

## PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states all children in kindergarten, second, sixth, and ninth grades of any public, private, or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign, and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that require attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy, and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

## To be completed by the parent or guardian (please print)

Student's Name: L	ast	First	Middle	Birth Date: (Month/Day/Year)
Address: Str	eet	City		ZIP Code
Name of School:		ZIP Code	Grade Level:	
Parent or Guardian:	Last Name		First Name	
Select from the belowhich the student m		nich most clearly reflec	ts the student's recognition	of his or her community or with
☐ White	☐ Black or African Ameri	can ☐ His	panic or Latino	Asian
	or Alaska Native ☐ Native		_	
o be completed by	dentist			
Date of Most Recent			Ill services provided at this e	
☐ Dental 0	Cleaning Sealant	Fluoride treatment [	Restoration of teeth due to	caries
Oral Health Status				
☐ Yes ☐ No De	ental Sealants Present on F	Permanent Molars		
	rries Experience / Restoration racted as a result of caries OR r			ooth that is missing because it was
	lls of the lesion. These criteria a			n to dark-brown coloration of the
roc	ot, assume that the whole tooth the history and the sound unless a cavitate and the sound unless are cavitated.	was destroyed by caries.	Broken or chipped teeth, plus to	
roc co ⊡Yes ⊡No <b>Ur</b>	nsidered sound unless a cavitate	was destroyed by caries. ed lesion is also present.	Broken or chipped teeth, plus to	
roc co YesNoUr sw	nsidered sound unless a cavitate  gent Treatment — abscess, elling.	was destroyed by caries. ed lesion is also present. nerve exposure, advance	Broken or chipped teeth, plus to	eeth with temporary fillings, are oms that include pain, infection, or
roc co ☐ Yes ☐ No Ur sw • reatment Needs (cl	nsidered sound unless a cavitate  gent Treatment — abscess, lelling.  heck all that apply). Please	was destroyed by caries. ed lesion is also present. nerve exposure, advance list appointment date o	Broken or chipped teeth, plus to	eeth with temporary fillings, are oms that include pain, infection, or
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Illinois Department of Public Health, Division of Oral Health

