

## Dental Health Certificate

Port Jervis School District

Port Jervis, NY 12771

**Parent/Guardian: New York State (Chapter 281) requires schools to request a dental examination in the following grades: new schools entrants, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your child's dentist for assessment. If your child has a dental check up before he/she started school, ask your dentist to fill out Section 2. Return the completed form to the Health Office of the school.**

### Section 1- to be completed by Parent/Guardian (Please Print)

Child's Name: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Will this be your child's first visit to the dentist? \_\_\_\_\_ yes \_\_\_\_\_ no  
Have you noticed any problem with your child's mouth that interferes with his/her ability to chew, speak or focus on school activities? \_\_\_\_\_ yes \_\_\_\_\_ no

### Section 2- to be completed by the Dentist

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.

- \_\_\_\_\_ Yes, the student listed above is in fit condition of dental health to permit his/her attendance at public school.
- \_\_\_\_\_ No, the student listed above is not in fit condition of dental health to permit his/her attendance at public school.

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 to include 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.*

\_\_\_\_\_ No obvious problem. Routine dental care is recommended.

\_\_\_\_\_ Needs dental care. Parent/Guardian has been advised to make a follow up appointment

\_\_\_\_\_ Immediate dental care is required. Parent/Guardian advised to make a follow up appointment for treatment and to avoid complications.

\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Dentist's Telephone #

\_\_\_\_\_  
Dentist's Address