

# Allen County Non-Public School Association FOR ALL KINDERGARTEN STUDENTS CERTIFICATE OF DENTAL EXAMINATION

Please Print

Student's Name: \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Enrolling in Grade \_\_\_\_\_

This Form is to be Completed by the 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 school work?

If yes, please explain \_\_\_\_\_

### FURTHER RECOMMENDATIONS

\_\_\_\_\_  
Print/Stamp Dentist's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date