



Dental Hygiene Form

New York State law permits schools to request a dental examination in the following grades: school entry, K, 2, 4 & 7. The date of the exam must be within 12 months of the start of school.

Date of Exam _____

Name _____ DOB _____ Grade _____

Is this the child's first dental visit? Yes No

Yes, this child is in fit condition of dental health to permit his/her attendance at school.

No, this child is not in fit condition of dental health to permit his/her attendance at school.

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 school **does not** preclude the student from attending school.

Yes **No** **Caries Experience/Restoration History** - Has the child ever had a cavity (treated or untreated)?

Yes **No** **Untreated Caries** - Does this child have an open cavity?

Yes **No** **Dental Sealants Present**

Dentist Signature _____ Date _____