

PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 III. Adm. Code 665) states all children in kindergarten and the second, sixth and ninth grades of any public, private or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that need attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

To be completed by the parent or quardian (please print):

	Last Firs	st	Middle	Birth Date: (Month/Day/Year	
Address:	Street	City		ZIP Code	
Name of School:	ZIP	Code	Grade Level:	Gender: D Male D Female	
Parent or Guardi	an: Last Name		First Name		
Student's Race/E	Ethnicity:	, 172,124		· ••••••••••••••••••••••••••••••••••••	
☐ White ☐ Native Americ ☐ Other	☐ Black/African American can ☐ Native Hawaiian/Pacific Islande	☐ Hispanio		∃ Asian ∃ Unknown	
o be completed	by dentist: ent Examination:	(Check all se	vices provided at th	ls examination date)	
Dental Cl		Fluoride treatment	Restor	ation of teeth due to caries	
Oral Health Statu	ıs (check all that apply)				
Oral Health Statu ☐ Yes ☐ No	is (check all that apply) Dental Sealants Present on Permane	nt Molars			
		ory — A filling (tempo	orary/permanent) OR a	tooth that is missing because it was	
☐ Yes ☐ No ☐ Yes ☐ No	Dental Sealants Present on Permanel Caries Experience / Restoration Histor	ory — A filling (tempor rmanent 1st molars. oth structure loss at the and fissure cavitated byed by caries. Broke	he enamel surface. Bro lesions as well as thos	own to dark-brown coloration of the se on smooth tooth surfaces. If retained	
☐ Yes ☐ No	Dental Sealants Present on Permaner Caries Experience / Restoration Historextracted as a result of caries OR missing permaner Untreated Caries — At least 1/2 mm of to walls of the lesion. These criteria apply to pit root, assume that the whole tooth was destro	ory — A filling (tempor rmanent 1st molars. oth structure loss at the and fissure cavitated byed by caries. Broke is also present.	he enamel surface. Bro lesions as well as thos n or chipped teeth, plus	own to dark-brown coloration of the se on smooth tooth surfaces. If retained s teeth with temporary fillings, are	
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Illinois Department of Public Health, Division of Oral Health 217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.dph.illinois.gov





DENTAL EXAMINATION WAIVER FORM

Please print:

Student's Name:	Last	First		Middle	Birth Date: (Month/Day/Yea			
Address:	Street City		ZIP Code					
Name of School:	ame of School:			Grade Level:	Gender: ☐ Male ☐ Female			
Parent or Guardian:	Last Name			First Name				
Student's Race/Ethni White Native American Other	***	acific Islander	∃ Hispanio ∃ Multi-rad		☐ Asian ☐ Unknown			
I am unable to obtain the required dental examination because:								
My child is enrolled in the free and reduced lunch program and is not covered by private or public dental insurance (Medicaid / All Kids).								
My child is enrolled in the free and reduced lunch program and is ineligible for public insurance (Medicaid / All Kids.								
My child is enrolled Medicaid / All Kids, but we are unable to find a dentist or dental clinic in our community that is able to see my child and will accept Medicaid / All Kids.								
My child does not have any type of dental insurance, and there are no low-cost dental clinics in our community that will see my child.								
Parent or Guardian S	ignature			Date:				

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