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	Birth Date: (Month/Day/Year)
Address: Street	City	ZIP Code	Telephone:
Name of School:		Grade Level:	Gender: □ Male □ Female
Parent or Guardian:		Address (of parent/guardian):	
To be completed by dentist:			
Oral Health Status (check all that apply)	apply)		
☐ Yes ☐ No Dental Sealants Present	esent		
☐ Yes ☐ No Caries Experience extracted as a result of c	Caries Experience / Restoration History — A filling extracted as a result of caries OR missing permanent 1st molars	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.	that is missing because it was
☐ Yes ☐ No Untreated Caries - walls of the lesion. Thes root, assume that the whered sound unless a cav	Untreated Caries — At least 1/2 mm of tooth structur walls of the lesion. These criteria apply to pit and fissure croot, assume that the whole tooth was destroyed by caries. ered sound unless a cavitated lesion is also present.	Untreated Caries — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to 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.	ark-brown coloration of the th tooth surfaces. If retained temporary fillings, are consid-
☐ Yes ☐ No Soft Tissue Pathology	оду		
☐ Yes ☐ No Malocclusion		*	
Treatment Needs (check all that apply) Urgent Treatment — abscess, nerve exp	pply) rve exposure, advanced disease s	atment Needs (check all that apply) Urgent Treatment — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling	, infection, or swelling
	— amalgams, composites, crowns, etc.	sate, signs or symptoms matricooce pain	. Illiecaon, or swelling
☐ Preventive Care — sealants, fluor	- sealants, fluoride treatment, prophylaxis		
Other — periodontal, orthodontic			
Please note			
Signature of Dentist		Date	
Address	City ZI	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.ii.us