

### 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.

#### **Section 1: Child's Information (Filled out by parent or guardian)**

|                       |  |                 |   |
|-----------------------|--|-----------------|---|
| Child's First Name:   | Last Name:   | Middle Initial: | Child's birth date:   |
| Address:              |  |                 | Apt.:   |
| City:                 |  |                 | ZIP code:   |
| School Name:          | Teacher:   | Grade:          | Child's Sex:<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Parent/Guardian Name: | Child's race/ethnicity:<br><input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian<br><input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____<br><input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown |                 |   |

#### **Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)**

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

|  |   |   |   |
|--|---|---|---|
| Assessment Date:                                       | <u>Caries Experience</u><br>(Visible decay and/or fillings present)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Visible Decay Present:</u><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <u>Treatment Urgency:</u><br><input type="checkbox"/> No obvious problem found<br><input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation)<br><input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions) |
|  |   |   |   |
| _____<br><i>Licensed Dental Professional Signature</i> |   | _____<br><i>CA License Number</i>   | _____<br><i>Date</i>  |

#### **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)

- I am unable to find a dental office that will take my child's dental insurance plan.  
My child's dental insurance plan is:  
 Medi-Cal/Denti-Cal     Healthy Families     Healthy Kids     Other \_\_\_\_\_     None
  - I cannot afford a dental check-up for my child.
  - I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: \_\_\_\_\_

If asking to be excused from this requirement: ► \_\_\_\_\_  
*Signature of parent or guardian*
*Date*

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 31** of your child's first school year.  
*Original to be kept in child's school record.*