

## 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 their 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 starts 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          Asian Native American          Multi-racial          Other _____ Native Hawaiian/Pacific Islander          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)	Visible Decay <u>Present:</u>	Treatment Urgency:
	Yes                  No	Yes          No	No obvious problem found Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation) Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span><i>Licensed Dental Professional Signature</i></span> <span><i>CA License Number</i></span> <span><i>Date</i></span> </div>			

### **Section 3: 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.

My child's dental insurance plan is:

Medi-Cal/Denti-Cal    Healthy Families    Healthy Kids    Other \_\_\_\_\_    None

I cannot afford a dental check-up for my child.

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: I** \_\_\_\_\_  
*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

**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.*