TUCKAHOE UNION FREE SCHOOL DISTRICT HEALTH OFFICE

DENTAL HEALTH CERTIFICATE

Parent/Guardian: New York State Law (Chapter 281) permits school's to request a dental examination in the following grades: school entry, K, 2, 4, 7, and 10. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up, ask your dentist to fill out section 2. Return the completed form to the school nurse as soon as possible. *The date of the exam needs to be within 12 months of the start of the school year in which it is requested.*

Section 1. To be completed by parent or Guardian (Please Print)

Child's Name: Last ______________________ First________________________Middle_________________

Birth Date: month_________day_________year_________ Sex: male_____female_____Grade: _____

Will this be your child's first visit to a dentist? Yes ____ No ____

Section 2. To be completed by the Dentist

The Dental Health condition of ______________________________________ on _____________________.
(name of student) (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. Please check the following:

_____Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
_____ No, The student listed above is *not* in fit condition of dental health to permit his/her attendance at the public schools.
_____Yes, All necessary dental work for the above student has been *completed.*
_____ Yes, The student listed above is presently *undergoing* dental treatment.

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 including 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.

Dentist's name and address (please print or stamp) **Dentist's Signature:**

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