decay Present:  Treatment Urgency  No obvious proble Early dental care	Teacher:    Child's race/ethnicity:   White   Black/African American   Hispanic   Native American   Multi-racial   Other   Native Hawaiian/Pacific Islander   Unknown    Oral Health Data Collection (Filled out by a California license)   IMPORTANT NOTE: Consider each box separately. Mark each box   Caries Experience (Visible decay and/or fillings present)   Visible Decay   Treatment Urgency:   No obvious problem found   Early dental care recommended   Part   Caries Experience   No obvious problem found   Early dental care recommended   Caries Experience   Present:   No obvious problem found   Early dental care recommended   Caries Experience   Present:   No obvious problem found   Early dental care recommended   Caries Experience   Caries Experience   No obvious problem found   Caries Experience   Caries Experience   Caries Experience   Caries Experience   No obvious problem found   Caries Experience   Caries Expe	ZIP code:    Child's Sex	

**Phone Number** 

Date

## Section 3: Waiver of Oral Health Assessment Requirement To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

	Signature of parent or guardian Date	Date	
lf aski	ing to be excused from this requirement: ▶		
	Optional: other reasons my child could not get a dental check-up:		
	□ I do not want my child to receive a dental check-up.		
	□ I cannot afford a dental check-up for my child.		
	□ Medi-Cal/Denti-Cal □ Healthy Families □ Healthy Kids □ Other □ Non-	е	
	□ I am unable to find a dental office that will take my child's dental insurance plan.  My child's dental insurance plan is:		

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school *no later than* May 1 of your child's first school year. Original to be kept in child's school record.