

Kentucky Dental Screening/Examination Form for School Entry

August 2010

Kentucky law, KRS 156.160(l), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.

<p>Student Name : _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last First Middle </div> </p> <p>Birthdate: ____/____/____ Gender: <input type="radio"/> 0 Male <input type="radio"/> 1 Female</p> <p>Parent or Guardian: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Name Relationship </div> </p> <p>Address: _____ City: _____</p> <p>Phone Number: _____</p> <p>School: _____ Date of Enrollment: ____/____/____</p>		<p>Student Race/Ethnicity: (Please check one)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="radio"/> 1 White</td> <td style="padding: 2px;"><input type="radio"/> 5 American Indian/Alaska</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> 2 Black/African American</td> <td style="padding: 2px;"><input type="radio"/> 6 Native Hawaiian/Pacific Islander</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> 3 Hispanic/Latino</td> <td style="padding: 2px;"><input type="radio"/> 7 Multi-racial</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> 4 Asian</td> <td style="padding: 2px;"><input type="radio"/> 9 Unknown</td> </tr> </table> <p>Screener's Name _____ Screener's Address: _____ _____ Phone Number: _____</p> <p>Screening Date: ____/____/____</p> <p>Screener's Signature: _____</p> <p>Professional Affiliation (please check one)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><input type="radio"/> Dentist</td> <td style="padding: 2px;"><input type="radio"/> Dental Hygienist</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> Physician Assistant</td> <td style="padding: 2px;"><input type="radio"/> LHD RN w. KIDS Smiles training</td> </tr> <tr> <td style="padding: 2px;"><input type="radio"/> ARNP</td> <td style="padding: 2px;"><input type="radio"/> Physician</td> </tr> </table>		<input type="radio"/> 1 White	<input type="radio"/> 5 American Indian/Alaska	<input type="radio"/> 2 Black/African American	<input type="radio"/> 6 Native Hawaiian/Pacific Islander	<input type="radio"/> 3 Hispanic/Latino	<input type="radio"/> 7 Multi-racial	<input type="radio"/> 4 Asian	<input type="radio"/> 9 Unknown	<input type="radio"/> Dentist	<input type="radio"/> Dental Hygienist	<input type="radio"/> Physician Assistant	<input type="radio"/> LHD RN w. KIDS Smiles training	<input type="radio"/> ARNP	<input type="radio"/> Physician
<input type="radio"/> 1 White	<input type="radio"/> 5 American Indian/Alaska																
<input type="radio"/> 2 Black/African American	<input type="radio"/> 6 Native Hawaiian/Pacific Islander																
<input type="radio"/> 3 Hispanic/Latino	<input type="radio"/> 7 Multi-racial																
<input type="radio"/> 4 Asian	<input type="radio"/> 9 Unknown																
<input type="radio"/> Dentist	<input type="radio"/> Dental Hygienist																
<input type="radio"/> Physician Assistant	<input type="radio"/> LHD RN w. KIDS Smiles training																
<input type="radio"/> ARNP	<input type="radio"/> Physician																
<p>Untreated Decay: (check one)</p> <p><input type="radio"/> 0 No untreated cavities</p> <p><input type="radio"/> 1 Untreated cavities</p>	<p>Treated Decay: (check one)</p> <p><input type="radio"/> 0 No treated cavities</p> <p><input type="radio"/> 1 Treated cavities</p>	<p>Comments:</p> 															
<p>Pattern of Early Childhood Cavities: (check one)</p> <p><input type="radio"/> 0 No Early Childhood Cavities</p> <p><input type="radio"/> 1 Early Childhood Cavities Present</p>	<p>Treatment Urgency: (check one)</p> <p><input type="radio"/> 0 No obvious problem</p> <p><input type="radio"/> 1 Early Dental Care Needed</p> <p><input type="radio"/> 2 Urgent care needed NOTE: Comment required if marked</p>																