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:	Teacher:		Child's Sex: □ Male □ Female
Parent/Guardian Name:		□ White □ □ Native A	Child's race/ethnicity:		
	Oral Health Data C	-	-		d dental professiona
Assessment Date:	Caries Experience (Visible decay and/or fillings present)	Visible Decay		cy: olem found e recommended (caries without pain or infection	
		1 37 31	or child would bene	efit from sealants o	r further evaluation)
	□ Yes □ No	□ Yes □ No		led (pain, infection	, swelling or soft tissue lesio
icensed De			□ Urgent care need		, swelling or soft tissue lesio
ection 3:	□ Yes □ No Intal Professional Sign Waiver of Oral Heaut by parent or guardia	ature	□ Urgent care need CA License Numbernt Requirement	er	, swelling or soft tissue lesion Date
ection 3: o be filled o	ntal Professional Sign Waiver of Oral Hea	ature alth Assessme	CA License Number	er quirement	Date
Section 3: o be filled ou lease excuse	ntal Professional Sign Waiver of Oral Hea ut by parent or guardia	ature alth Assessme an asking to be ear al check-up becau office that will take	CA License Number Requirement xcused from this researched to the box to the control of the contr	er quirement hat best describe	Date
ection 3: o be filled or lease excuse □ I am M	ntal Professional Sign Waiver of Oral Hea ut by parent or guardia my child from the dental	ature alth Assessme an asking to be exact the control of the cont	CA License Number Requirement xcused from this rese: (Check the box the my child's dental in	er quirement hat best describe surance plan.	Date s the reason)
Section 3: o be filled or lease excuse □ I am M	mtal Professional Sign Waiver of Oral Hea ut by parent or guardia my child from the dental unable to find a dental y child's dental insurance	ature alth Assessment asking to be exampled	CA License Number Requirement xcused from this rese: (Check the box the my child's dental in the Healthy Kids	er quirement hat best describe surance plan.	Date s the reason)
Section 3: o be filled or lease excuse □ I am M □ □ I car □ I do	mtal Professional Sign Waiver of Oral Hea ut by parent or guardia my child from the dental unable to find a dental y child's dental insurance Medi-Cal/Denti-Cal	ature alth Assessment asking to be early office that will take the plan is: Healthy Families ock-up for my child. Serive a dental check	CA License Number Requirement xcused from this researched by the my child's dental in the Healthy Kids	er quirement hat best describe surance plan.	Date s the reason)
Section 3: To be filled or Please excuse □ I am M □ I car □ I do Option	Maiver of Oral Heaut by parent or guardia unable to find a dental y child's dental insurance Medi-Cal/Denti-Cal	ature alth Assessment asking to be early check-up becaute plan is: Healthy Families ck-up for my child. Serive a dental check although the could not get a series.	CA License Number Requirement xcused from this researched by the my child's dental in the Healthy Kids	er quirement hat best describe surance plan.	Date s the reason)

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,

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.

please call your school.