

Religious Exemption

This certificate is not valid unless all fields are complete.

RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information: (Please Print)

| | | |
|--------------------|---------------------|------------------------|
| Student Last Name: | Student First Name: | Birth Date (MM/DD/YY): |
|--------------------|---------------------|------------------------|

A religious exemption may be granted if the dental screening conflicts with a genuine and sincere religious belief. The signature of the parent or guardian below shall attest that the dental screening conflicts with a genuine and sincere religious belief and that the belief is, in fact, religious and not based merely on philosophical, scientific, moral, personal, or medical opposition to dental screenings. The Certificate of Dental Screening Exemption for religious reasons is valid only when notarized, which must be done before submitting to child's school.

Parent/Guardian Signature: _____ Date: _____
 Applicant

Notary Public Use Only

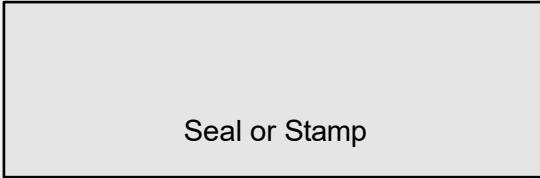
State Of: _____ County Of: _____

This record was acknowledged before me on: (date) _____

By: (names) _____

Signature: _____

Title: _____



Financial Hardship Exemption

This certificate is not valid unless all fields are complete.

RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information: (Please Print)

| | | |
|--------------------|---------------------|------------------------|
| Student Last Name: | Student First Name: | Birth Date (MM/DD/YY): |
|--------------------|---------------------|------------------------|

A financial hardship exemption may be granted to an applicant who is unduly burdened by the cost of a dental screening. The Certificate of Dental Screening Exemption for Financial Hardship must be signed by a dentist, dental hygienist, physician, physician assistant, or nurse to attest that a dental screening would cause a genuine financial burden for the applicant.

Provider Type: DDS/DMD RDH MD/DO PA RN/ARNP Date: _____

Provider Name: _____

Provider Signature: _____

Business Address: _____

Business Phone: _____

*Iowa Department of Health and Human Services • Bureau of Family Health – Oral Health Section
1-866-528-4020 • <https://hhs.iowa.gov/programs/programs-and-services/dental-and-oral-health>.*

A designee of the local Board of Health or Iowa Department of Health and Human Services may review this certificate for survey purposes.