



# Proof of School Dental Examination Form

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states all children in kindergarten and the second, sixth, and ninth grades of any public, private, or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination and sign and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that need attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy, and be ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

**To be completed by the parent or guardian (please print):**

Student's Name: <i>Last</i> _____ <i>First</i> _____ <i>Middle</i> _____			Birth Date (Month/Day/Year): _____
Address: <i>Street</i> _____		<i>City</i> _____	<i>ZIP Code</i> _____
School: <i>Name</i> _____	<i>ZIP Code</i> _____	Grade Level: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian: <i>Last Name</i> _____		<i>First Name</i> _____	
Student's Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Two or More Races <input type="checkbox"/> Unknown <input type="checkbox"/> Other			

**To be completed by the dentist:**

Date of Most Recent Examination: \_\_\_\_\_ (Check all services provided at this examination date)

- Dental Cleaning     Sealant     Fluoride treatment     Silver Diamine Fluoride     Restoration of teeth due to caries

**Oral Health Status** (check all that apply)

- Yes  No Dental Sealants Present on Permanent Molars
- Yes  No Caries Experience / Restoration History — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent first molars.
- Yes  No Untreated Caries — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
- Yes  No Urgent Treatment — Abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling.

**Treatment Needs** (check all that apply)

For Head Start Agencies, please also list the appointment date or date of the most recent treatment.

- Restorative Care** — amalgams, composites, crowns, etc.      Appointment Date: \_\_\_\_\_
- Preventive Care** — sealants, fluoride treatment, prophylaxis      Appointment Date: \_\_\_\_\_
- Pediatric Dentist Referral Recommended**      Treatment Completion Date: \_\_\_\_\_

Office Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Signature of Dentist: \_\_\_\_\_ License #: \_\_\_\_\_ Date: \_\_\_\_\_

Illinois Department of Public Health, Oral Health Section  
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