



**Dear Parent or Guardian:**

**As part of your child's requirements for school, a physical examination has been required for students in PreKindergarten, Kindergarten and in Grades 2, 4 and 7. A law was recently enacted that expands health screenings to include the dental health of students in New York State.**

**After September 1, 2008, when we require that your child have a physical examination, we will be requesting a dental certificate as well. There is a certificate available for you to take to your child's dentist on the reverse side. Once it is completed, it should be returned to the School Nurse as it will be filed in your child's cumulative health record.**

**Thank you for your cooperation in this new health endeavor. Our students benefit when we work together to promote the health and achievement of all students.**

**Please call the school office if you have any questions or concerns.**

**Patty Jaehn RN  
School Nurse**

# DENTAL EXAMINATION RECORD

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent Name \_\_\_\_\_

Date of Exam \_\_\_\_\_

## NOTE CONDITIONS AS CHECKED

Cavities

Home brushing care:

Good

Needs improvement

Urgently needs improvement

Occlusion or Bite Relation

Normal  Abnormal

Prompt and urgent attention is advised

Mouth in apparently good condition

**Special Note:** Even though your child's mouth condition may be good at this time, routine and regular examinations by your family dentist are advisable. See him/her before your child complains of pain. Be watchful. Keep sugar intake low!

\_\_\_\_\_  
Signature of Examining Dentist

D.D.S.

\_\_\_\_\_  
Date