

PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 III. Adm. Code 665) states all children in kindergarten and the 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 need 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):

Student's Name: Last	First		Middle	Birth Date: (Month/Day/Year
Address: Street	Cit	y		ZIP Code
Name of School:	ZIP Code	Gr	ade Level:	Gender:
				D Male D Female
Parent or Guardian: Last Name	Green	Vieturo Posteri	First Name	til efy erd. Hels
Student's Race/Ethnicity:				of an end of the second second
White Black/African Amer		Hispanic/La	itino	Asian
□ Native American □ Native Hawaiian/Pa	acific Islander	Multi-racial		Unknown
Other				
o be completed by dentist:				deliverable delation of
Date of Most Recent Examination:	(Check all servic	es provided at	this examination date)
Dental Cleaning Sealan	nt 🗍 Fluori	de treatment	Rest	toration of teeth due to caries
ation of teeth due to cates?	Reston			
Oral Health Status (check all that apply)	on Permanent Mo	lars		
Drai Health Status (check all that apply)	oration History —	A filling (temporar	ry/permanent) OF	R a tooth that is missing because it was
Oral Health Status (check all that apply) Yes No Dental Sealants Present of caries Yes No Caries Experience / Restores of caries extracted as a result of caries of caries of caries of the lesion. These criteres	Dration History — DR missing permane st 1/2 mm of tooth str ria apply to pit and fis	A filling (temporar nt 1st molars. ucture loss at the ssure cavitated les	enamel surface. sions as well as th	Brown to dark-brown coloration of the nose on smooth tooth surfaces. If retained
Oral Health Status (check all that apply) Yes No Dental Sealants Present of caries Yes No Caries Experience / Restores of caries extracted as a result of caries of caries of caries of the lesion. These criteres	Dration History — DR missing permane st 1/2 mm of tooth str ria apply to pit and fis oth was destroyed by	A filling (temporar nt 1st molars. ucture loss at the ssure cavitated les y caries. Broken of	enamel surface. sions as well as th	Brown to dark-brown coloration of the
Oral Health Status (check all that apply) Yes No Dental Sealants Present of caries Yes No Caries Experience / Restores extracted as a result of caries of caries Yes No Untreated Caries — At lease walls of the lesion. These criter root, assume that the whole to considered sound unless a cave	Dration History — DR missing permane st 1/2 mm of tooth str ria apply to pit and fis oth was destroyed by vitated lesion is also	A filling (temporar nt 1st molars. ucture loss at the ssure cavitated les y caries. Broken of present.	enamel surface. sions as well as th r chipped teeth, p	Brown to dark-brown coloration of the nose on smooth tooth surfaces. If retained
Oral Health Status (check all that apply) Yes No Dental Sealants Present of extracted as a result of caries of extracted as a result of caries of extracted as a result of caries of extracted caries — At leas walls of the lesion. These criter root, assume that the whole to considered sound unless a caveling. Yes No Untreated Caries — At leas walls of the lesion. These criter root, assume that the whole to considered sound unless a caveling. Yes No Urgent Treatment — absce swelling. Treatment Needs (check all that apply). For	Dration History — OR missing permane at 1/2 mm of tooth str ria apply to pit and fis oth was destroyed by vitated lesion is also ess, nerve exposure,	A filling (temporar nt 1st molars. ucture loss at the ssure cavitated les y caries. Broken or present. advanced disease	enamel surface. I sions as well as th r chipped teeth, p e state, signs or s ist appointment	Brown to dark-brown coloration of the nose on smooth tooth surfaces. If retained blus teeth with temporary fillings, are symptoms that include pain, infection, or date or date of most recent treatment
Oral Health Status (check all that apply) Yes No Dental Sealants Present of extracted as a result of caries of extracted as a result of caries of extracted as a result of caries of extracted caries — At leas walls of the lesion. These criter root, assume that the whole to considered sound unless a caveling. Yes No Untreated Caries — At leas walls of the lesion. These criter root, assume that the whole to considered sound unless a caveling. Yes No Urgent Treatment — absce swelling. Treatment Needs (check all that apply). For	Dration History — DR missing permane at 1/2 mm of tooth str ria apply to pit and fis oth was destroyed by vitated lesion is also ass, nerve exposure, r Head Start Agenci	A filling (temporar nt 1st molars. ucture loss at the ssure cavitated les y caries. Broken of present. advanced disease es, please also li	enamel surface. sions as well as th r chipped teeth, p e state, signs or s st appointment	Brown to dark-brown coloration of the nose on smooth tooth surfaces. If retained plus teeth with temporary fillings, are ymptoms that include pain, infection, or
