

Certificate of Dental Examination

Please Print

Student's Name _____
Last First M.I.

Date of Birth _____ Enrolling grade _____

This form is to be completed by 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 schoolwork?

If yes, please explain _____

RECOMMENDATIONS

Print/Stamp Dentist's Name _____ Signature _____

_____ Date