## **Oral Health Assessment Form**

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

## Section 1: Child's Information (Filled out by parent or guardian)

Parent/Guardian Name:  Child's race/ethnicity:  White Black/African American Hispanic/Latino Asian  Native American Multi-racial Other  Native Hawaiian/Pacific Islander Unknown  Section 2: Oral Health Data Collection (Filled out by a California licensed dental profession  MPORTANT NOTE: Consider each box separately. Mark each box.  Assessment Caries Experience (Visible Decay Present: No obvious problem found Early dental care recommended (caries without pain or infector or child would benefit from sealants or further evaluation)  Treatment Urgency:  No obvious problem found Early dental care recommended (caries without pain or infector or child would benefit from sealants or further evaluation)  Urgent care needed (pain, infection, swelling or soft tissue lesions)  Licensed Dental Professional Signature  CA License Number  Date  Section 3: Waiver of Oral Health Assessment Requirement  To be filled out by parent or guardian asking to be excused from this requirement	Child's First Name:		Last Name:		Middle Initial:	Child's birth date:	
School Name:   Teacher:   Grade:   Child's Sex:   Male   Female   Female   Male   Female   Female   Male   Female   Female   Male   Female   Male   Female   F	Address:					Apt.:	
Parent/Guardian Name:  Child's race/ethnicity:  White Black/African American Hispanic/Latino Asian  Native American Multi-racial Other  Native Hawaiian/Pacific Islander Unknown    Native Hawaiian/Pacific Islander Unknown	City:					ZIP code:	
White   Black/African American   Hispanic/Latino   Asian   Native American   Multi-racial   Other   Native Hawaiian/Pacific Islander   Unknown	School Name:		Teacher:	Teacher:			
MPORTANT NOTE: Consider each box separately. Mark each box.  Assessment Caries Experience (Visible Decay and/or fillings present)    Yes   No   Yes   Ye	Parent/Guar	dian Name:	☐ White ☐ Native	<ul><li>☐ White</li><li>☐ Black/African American</li><li>☐ Hispanic/Latino</li><li>☐ Asian</li><li>☐ Native American</li><li>☐ Multi-racial</li><li>☐ Other</li></ul>			
Date:  (Visible decay and/or fillings present:    No obvious problem found   Early dental care recommended (caries without pain or infector or child would benefit from sealants or further evaluation)   Urgent care needed (pain, infection, swelling or soft tissue lesions)    Licensed Dental Professional Signature   CA License Number   Date   Da	Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)  MPORTANT NOTE: Consider each box separately. Mark each box.						
Licensed Dental Professional Signature CA License Number Date  Section 3: Waiver of Oral Health Assessment Requirement To be filled out by parent or guardian asking to be excused from this requirement		(Visible decay and/or fillings present)	Present:	<ul> <li>□ No obvious problem found</li> <li>□ Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation)</li> <li>□ Urgent care needed (pain, infection, swelling or soft tissue</li> </ul>			
Section 3: Waiver of Oral Health Assessment Requirement To be filled out by parent or guardian asking to be excused from this requirement Please excuse my child from the dental check-up because: (Check the box that best describes the reason)	Licensed Dental Professional Signature CA License Number Date						
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