

Oral Health Assessment Form

Keep this form with your child's immunization record (yellow card)

California law (Education Code Section 49452.8) states that 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/her scope of practice must perform the check-up and fill out Section 2 of this form. **If your child had a dental check-up within 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)

Child's First Name:	Child's Last Name:	Middle Initial:	Child's Date of Birth:
_____	_____	_____	_____
Address: _____		City: _____	Zip Code: _____
School Name: _____	Teacher: _____	Grade: _____	Child's Sex (select one): <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name: _____	Child's Race/Ethnicity (select one): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> More than one race <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____		

Section 2: Oral Health Information (Filled out by California licensed dental professional)

IMPORTANT NOTE: Consider each box separately – mark the appropriate field in **each** box.

Assessment Date: _____	Caries Experience/ Fillings present (select one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible decay present (select one): <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment urgency (select one): <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling, or soft tissue lesions)
Licensed Dental Professional Signature: _____	CA License Number: _____	Date: _____	
Provider/Clinic Name: _____	Phone: _____	Fax: _____	

Section 3: Waiver of Oral Health Assessment Requirement (Filled out by parent or guardian asking to be excused from this requirement)

Please excuse my child from the dental check-up because (select one that best describes the reason):

I am unable to find a dental office that will take my child's dental insurance plan.
My child's dental insurance plan is (select one): Medi-Cal/Denti-Cal Other None

I cannot afford a dental check-up for my child.
 I do not want my child to receive a dental check-up.
 Other reason (specify): _____

Please sign if asking to be excused from the oral health assessment requirement: _____
Signature _____ Date _____

The law states that school must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have any questions, please contact your school office.

Return this form to school by May 31 of your child's first school year.

Original to be kept in child's school record.

County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services
For more information, please call (619) 692-8808



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Child Health and Disability Prevention Program
MCFHS/OHA/ES 01/2015