

Kingston City School District

Certificado de Salud Dental

Padre/ Guardian: La Ley del Estado de Nueva York (Capitulo 281) permite que las escuelas pidan un examen dental en los siguientes grados: entrada a la escuela, K, 1, 3, 5, 7, 9, , y 11. Favor de completar la Sección #1 y llevar el formulario a su dentista para una evaluación. Si su hijo/a fue evaluado por un dentista antes de que empezara la escuela, pídale a su dentista que complete la sección #2. Devuelva el formulario a la enfermera escolar lo más antes posible

Sección 1: Para ser completado por Padre o Guardián (Favor de escribir en letra de molde)

Nombre del hijo/a: Apellido, Nombre de pila, Segundo nombre

Fecha de nacimiento: / / Sexo: Varón Hembra
Mes/ Día/ Año

Será la primera visita para al dentista? Sí No

Escuela: Grado

Ha notado algun problema que interfiera con la habilidad de masticar, hablar, o enfocar en actividades escolares? Si No

Firma del Padre o Guardian:

Fecha:

Section 2: To be completed by the Dentist

I have examined _____ on _____ (date of exam). Note: The date of the exam needs to be within 12 months of the start of the school year in which it is required. I have found their dental health condition to be as follows: (check one)

- Yes. The student listed above is in fit condition of dental health.
 No. The student listed above is not in fit condition of dental health.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities.

Dentist name and address (please print or stamp) Dentist's Signature

Optional Sections:

Oral Health Status

- Yes No Caries Experience/Restoration History—Has the child ever had a cavity (treated or untreated)? / A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR and open cavity?
 Yes No Untreated Caries—Does this child have an open cavity?
 Yes No Dental Sealants Present

Other problems:

Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
 May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
 Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.