Oral Health Status (check all that apply) Yes No Dental Sealants Present of extracted as a result of caries of extracted as a result of caries of extracted as a result of caries of extracted caries — At leas walls of the lesion. These criter root, assume that the whole to considered sound unless a caveling. Yes No Untreated Caries — At leas walls of the lesion. These criter root, assume that the whole to considered sound unless a caveling. Yes No Urgent Treatment — absce swelling. Treatment Needs (check all that apply). For completion date.	Dration History — DR missing permane st 1/2 mm of tooth str ria apply to pit and fis oth was destroyed by vitated lesion is also ess, nerve exposure, r Head Start Agenci es, crowns, etc.	A filling (temporar nt 1st molars. ucture loss at the ssure cavitated les / caries. Broken or present. advanced disease es, please also li Appointme Appointme	enamel surface. I sions as well as th r chipped teeth, p e state, signs or s st appointment ent Date: ent Date:	Brown to dark-brown coloration of the nose on smooth tooth surfaces. If retained plus teeth with temporary fillings, are ymptoms that include pain, infection, or date or date of most recent treatment
Oral Health Status (check all that apply) Yes No Dental Sealants Present of extracted as a result of caries of extracted caries — At leas walls of the lesion. These criter root, assume that the whole to considered sound unless a cave. Yes No Untreated Caries — At leas walls of the lesion. These criter root, assume that the whole to considered sound unless a cave. Yes No Urgent Treatment — abscesswelling. Freatment Needs (check all that apply). For completion date. Restorative Care — amalgams, composite	pration History — OR missing permane at 1/2 mm of tooth str ria apply to pit and fis oth was destroyed by vitated lesion is also ess, nerve exposure, r Head Start Agenci es, crowns, etc. ment, prophylaxis	A filling (temporar nt 1st molars. ucture loss at the ssure cavitated les / caries. Broken or present. advanced disease es, please also li Appointme Appointme	enamel surface. I sions as well as th r chipped teeth, p e state, signs or s st appointment ent Date: ent Date:	Brown to dark-brown coloration of the nose on smooth tooth surfaces. If retained plus teeth with temporary fillings, are ymptoms that include pain, infection, or date or date of most recent treatment
Oral Health Status (check all that apply) Yes No Dental Sealants Present of extracted as a result of caries of extracted caries — At leas walls of the lesion. These criter root, assume that the whole to considered sound unless a cave Yes No Untreated Caries — At leas walls of the lesion. These criter root, assume that the whole to considered sound unless a cave Yes No Urgent Treatment — abscesswelling. Treatment Needs (check all that apply). For completion date. Restorative Care — amalgams, composite Preventive Care — sealants, fluoride treat Pediatric Dentist Referral Recomment	pration History — OR missing permane at 1/2 mm of tooth str ria apply to pit and fis oth was destroyed by vitated lesion is also ess, nerve exposure, r Head Start Agenci es, crowns, etc. ment, prophylaxis	A filling (temporar nt 1st molars. ucture loss at the ssure cavitated les / caries. Broken or present. advanced disease es, please also li Appointme Appointme	enamel surface. I sions as well as th r chipped teeth, p e state, signs or s st appointment ent Date: ent Date:	Brown to dark-brown coloration of the nose on smooth tooth surfaces. If retained plus teeth with temporary fillings, are ymptoms that include pain, infection, or date or date of most recent treatment
Oral Health Status (check all that apply) Yes No Dental Sealants Present of extracted as a result of caries of extracted as a result of extracted as a r	pration History — OR missing permane at 1/2 mm of tooth str ria apply to pit and fis oth was destroyed by vitated lesion is also ess, nerve exposure, r Head Start Agenci es, crowns, etc. ment, prophylaxis	A filling (temporar nt 1st molars. ucture loss at the ssure cavitated les / caries. Broken or present. advanced disease es, please also li Appointme Appointme	enamel surface. I sions as well as th r chipped teeth, p e state, signs or s st appointment ent Date: ent Date:	Brown to dark-brown coloration of the nose on smooth tooth surfaces. If retained plus teeth with temporary fillings, are ymptoms that include pain, infection, or date or date of most recent treatment

