

**PATCHOGUE-MEDFORD SCHOOLS
STUDENT REGISTRATION PACKET**

Dental Health Certificate – Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 1, 3, 5, 7, 9 & 11. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. If your child had a dental check-up before he/she started school, ask your dentist to fill out Section I. Return the completed form to the Central Registration Office or school nurse as soon as possible.

Child's Name: _____ Sex: _____ D.O.B. : _____ Building: _____ Grade: _____

Section 1 to be completed by the Dentist

Section I.

I. The Dental Health condition of _____ on _____ (date of exam).

The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

☐ Yes, the student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

☐ No, the student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's Name and address (please print or stamp)

Dentist's Signature

Section II

Optional Sections - *If you agree to release this information to your child's school, please initial here.*

II. Oral Health Status (check all that apply)

☐ Yes ☐ No **Caries Experience/Restoration History-** Has the child ever had a cavity (treated or untreated)?
[A filling temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity.]

☐ Yes ☐ No **Untreated Caries -** Does this child have an open cavity? [At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark- brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.]

☐ Yes ☐ No **Dental Sealants Present**

Other problems (Specify): _____

Section III

III. Treatment Needs (check all that apply)

___ No obvious problem. Routine dental care is recommended. Visit your dentist regularly.

___ May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.

___ Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.