

ORAL HEALTH ASSESSMENT FORM

The New Jersey Children's Oral Health Education Program is administered by the New Jersey Department of Health. Program activities take place throughout the State with emphasis in areas of high need/high risk.

SECTION 1: Child's Information (completed by parent/guardian)

Child's Last Name:	First Name:	Child's Date of Birth:
Address:		
City/Zip Code:		
Child's Sex: Male Female		Parent/Guardian Name:

SECTION 2: Oral Health Data Collection (completed by a licensed dental professional)

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

Dental Examination Date:	Caries Experience - Restorations Present: Yes No	Visible Decay Present: Yes No	Treatment Urgency: No obvious problem found 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)				
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Oral Hygiene:</td> <td style="width: 25%; text-align: center;">Unsatisfactory</td> <td style="width: 25%; text-align: center;">Satisfactory</td> <td style="width: 25%; text-align: center;">Above Average</td> </tr> </table>				Oral Hygiene:	Unsatisfactory	Satisfactory	Above Average
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<i>Licensed Dental Professional Signature</i> _____		<i>NJ License Number</i> _____	<i>Date</i> _____				

SECTION 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent/guardian asking to be excused from this requirement

Please excuse my child from a 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: _____

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

I do not want to take my child for 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/Guardian

Date

***PEQUANNOCK TOWNSHIP
PUBLIC SCHOOLS***

Dear Parents and guardians of preschool and kindergarten,

It is our intent to promote oral health care which can affect student learning. We are requesting that the oral health assessment form be completed and returned with the medical registration packet. Tooth decay (or cavities) is the number one chronic childhood disease in America. Tooth decay is preventable with good oral hygiene and dental visits. One alarming statistic is that 51 million school hours are lost each year to untreated cavities. Young children who suffer from oral disease can have decreased appetite, inattentiveness, and distractibility caused by pain or infection.

Please have your child visit a dentist to ensure preventable disease. The NJ Dental Association offers an online find-a-dentist resource at www.njda.org.

Thank you for your support in keeping our students healthy to optimize learning.

Sincerely,

Pequannock Township Elementary School nurses