Oral Health Assessment Form T07-003, English, Arial Font Page 1 of 1

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states 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 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 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 | | | | |
|---|--|--|--|---------------------------|
| Child's First Name: | | Last Name: | Middle Initial: | Child's birth date: |
| Address: | | | | Apt.: |
| City: | | | | ZIP code: |
| School Name: | | Teacher: | Grade: | Child's Sex: |
| Parent/Guardian Name: | | Child's race/ethnicity: White Black/African American Black/African American Other Native American Unknown | | |
| | | llection (Filled out by n box separately. Mark e | | ed dental professional |
| Assessment Date: | | | or further evaluation) | |
| | | | | |
| Licensed Dei | ntal Professional Signat | ure CA Licens | se Number | Date |
| Section 3: | Waiver of Oral Healt | th Assessment Requi | rement | Date |
| Section 3: o be filled ou | Waiver of Oral Healt | | rement m this requirement | |
| Section 3: o be filled ou Please excuse | Waiver of Oral Healt ut by parent or guardian my child from the dental | th Assessment Requi asking to be excused fro check-up because: (Check fice that will take my child's | rement m this requirement the box that best describ | |
| Section 3: o be filled ou Please excuse | Waiver of Oral Healt at by parent or guardian my child from the dental unable to find a dental of y child's dental insurance | th Assessment Requi asking to be excused fro check-up because: (Check fice that will take my child's | rement m this requirement the box that best describ dental insurance plan. | pes the reason) |
| Section 3: To be filled out Please excuse □ I am M: | Waiver of Oral Healt at by parent or guardian my child from the dental unable to find a dental of y child's dental insurance | th Assessment Requiasking to be excused fro check-up because: (Check fice that will take my child's plan is: | rement m this requirement the box that best describ dental insurance plan. | pes the reason) |
| Section 3: To be filled out Please excuse □ I am My □ □ I can | Waiver of Oral Healt at by parent or guardian my child from the dental unable to find a dental of y child's dental insurance Medi-Cal/Denti-Cal □ Honot afford a dental check not want my child to recei | th Assessment Requiasking to be excused fro check-up because: (Check fice that will take my child's plan is: ealthy Families □ Healthy -up for my child. | rement m this requirement the box that best describ dental insurance plan. Kids □ Other | pes the reason) □ None |
| Section 3: To be filled out Please excuse I am Mi I can I do Option | Waiver of Oral Healt at by parent or guardian my child from the dental unable to find a dental of y child's dental insurance Medi-Cal/Denti-Cal □ Honot afford a dental check not want my child to recei | th Assessment Requiasking to be excused from the check-up because: (Check fice that will take my child's plan is: ealthy Families Healthy -up for my child. ve a dental check-up. discould not get a dental check-up. | rement m this requirement the box that best describ dental insurance plan. Kids □ Other | pes the reason) □ None |

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 call your school.