Oral Health Assessment Form T07-003, English, Arial Font Page 1 of 1

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First	Name:	Last Name:		Middle Initial:	Child's birth date:
Address:	100000000000000000000000000000000000000				Apt.:
City:					ZIP code:
School Name:		Teacher:		Grade:	Child's Sex:
Parent/Guardian Name:		□ Male □ Female Child's race/ethnicity: □ White □ Black/African American □ Hispanic/Latino □ Asian □ Native American □ Multi-racial □ Other □ Native Hawaiian/Pacific Islander □ Unknown			
	Oral Health Data Co NOTE: Consider eac				d dental professiona
	Caries Experience	Visible Decay	Treatment Urgency: □ No obvious problem found □ Early dental care recommended (caries without pain or infection or child would benefit from sealants or further evaluation)		
	(Visible decay and/or fillings present)	Present:	□ Early dental care	e recommended (caries without pain or intecti or further evaluation)
Assessment Date:	(Visible decay and/or	□ Yes □ No	□ Early dental care or child would ben	efit from sealants of	caries without pain or intection further evaluation)
ate:	(Visible decay and/or fillings present)	□ Yes □ No	□ Early dental care or child would ben	efit from sealants of ded (pain, infection	or further evaluation)
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Return this form to the school no later than May 31 of your child's first school year. Original to be kept in child's school record.

please call your school.