

## 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:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

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

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present)  <input type="checkbox"/> Yes <input type="checkbox"/> No	Untreated Decay (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)
_____ <b>Licensed Dental Professional Signature</b>		_____ <b>CA License Number</b>	_____ <b>Date</b>

### Section 3: Follow-up to Urgent Care (Filled out by entity responsible for follow up)

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

Parent notified that child has urgent dental care need on: _____ - _____ - _____	
A follow-up appointment for this child has been scheduled for: _____ - _____ - _____	
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 in with parent)  <input type="checkbox"/> I don't know

**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.*

## 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)

<input type="checkbox"/> I am unable to find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is: <input type="checkbox"/> Medi-Cal/Denti-Cal <input type="checkbox"/> Covered California <input type="checkbox"/> Healthy kids <input type="checkbox"/> None
<input type="checkbox"/> Other _____
<input type="checkbox"/> I cannot afford a dental check-up for my child
<input type="checkbox"/> I cannot find time to get to a dentist (e.g., cannot get the time off from work, the dentist does not have convenient office hours).
<input type="checkbox"/> I cannot get to a dentist easily (e.g., do not have transportation, located too far away.)
<input type="checkbox"/> I do not want my child to receive a dental check-up. 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*

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

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