

# Allen County Non Public School Association

## DENTAL EXAMINATION

Please Print

Student's Name: \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrolling in Grade \_\_\_\_\_

This Form is to be Completed by the Child's Dentist.

### DENTAL EXAMINATION

Code: No Defect = 0 Defect = Note Condition

#### TEETH

1. Cavities \_\_\_\_\_
2. Malocclusion \_\_\_\_\_
3. Soft Tissue \_\_\_\_\_
4. Oral Hygiene \_\_\_\_\_
5. Fluoride \_\_\_\_\_
6. Sealant \_\_\_\_\_

#### PRESENT STATUS

Does this child presently have any tooth decay or other dental defects which may reduce his/her efficiency or prevent him/her from receiving the full benefit of his/her school work?

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

#### FURTHER RECOMMENDATIONS

\_\_\_\_\_  
\_\_\_\_\_

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Print/Stamp Dentist's Name

Signature

\_\_\_\_\_  
Date

(reviewed ACNPSA 1/2023)