SAMPLE

Dental Health Certificate- Optional

Parent/Guardian: Please complete Section 1 and take the form to your child's dentist/dental hygienist to complete Section 2. Return the completed form to your child's school.

Section 1. To be completed by Parent or Guardian

Child's Name: Click or tap here to enter text.

Birth Date: / / (Month / Day / Year)

Will this be your child's first visit to a dentist? ☐ Yes ☐ No

School Name: Click or tap here to enter text.

Grade: Choose an item.

Does your child have trouble with chewing, talking, or complain of pain in mouth? ☐ Yes ☐ No

Section 2. To be completed by the Dentist/ Dental Hygienist-

Note: Date of exam must not be more than 12 months prior to the school year in which it is requested

☐ The student listed above is in fit condition of dental health.

☐ 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. The designation of not in fit condition of dental health does not preclude the student from attending school.

Date of Examination Click or tap to enter a date.

Dentist/Dental Hygienist's Name and Address	**Dentist's/Dental Hygienist's Signature**
Click or tap here to enter text.	Click or tap here to enter text.

Providing the information below to the school is optional and should only be done if parent/guardian agrees

II. Oral Health Status (check all that apply).

☐**Caries Experience/Restoration History –**History of 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 an open cavity*].

☐ **Untreated Caries –** Has an open cavity [*At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits 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*].

☐ **Dental Sealants Present**

☐ **Soft Tissue Pathology**

☐ **Malocclusion**

☐Other problems (Specify):Click or tap here to enter text._____

II. Treatment Needs (check all that apply)

☐ None

☐ Urgent treatment- abscess, nerve exposure, advanced disease state, signs, and symptoms include pain, infection or swelling

☐ Restorative Care- amalgams, composits, crowns, etc.

☐ Preventive Care- sealants, fluoride treatment, prophylaxis, mouthguard etc.

☐ Other - Click or tap here to enter text._____

(4/2026)