

PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states all children in kindergarten, 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, 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 require attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy, and 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)

| | Last | First | Middle | Birth Date: (Month/Day/Year) |
|---|---|--|--|--|
| Address: | Street | City | ZIP Code | |
| lame of School: | | ZIP Code | Grade Level: | |
| Parent or Guardia | an: Last Name | | First Name | |
| Select from the b | | gory which most clearly refl | ects the student's recognition | of his or her community or with |
| ☐ White | ☐ Black or Africar | n American 🔲 I | Hispanic or Latino | Asian |
| | | | Islander | |
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| o be completed | bv dentist | | | |
| , 20 completed | ay demile: | | | |
| Date of Most Rece | | | k all services provided at this | |
| ☐ Dent | al Cleaning | t Fluoride treatment | Restoration of teeth due | to caries |
| Oral Health Statu | IS | | | |
| ☐Yes ☐ No | Dental Sealants Prese | ent on Permanent Molars | | |
| | | | | |
| | | | | |
| ∐Yes ∐No | | estoration History — A filli ries OR missing permanent 1st | | tooth that is missing because it was |
| | extracted as a result of car Untreated Caries — At walls of the lesion. These root, assume that the who | ries OR missing permanent 1st least 1/2 mm of tooth structure criteria apply to pit and fissure | molars. e loss at the enamel surface. Bro cavitated lesions as well as thoses. Broken or chipped teeth, plus | wn to dark-brown coloration of the |
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Illinois Department of Public Health, Division of Oral Health

