## **Oral Health Assessment Form**

California law (*Education Code* Section 49452.8) states your child must have a dental check-up. 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)

Child's First Name:		Last Name:		Middle Initial:	: Child's birth date:		
Address:						Apt.:	
City:						ZIP code:	
School Name:			Teacher:		Grade:	Child's Sex	□ Female
Parent/Guardian Name:  Section 2: Oral Health Data Co			Child's race/ethnicity:    White   Black/African American   Hispanic   Native American   Multi-racial   Other   Native Hawaiian/Pacific Islander   Unknown			c/Latino □ Asian r	
MPORTANT	NOTE: Co	nsider eac	h box separate	ly. Mark each box		a domai pr	
Assessment	Caries Experience (Visible decay and/or fillings present)		Visible Decay Present:	Treatment Urgency  □ No obvious prob			
Date:			<u>1 10001111</u>	□ Early dental care			
			□ Yes □ No	□ Early dental care	efit from sealants of	or further evalua	tion)
Date:	fillings p	resent)  □ No	□ Yes □ No	□ Early dental care or child would ben	efit from sealants of ded (pain, infection	or further evalua	tion) ft tissue lesior
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result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

**Return this form to the school.** Original to be kept in child's school record.