217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.dph.illinois.gov



FORMULARIO COMPROBANTE DEL EXAMEN DENTAL ESCOLAR

La ley de Illinois (Child Health Examination Code, 77 III. Código Administrativo 665) índice que todos los niños en kínder, segundo, sexto, y noveno grados en escuela pública, privado, o parroquial adquieran examinación dental. La examinación se tiene que haber hecho entre 18 meses antes de 15 Mayo del año escolar. Un dentista licenciado tiene que hacer el examen, firmar y ponerle fecha a esta Formulario Comprobante de Examen Dental Escolar. Si no puede obtener este examen requerido, completa el Formulario de Renuncia Voluntaria del Examen Dental Escolar

Este examen importante le dejara saber si hay algún problema que requiere atención de un dentista. Los Niños necesitan buena salud bucal para habla con confianza, expresar se, ser saludables y ser listos para aprender. La salud bucal malo ha sido relacionado con bajo actuación escolar, malas relaciones sociales, y menos éxito más adelante in la vida. Por esta razón, le damos gracia por su contribución al salud y bien estar de su niño.

Para ser completado por el padre/madre (por favor impresión):

Estudiante:	Apellido	Nombre	Inicial	Fecha de Nacimiento: (Mes/Dia/Año)
Dirección:	Calle	Ciudad		Código Postal
Nombre de l Escuela:	a	Código Postal	Grado:	Sexo: □ Masculino □ Femenino
Nombre del	padre/madre o encargado			
n Blanco	dad del Estudiante: Alaska o Indio Americano Hawái o otras islas del Pací	□ Hispano/Latino □ □ Afroamericano □ fico	a Asiático □ Otro Multirracial □ Descon	ocido
o be compl	eted by dentist:			
ate of Most	Recent Examination:		(Check all services i	provided at this examination date)
	Recent Examination.			
Dental (on of teeth due to caries
Dental C	Cleaning	Fluoride treatme	ent 🗆 Restoratio	
□ Dental (Drai Health S Dres □ No	Cleaning □ Sealant Status (check all that ap Dental Sealants Pres Caries Experience / F	□ Fluoride treatme ply) ent on Permanent Mola	nt 🗆 Restorations	on of teeth due to caries rmanent) OR a tooth that is missing
□ Dental 0 Drai Health S DYes □ No DYes □ No	Cleaning Sealant Status (check all that ap Dental Sealants Pres Caries Experience / F because it was extract Untreated Caries — A coloration of the walls on smooth tooth surface	□ Fluoride treatme ply) sent on Permanent Mola Restoration History — A ted as a result of caries C At least 1/2 mm of tooth s of the lesion. These crite ces. If retained root, assu	Restoration rs A filling (temporary/pe R missing permanen tructure loss at the er ria apply to pit and fis me that the whole too	on of teeth due to caries rmanent) OR a tooth that is missing
Dental C Drai Health S Yes D No Yes D No Yes D No	Cleaning Sealant Status (check all that ap Dental Sealants Pres Caries Experience / F because it was extract Untreated Caries — A coloration of the walls on smooth tooth surfac chipped teeth, plus tee present.	□ Fluoride treatme ply) sent on Permanent Mola Restoration History — A ted as a result of caries O At least 1/2 mm of tooth s of the lesion. These crite ces. If retained root, assu oth with temporary fillings abscess, nerve exposure	The storation of the storage of the	rmanent) OR a tooth that is missing it 1st molars. namel surface. Brown to dark-brown ssure cavitated lesions as well as thos oth was destroyed by caries. Broken o
Dental C Drai Health S Yes D No	Cleaning Sealant Status (check all that ap Dental Sealants Pres Caries Experience / F because it was extract Untreated Caries — / coloration of the walls on smooth tooth surfac chipped teeth, plus tee present. Urgent Treatment — pain, infection, or swel eds (check all that apply).	□ Fluoride treatme ply) sent on Permanent Mola Restoration History — A ted as a result of caries C At least 1/2 mm of tooth s of the lesion. These crite ces. If retained root, assu ath with temporary fillings abscess, nerve exposure ling.	A filling (temporary/pe R missing permanen atructure loss at the er ria apply to pit and fis me that the whole too , are considered sour	rmanent) OR a tooth that is missing it 1st molars. namel surface. Brown to dark-brown ssure cavitated lesions as well as thos oth was destroyed by caries. Broken o nd unless a cavitated lesion is also
Dental C Drai Health S Yes No Restor	Cleaning Sealant Status (check all that ap Dental Sealants Pres Caries Experience / F because it was extract Untreated Caries — / coloration of the walls on smooth tooth surfac chipped teeth, plus tee present. Urgent Treatment — pain, infection, or swel eds (check all that apply).	□ Fluoride treatme ply) sent on Permanent Mola Restoration History — A ted as a result of caries O At least 1/2 mm of tooth s of the lesion. These crite ces. If retained root, assu oth with temporary fillings abscess, nerve exposure lling. For Head Start Agencies, plea mposites, crowns, etc.	A filling (temporary/pe R missing permanen tructure loss at the er ria apply to pit and fis me that the whole too , are considered sour e, advanced disease s	rmanent) OR a tooth that is missing it 1st molars. namel surface. Brown to dark-brown soure cavitated lesions as well as thos oth was destroyed by caries. Broken o nd unless a cavitated lesion is also

Additional comments: _____ Signature of Dentist

License #:

____Date: ____

Illinois Department of Public Health, Division of Oral Health 217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.dph.illinois.gov