## Kentucky Dental Screening/Examination Form for School Entry

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:		Test Type: (Check one)   Screening Exam   Screener's Name:
Phone Number:D	School:           ate of Enrollment//	Screener's Address:
Untreated Decay: (Check one)	Treated Decay: (Check one)	Screener's Signature:
<ul> <li>O No untreated cavities</li> <li>1 Untreated cavities</li> </ul>	<ul> <li>O No treated cavities</li> <li>1 Treated cavities</li> </ul>	Professional affiliation: (Please check one)         Dentist       Dental Hygienist         Physician Assistant       LHD Registered Nurse with KIDS Smiles training         ARNP       Physician
Pattern of Early Childhood Cavities: (Check one)	Treatment Urgency: (Check one)	Comments:
□ 0 No Early Childhood Cavities	0 No obvious problem	
1 Early Childhood Cavities Present	<ul> <li>1 Early dental care needed</li> <li>2 Referral for Urgent Care NOTE: Comment required if marked.</li> </ul>	