

### 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:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

#### Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

**IMPORTANT NOTE:** Consider each box separately. Mark each box.

Assessment Date:	Caries Experience (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> <span>_____</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><i>Licensed Dental Professional Signature</i></span> <span><i>CA License Number</i></span> <span><i>Date</i></span> </div>			

#### Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.  
 My child's dental insurance plan is:  
 Medi-Cal/Denti-Cal    Healthy Families    Healthy Kids    Other \_\_\_\_\_    None
- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: \_\_\_\_\_

If asking to be excused from this requirement: ► \_\_\_\_\_  
*Signature of parent or guardian*
*Date*

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

**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.



**Sección 3. Exención del requisito de evaluación de salud dental**

**Debe ser completado por el padre, la madre o el tutor que solicita que su hijo/a sea eximido de este requisito.**

Solicito que mi hijo sea eximido de este chequeo dental porque: (marque la casilla que describa el motivo)

- No puedo encontrar un consultorio dental que acepte el plan de seguro dental de mi hijo.  
El plan de seguro dental de mi hijo es:
  - Medi-Cal/Denti-Cal    Healthy Families    Healthy Kids    Otro \_\_\_\_\_    Ninguno
- No puedo pagar el chequeo dental de mi hijo.
- No quiero que a mi hijo se le haga un chequeo dental.

Opcional: otras razones por las cuales mi hijo no pudo obtener un chequeo dental: \_\_\_\_\_  
\_\_\_\_\_

Si pide ser eximido de este requisito: ► \_\_\_\_\_  
*Firma del padre, madre o tutor* *Fecha*

La ley establece que las escuelas mantengan la privacidad de la información médica de los estudiantes. El nombre de su hijo no formará parte de ningún informe que se realice como resultado de esta ley. Esta información sólo puede ser utilizada para fines relacionados con la salud de su hijo. Si tiene alguna pregunta, comuníquese con la escuela.

**Regrese este formulario a la escuela *antes* del 31 de mayo del primer año escolar de su hijo.**  
*El original de este formulario será guardado en el registro escolar del menor.*

***[NOTE TO LOCAL EDUCATIONAL AGENCIES (LEAS): As a form of assistance to LEAs, the California Department of Education (CDE) offers this translation free of charge. Because there can be variations in translation, the CDE recommends that LEAs confer with local translators to determine any need for additions or modifications, including the addition of local contact information or local data, or modifications in language to suit the needs of specific language groups in the local community. If you have comments or questions regarding the translation, please e-mail the Clearinghouse for Multilingual Documents (CMD) at [cmd@cde.ca.gov](mailto:cmd@cde.ca.gov).]***