

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.

Student Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last First Middle </div>		Test Type: (Check one) <input type="checkbox"/> Screening <input type="checkbox"/> Exam	
Birth date: ____/____/____ Gender: <input type="checkbox"/> 0 Male <input type="checkbox"/> 1 Female		Screeener's Name: _____ Screeener's Address: _____ _____ Phone Number: _____ Screening Date: _____ Screeener's Signature: _____	
Parent or Guardian: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Name Relationship </div>			
Address: _____ City: _____			
Phone Number: _____ School: _____ Date of Enrollment ____/____/____			
Untreated Decay: (Check one) <input type="checkbox"/> 0 No untreated cavities <input type="checkbox"/> 1 Untreated cavities	Treated Decay: (Check one) <input type="checkbox"/> 0 No treated cavities <input type="checkbox"/> 1 Treated cavities	Professional Affiliation: (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	
Pattern of Early Childhood Cavities: (Check one) <input type="checkbox"/> 0 No Early Childhood Cavities <input type="checkbox"/> 1 Early Childhood Cavities Present	Treatment Urgency: (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 NOTE: Comment required if marked.		
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