

## Kentucky Dental Screening/Examination Form for School Entry

Kentucky law, KRS 156.160(i), 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.

<b>Student Name:</b> _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>		<b>Test Type:</b> (Check one)  <input type="checkbox"/> Screening  <input type="checkbox"/> Exam	
Birth date: ____/____/____ Gender: <input type="checkbox"/> 0 Male <input type="checkbox"/> 1 Female		<b>Screeener's Name:</b> _____ Screeener's Address: _____ _____ Phone Number: _____ Screening Date: _____ Screeener's Signature: _____	
Parent or Guardian: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Name</span> <span>Relationship</span> </div>			
Address: _____ City: _____			
Phone Number: _____ School: _____ Date of Enrollment ____/____/____			
<b>Untreated Decay:</b> (Check one)  <input type="checkbox"/> 0 No untreated cavities  <input type="checkbox"/> 1 Untreated cavities	<b>Treated Decay:</b> (Check one)  <input type="checkbox"/> 0 No treated cavities  <input type="checkbox"/> 1 Treated cavities	<b>Professional affiliation:</b> (Please check one)  <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist  <input type="checkbox"/> Physician Assistant <input type="checkbox"/> LHD Registered Nurse with KIDS Smiles training  <input type="checkbox"/> ARNP <input type="checkbox"/> Physician	
<b>Pattern of Early Childhood Cavities:</b> (Check one)  <input type="checkbox"/> 0 No Early Childhood Cavities  <input type="checkbox"/> 1 Early Childhood Cavities Present	<b>Treatment Urgency:</b> (Check one)  <input type="checkbox"/> 0 No obvious problem  <input type="checkbox"/> 1 Early dental care needed  <input type="checkbox"/> 2 Referral for Urgent Care <small>NOTE: Comment required if marked.</small>		
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