

**ROSLYN MIDDLE SCHOOL
LOCUST LANE
ROSLYN HEIGHTS, NY 11577**

DENTAL FORM

To the Parent or Guardian:

New York State law requires schools to request a dental examination of students who are new to the school as well as those in grades K, 2, 4, 7 & 10. The date of the exam must be within 12 months of the start of school. Please take this form to your dentist and have him/her fill in the information regarding the exam. Please return this for to the school nurse as soon as possible.

Pat Collins RN
School Nurse

RETURN THIS FORM to the HEALTH OFFICE

Date of Exam

Child's Name

Date of Birth

School

Grade

Sex

Is this the child's first dental visit? Yes No

- Yes, this student is in fit condition of dental health to permit his/her attendance at school.
- No, this student is not in fit condition of dental health to permit his/her attendance at school.

Note: Not in fit condition 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 to attend school **does not** preclude the student from attending school

Oral Health Status (check all that apply)

- No obvious problem. Routine dental care is recommended
- May need dental care. Please schedule an appointment as soon as possible.
- Immediate dental care is required. Please schedule an appointment immediately to avoid problems.
- Caries - Treated Untreated
- Dental Sealants present

Dentist's Signature

Address

Phone Number