

DENTAL EXAMINATION FORMS

ALL STUDENTS ENTERING KINDERGARTEN, SECOND, OR SIXTH GRADE

Deadlines: Holy Family School requires that students in Kindergarten and Second Grade return their dental examination forms on School Business Day in August, 2015, before their first day of class. Sixth-graders must submit their forms by May 1, 2016, or sooner.

Licensed Dentist: Examinations must be performed by a licensed dentist, and he/she must sign the proof of school dental examination form. School dental examinations must have been completed within the 18 months *prior to* the May 1, 2016.

Waiver: The Illinois dental examination forms and waiver forms are available at Holy Family School or on the Illinois Department of Public Health and the Illinois State Board of Education websites. A waiver form may be submitted instead of a dental examination form if one of the following applies:

1. The child is enrolled in the free and reduced lunch program and is not covered by private or public dental insurance (Medicaid/All Kids).
2. The child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid/All Kids).
3. The child is enrolled in Medicaid/All Kids, but the family is unable to find a dentist or dental clinic in the community able to see the child and who will accept Medicaid/All Kids.
4. The child does not have any type of dental insurance and there are no low-cost dental clinics in the community that will see the child.
5. The child presents an exemption based on religious grounds (follow Illinois State Board of Education Administrative Rules).
6. The child presents proof that a dental examination will take place within 60 days after the deadline. In such a case, the child must present proof of a completed dental examination before attending school in the subsequent year.



PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name:	Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address:	Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent or Guardian:	Address (of parent/guardian):			

To be completed by dentist:

Oral Health Status (check all that apply)

- Yes No **Dental Sealants Present**
- Yes No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.
- Yes No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit 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 **Soft Tissue Pathology**
- Yes No **Malocclusion**

Treatment Needs (check all that apply)

- Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling
- Restorative Care** — amalgams, composites, crowns, etc.
- Preventive Care** — sealants, fluoride treatment, prophylaxis
- Other** — periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date of Exam _____

Address _____
Street
City
ZIP Code

Telephone _____

