



Millburn C. C. School District 24

Dental Exams

To: All Parents of Kindergarten, Second and Sixth Grade Students

All Illinois children in kindergarten, second grade, and sixth grade are required to have an oral health exam.

- The examination must be performed by a licensed dentist.
- Each child must present proof of an examination by a dentist prior to May 15 of the school year he/she is in the grade listed above. School dental examinations must have been completed within 18 months of the May 15 deadline.
- If a child's parent fails to present proof of a dental exam by May 15 of the current school year, the school may hold the child's report card until:
 - Proof of dental exam in the time frame OR
 - Proof that dental examination will take place within 60 days after May 15 of the current school year.
- Parents or legal guardians who object to the dental examination on religious grounds must present to the appropriate school authority a signed detailed statement of objection.

**Attached is the dental exam record
to be completed by a dentist,
then returned to school.**

Illinois Department of Public Health

PROOF OF SCHOOL DENTAL EXAMINATION FORM



To be completed by the parent (please print):

Student's Name: Last First Middle			Birth Date: (Month/Day/Year) / /
Address: Street City		ZIP Code	Telephone:
Name of School:		Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian:		Address (of parent/guardian):	

To be completed by dentist:

Oral Health Status (check all that apply)

☐ Yes ☐ No **Dental Sealants Present**

☐ Yes ☐ No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

☐ Yes ☐ No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit 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 **Soft Tissue Pathology**

☐ Yes ☐ No **Malocclusion**

Treatment Needs (check all that apply)

☐ **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

☐ **Restorative Care** — amalgams, composites, crowns, etc.

☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis

☐ **Other** — periodontal, orthodontic

Please note _____

Signature of Dentist _____

Date _____

Address _____
Street City ZIP Code

Telephone _____