

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.

<p><b>Student's Name:</b> _____                  Last First Middle</p> <p>Birth date: ____/____/____ Gender: <input type="checkbox"/> 0 Male <input type="checkbox"/> 1 Female</p> <p>Parent or Guardian: _____                  Name Relationship</p> <p>Address: _____ City: _____</p> <p>Phone Number: _____ School: _____</p> <p>School Enrollment Date _____ Dental Evaluation Date _____</p>		<p>Test Type (check one)</p> <p><input type="checkbox"/> Screening <input type="checkbox"/> Exam</p> <p><b>Provider's Name(Printed)</b> _____</p> <p>Provider's Address: _____</p> <p>Phone Number: _____ Evaluation Date: _____</p> <p>Provider's Signature: _____</p> <p><b>Professional affiliation: ( Check one)</b></p> <p><input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist</p> <p><input type="checkbox"/> Physician Assistant <input type="checkbox"/> Registered Nurse (with training)</p> <p><input type="checkbox"/> APRN <input type="checkbox"/> Physician</p> <p><b>Comments:</b></p>
<p><b>Untreated Decay: (Check one)</b></p> <p><input type="checkbox"/> 0 No untreated cavities</p> <p><input type="checkbox"/> 1 Untreated cavities</p>	<p><b>Treated Decay: (Check one)</b></p> <p><input type="checkbox"/> 0 No treated cavities</p> <p><input type="checkbox"/> 1 Treated cavities (fillings present)</p>	<p><b>Pattern of Early Childhood Cavities: (Check one)</b></p> <p><input type="checkbox"/> 0 No Early Childhood Cavities</p> <p><input type="checkbox"/> 1 Early Childhood Cavities Present</p>
<p><b>Treatment Urgency: (Check one)</b></p> <p><input type="checkbox"/> 0 No obvious problem</p> <p><input type="checkbox"/> 1 Early dental care needed</p> <p><input type="checkbox"/> 2 Referral for Urgent Care</p> <p>NOTE: Comment required if marked.</p>		