

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up (assessment) when entering public school. A California licensed dental professional must do the check-up and fill out section 2 on this form. If you are unable to get a dental check-up for your child, fill out Section 4 on this form.

This assessment will let you know if there are any dental problems that need attention by a dentist. This assessment will also be used to evaluate our oral health programs. We thank you for making this contribution to the health and well-being of California's children.

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:	Year child starts kindergarten:
<u>Child's race/ethnicity:</u>				
<input type="checkbox"/> White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Prefer not to state	
<input type="checkbox"/> Asian	<input type="checkbox"/> Native American	<input type="checkbox"/> Unknown		
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other		

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

Assessment 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
Treatment Urgency:		
<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:
	CA License #:	

Section 3: Followup to Urgent Care (filled out by entity responsible for follow up)

Parent notified that child has urgent dental care need on: (date)
A follow-up appointment for this child has been scheduled for: (date)
Did child receive needed treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, entity responsible for follow-up will be encouraged to check back in with parent) <input type="checkbox"/> I don't know

Section 4: 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 an assessment for my child.

I cannot find the time to get to a dentist (e.g. cannot get the time off from work, the dentist does not have convenient office hours).

I cannot get to a dentist easily (e.g. do not have transportation, located too far away)

I do not believe my child would benefit from an assessment.

Other (please specify the reason not listed above for why you are seeking a waiver of this assessment for your child)

My child's dental insurance plan is:

Medi-Cal/Denti-Cal Covered California Healthy Kids None Other

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. Original to be kept in child's school record.

Upload this form during kindergarten registration.