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: □ Male	□ Female	
Parent/Guardian Name:		Child's race/ethnicity: □ White □ Black/African American □ Hispanic/Latino □ Native American □ Multi-racial □ Other □ Native Hawaiian/Pacific Islander □ Unknown				ian	
			-	ed out by a Calife ly. Mark each box.		d dental prof	fessiona
Assessment Date:	Caries Experience (Visible decay and/or fillings present)		Visible Decay Present:	Treatment Urgency □ No obvious probl □ Early dental care	r: em found recommended (d		
				l or child would beni	efit from sealants o	r further evaluation	on)
	□ Yes	□ No	□ Yes □ No	□ Urgent care need			
icensed De	□ Yes				ded (pain, infection		
ection 3:	ental Professio	nal Signa	ture th Assessme	□ Urgent care need	ded (pain, infection	, swelling or soft	
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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,

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.

please call your school.