SAMPLE

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment 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 registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist 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 or Guardian (Please Print)					
Child's Name:		First	Middle		
Birth Date: / / Month Day Year	Will this be your child's first oral health assessment ? $\ \square$ Yes $\ \square$ No				
School: Name	☐ Female				Grade
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 the Dentist/ Dental Hygienist					
I. The dental health condition of on (date of assessment) The date of the assessment 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 his/her attendance at the public schools.					
\square No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.					
NOTE: Not in fit condition of dental hon school activities including pain, sw condition of dental health to permit at	velling or infection re	lated to clinical ev	idence of open cavities. The d	designatio	on of not in fit
Dentist's/ Dental Hygienist's name and address					
(please print or stamp) Dentist's/Dental Hygienist's Signature					ture
Optional Sections - If you agree to rele	ease this information	to your child's sch	ool, 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].					
	the lesion. These criter whole tooth was destr	ria apply to pits and royed by caries. Bro	mm of tooth structure loss at the effissure cavitated lesions as well as ken or chipped teeth, plus teeth with	those on	smooth tooth surfaces.
Other problems (Specify):					
II. Treatment Needs (check all t	hat 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.					