



Dental Exam Form

Required only for rising 1st, 3rd, and Form I (Grade 7) students
Please upload to your Magnus Health account by August 1st

Student Name: _____

Grade: _____ Birth Date: _____ Returning student New Student

To be completed by the **Dentist**:

I have examined: _____ and found him to have
dental hygiene. healthy

Dentist Signature: _____ Date of Exam: _____

Office Stamp:

Please upload completed form to your Magnus Health account by August 1st, 2019.