

## Kindergarten Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of their first year in public school. A California licensed dental professional operating within their scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before they 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:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Other _____ <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

### Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
_____		_____	
<b>Licensed Dental Professional Signature</b>		<b>CA License Number</b>	
		_____	
		<b>Date</b>	

### Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

I am unable to find a dental office that will take my child's dental insurance plan.  
My child's dental insurance plan is:

Medi-Cal Dental Program       Other: \_\_\_\_\_       None

I cannot afford an oral health screening for my child.

I do not want my child to receive an oral health screening.

Optional: other reasons my child could not get an oral health screening: \_\_\_\_\_

**Please sign if asking to waive Oral Health Assessment Requirement:** \_\_\_\_\_

**Signature of parent or guardian      Date**

The law states schools 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 questions, please contact your school office.

**Return this form to the school *no later than 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, Public Health Services, Maternal, Child, and Family Health Services  
For more information, please call (619) 692-8858

