

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.

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| 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: _____ <div style="text-align: center; margin-top: 5px;"> Date of Enrollment ____ / ____ / ____ </div> | | | |
| 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 <small>NOTE: Comment required if marked.</small> | | |
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