Kentucky Dental Screening/Examination Form for School Entry August 2010

Kentucky law, KRS 156.160(i), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.

Student Name: _____
Last First Middle

Birth date: _____/_____/_____ Gender: ☐ 0 Male ☐ 1 Female

Parent or Guardian:_____
Name Relationship

Address:_____ City: _____

Phone Number:_____ School:_____

Date of Enrollment _____/_____/_____

Student Race/Ethnicity: (Please check one)

☐ l White
☐ 2 Black/African American
☐ 3 Hispanic /Latino
☐ 4 Asian
☐ 5 American Indian/Alaska
☐ 6 Native Hawaiian/Pacific Islander
☐ 7 Multi-racial
☐ 9 Unknown

Screener's Name: _____

Screener's Address: _____

_____

Phone Number:_____ Screening Date:_____

Screener's Signature:_____

Professional affiliation: (Please check one)

☐ Dentist
☐ Dental Hygienist
☐ Physician Assistant
☐ LHD Registered Nurse with KIDS Smiles training
☐ ARNP
☐ Physician

Untreated Decay: (Check one)

☐ 0 No untreated cavities

☐ 1 Untreated cavities

Treated Decay: (Check one)

☐ 0 No treated cavities

☐ 1 Treated cavities

Pattern of Early Childhood Cavities: (Check one)

☐ 0 No Early Childhood Cavities

☐ 1 Early Childhood Cavities Present

Treatment Urgency: (Check one)

☐ 0 No obvious problem
☐ 1 Early dental care needed
☐ 2 Urgent care needed
NOTE: Comment required if marked.

Comments: