

**EAST HILLS SCHOOL
400 ROUND HILL ROAD
ROSLYN HEIGHTS NY 11577**

DENTAL FORM

To the Parent or Guardian:

New York State law recommends schools to request a dental examination of students who are new to the school as well as those in grades K, 1, 3, 5, 7, 9 & 11. 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 upon its completion.

Sincerely,
Sharon Fogel, 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