WELLSVILLE CENTRAL SCHOOLS
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. 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 or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / (Month Day Year)

Sex: ☐ Male ☐ Female

Will this be your child's first visit to a dentist? ☐ Yes ☐ No

School Name:

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

Parent's Signature: _____ Date: _____

Section 2. To be completed by the Dentist

I. The Dental Health condition of _____ on _____ *(date of exam)*
NOTE: 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 his/her attendance at the public schools.
☐ 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 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 your child's school, 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 filing (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 1/2mm 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.