

# Illinois Department of Public Health Proof of School Dental Examination Form



To be completed by the parent (please print):

Student's name:	Last	First	Middle	Birthdate (Month/Day/Year)
Address:	Street	City	Zip Code	Telephone
Name of School	Grade Level:		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent or Guardian	Address (of parent / guardian)			

To be completed by the dentist:

**Oral Health Status (Check all that apply):**

- Yes     No      Dental Sealants Present
- Yes     No      Caries Experience / Restoration History - A filling (temporary / permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars
- Yes     No      Untreated Caries - At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark brown coloration of the wall of the lesion. These criteria apply to the pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present
- Yes     No      Soft Tissue Pathology
- Yes     No      Malocclusion

**Treatment Needs (Check all that apply):**

- Urgent Treatment - Abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling
- Restorative Care - Amalgams, composites, crowns, etc
- Preventative Care - Sealants, fluoride treatment, prophylaxis
- Other - Periodontal, orthodontic

Please Note \_\_\_\_\_

Signature of Dentist \_\_\_\_\_ Date \_\_\_\_\_

Address Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Illinois Department of Public Health, Division of Oral Health  
217-785-4899 - TTY (hearing impaired use only) 800-547-0466 - www.idph.state.il.us

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