

## Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up as part of kindergarten registration (or prior to 1st grade if the student did not attend Kindergarten). 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:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Address:		Apt. #:	City:	ZIP code:
School Name:	Teacher:	Grade:	Parent/Guardian:	
Child's race/ethnicity:				
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Prefer not to state	
<input type="checkbox"/> Asian	<input type="checkbox"/> Native American	<input type="checkbox"/> Multi-racial	<input type="checkbox"/>	
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other	<input type="checkbox"/>	

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

Date:	Caries experience (decay/fillings/etc) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Treatment Urgency:</b>		
<input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)		
Licensed Dental Professional Signature:	Date:	Stamp:

### 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.
- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.

My child's dental insurance plan is:

- Medi-Cal/Denti-Cal    Healthy Families    Healthy Kids    Other \_\_\_\_\_    None

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*