

# Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment at the same time a health examination is required. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

## Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: Last First Middle

Birth Date: / / Sex:  Male  Female Will this be your child's first oral health assessment?  Yes  No  
Month Day Year

School: Name Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities?  Yes  No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature Date

## Section 2. To be completed by the Dentist/ Dental Hygienist

I. The dental health condition of \_\_\_\_\_ on \_\_\_\_\_ (date of assessment) The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:

- Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.  
 No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health 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 of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's/ Dental Hygienist's name and address

(please print or stamp)

Dentist's/Dental Hygienist's Signature

Optional Sections - If you agree to release this information to your child's school, please initial here.

### II. Oral Health Status (check all that apply).

- Yes  No Caries Experience/Restoration History – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].  
 Yes  No Untreated Caries – Does this child have an open cavity? [At least ½ mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].  
 Yes  No Dental Sealants Present

Other problems (Specify): \_\_\_\_\_

### III. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.  
 May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.  
 Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.



ELMIRA CITY SCHOOL DISTRICT  
Physical Exam Needed

Date \_\_\_\_\_ School \_\_\_\_\_

Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Dear Parent/Guardian,

State law says all students who are new entrants to our district (usually in PreK or Kindergarten), or who are in grades 1, 3, 5, 7, 9 or 11 must have a physical exam on file with the school nurse. **At this time, we don't have one on file for your child.** Please keep in mind that the reason for this law is to make sure all students are healthy, so they can learn to the best of their ability.

Ways you can take care of this:

- If your child has had a physical on or after Sept. 1, 2021, please send a copy of that physical to the school nurse by Oct. 1<sup>st</sup>. We can accept physicals done by a doctor (MD or DO), nurse practitioner, or physician assistant.
- If you want your own healthcare provider to do your child's physical, but haven't had it done yet, please schedule an appointment now, and call the school nurse to let her know the appointment date.
- After Oct. 1<sup>st</sup>, if we haven't received a copy of a physical or notification of an appointment date, the school nurse practitioner will do the required physical exam on your child at school. If you wish to discuss this physical with the school nurse or be present during the exam, please contact your school nurse at 607-734-2267 (phone). During physical exams performed at school, just as at your healthcare provider's office, boys will be checked for the presence of both testicles, and for inguinal hernia. Girls' breasts and genitalia may be visually examined, for the purpose of maturity screening. You may want to discuss this with your child, so he/she will know what to expect.

To give your healthcare provider permission to release your child's physical to Elmira City School District, please complete and return to school nurse:

Provider's Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(permission to release medical record expires one year after date of signature)

Please remember that it is not enough to have your child's physical exam done -- you must have a copy of the examiner's findings sent to the school nurse. School fax: 607-732-8903

New York State allows parents to request an exemption from a school physical on grounds of sincere and genuine religious beliefs only.

Sincerely,

The School Nurse and School Principal