## Oral Health Assessment Form Keep this form with your child's immunization record (yellow card)

California law (Education Code Section 49452.8) states that your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his/her scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up within the 12 months before he/she started school, ask your dentist to fill out section 2. If you are unable to get a dental check-up for your child, fill out section 3.

Section 1: Child's Information (Filled out by parent or guardian)									
Child's First Name:	Child's Last Name:	Middle Init	tial: Child's Date of Birth:						
Address:		City:	Zip Code:						
School Name:	Teacher:	Grade:	Child's Sex (select one):						
Parent/Guardian Name:			Male Female Noian More than one race						

Section 2: Oral Health Information (Filled out by California licensed dental professional)								
	TE: Consider each box se Caries Experience/ Fillings present (select one):		ecay present	Treatment urgency	(select one): lem found			
	🗌 Yes 🗌 No	☐ Yes	🗌 No	<ul> <li>Early dental care recommended (caries without pain or infection or child would benefit from sealants or further evaluation)</li> <li>Urgent care needed (pain, infection, swelling, or soft tissue lesions)</li> </ul>				
Licensed Dental Professional Signature:		CA License	Number:	Date:				
Provider/Clinic Name:		Phone:		Fax:				

Section 3: Waiver of Oral Health Assessment Requirement (Filled out by parent or guardian asking to be excused from this requirement)							
Please excuse my child from the dental check-up because (select one that best describes the reason):							
<ul> <li>I am unable to find a dental office that will take my child's dental insurance plan. My child's dental insurance plan is (select one): Medi-Cal/Denti-Cal</li> <li>I cannot afford a dental check-up for my child.</li> <li>I do not want my child to receive a dental check-up.</li> <li>Other reason (specify):</li> </ul>	Other	□ None					
Please sign if asking to be excused from the oral health assessment requirement:	Signature		Date				

The law states that school must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have any questions, please contact your school office.

## Return this form to school by May 31 of your child's first school year.

Original to be kept in child's school record.



County of San Diego, Health and Human Services Agency, 3851 Rosecrans St., Ste. 522, San Diego, CA 92110 For more information, please call (619) 692-8808