OAS/DSS

Kentucky Dental Screening/Examination Form for School Entry

KDESHS005

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.

Student Name:	First Middle	Test Type (check one)
Birth date:/	Gender: ☐ 0 Male ☐ 1 Female	☐ Screening ☐ Exam
Parent or Guardian: Name Address:	Relationship City:	Screener's Name: Screener's Address:
Phone Number:Date	School: of Exam/Screening//	Phone Number:Screening Date: Screener's Signature: Professional affiliation: (Please check one)
Untreated Decay: (Check one)	Treated Decay: (Check one)	□ Dentist □ Dental Hygienist
☐ 0 No untreated cavities	□ 0 No treated cavities	☐ Physician Assistant ☐ Registered Nurse with training
☐ 1 Untreated cavities	☐ 1 Treated cavities	□ APRN □ Physician
Pattern of Early Childhood Cavities: (Check one)	Treatment Urgency: (Check one)	Comments:
☐ 0 No Early Childhood Cavities	□ 0 No obvious problem	
☐ 1 Early Childhood Cavities	 ☐ 1 Early dental care needed 	
Present	 □ 2 Referral for Urgent Care NOTE: Comment required if marked. 	