

Kentucky Dental Screening/Examination Form for School Entry

August 2010

Kentucky law, KRS 156.160(i), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.

<p>Student Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First Middle </div> </p> <p>Birth date: ____/____/____ Gender: <input type="checkbox"/> 0 Male <input type="checkbox"/> 1 Female</p> <p>Parent or Guardian: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Name Relationship </div> </p> <p>Address: _____ City: _____</p> <p>Phone Number: _____ School: _____</p> <p style="text-align: center;">Date of Enrollment ____/____/____</p>		<p>This space intentionally left blank</p>	
<div style="display: flex;"> <div style="flex: 1; padding-right: 10px;"> <p>Untreated Decay: (Check one)</p> <p><input type="checkbox"/> 0 No untreated cavities</p> <p><input type="checkbox"/> 1 Untreated cavities</p> </div> <div style="flex: 1;"> <p>Treated Decay: (Check one)</p> <p><input type="checkbox"/> 0 No treated cavities</p> <p><input type="checkbox"/> 1 Treated cavities</p> </div> </div>		<p>Screener's Name: _____</p> <p>Screener's Address: _____</p> <p>_____</p> <p>Phone Number: _____ Screening Date: _____</p> <p>Screener's Signature: _____</p> <p>Professional affiliation: (Please check one)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="flex: 1; min-width: 200px; margin-right: 10px;"> <input type="checkbox"/> Dentist </div> <div style="flex: 1; min-width: 200px; margin-right: 10px;"> <input type="checkbox"/> Dental Hygienist </div> <div style="flex: 1; min-width: 200px; margin-right: 10px;"> <input type="checkbox"/> Physician Assistant </div> <div style="flex: 1; min-width: 200px; margin-right: 10px;"> <input type="checkbox"/> LHD Registered Nurse with KIDS Smiles training </div> <div style="flex: 1; min-width: 200px; margin-right: 10px;"> <input type="checkbox"/> ARNP </div> <div style="flex: 1; min-width: 200px;"> <input type="checkbox"/> Physician </div> </div>	
<p>Pattern of Early Childhood Cavities: (Check one)</p> <p><input type="checkbox"/> 0 No Early Childhood Cavities</p> <p><input type="checkbox"/> 1 Early Childhood Cavities Present</p>		<p>Treatment Urgency: (Check one)</p> <p><input type="checkbox"/> 0 No obvious problem</p> <p><input type="checkbox"/> 1 Early dental care needed</p> <p><input type="checkbox"/> 2 Referral for Urgent Care</p> <p>NOTE: Comment required if marked.</p> <p>Comments:</p>	