Glenbard West Health Center

All 9th grade students in Illinois are required to have an oral health examination per House Bill HB4908:

***School Dental Exams** House Bill 4908 was signed into law on August 13, 2018 as Public Act 100-0829 and effective January 1, 2019. It amended the Illinois School Code expanding the requirement that all children in kindergarten, 2nd and 6th grades, now adding 9th grade, have a dental examination before May 15 of each year. If proof of a dental examination is not submitted to the school, the school may withhold the child's report card.*

- ❑ Examinations must be performed by a licensed dentist, and he/she must sign the Proof of School Dental Examination form. (on reverse side)
- ❑ School dental examinations must have been completed within the 18 months prior to May 15th of student's freshman year.

Glenbard West is requesting dental forms be turned in to the health office by the first day of school.

State of Illinois
Illinois Department of Public Health

PROOF OF SCHOOL DENTAL EXAMINATION FORM

Illinois law (Child Health Examination Code, 77 Ill. Adm. Code 665) states all children in kindergarten and the second, sixth and ninth grades of any public, private or parochial school shall have a dental examination. The examination must have taken place within 18 months prior to May 15 of the school year. A licensed dentist must complete the examination, sign and date this Proof of School Dental Examination Form. If you are unable to get this required examination for your child, fill out a separate Dental Examination Waiver Form.

This important examination will let you know if there are any dental problems that need attention by a dentist. Children need good oral health to speak with confidence, express themselves, be healthy and ready to learn. Poor oral health has been related to lower school performance, poor social relationships, and less success later in life. For this reason, we thank you for making this contribution to the health and well-being of your child.

To be completed by the parent or guardian (please print):

Student's Name: Last First Middle			Birth Date: (Month/Day/Year)
Address: Street City			ZIP Code
Name of School: ZIP Code		Grade Level:	Gender: ☐ Male ☐ Female
Parent or Guardian: Last Name First Name			
Student's Race/Ethnicity:			
☐ White	☐ Black/African American	☐ Hispanic/Latino	☐ Asian
☐ Native American	☐ Native Hawaiian/Pacific Islander	☐ Multi-racial	☐ Unknown
☐ Other_____			

To be completed by dentist:

Date of Most Recent Examination:_____ (Check all services provided at this examination date)

☐ Dental Cleaning ☐ Sealant ☐ Fluoride treatment ☐ Restoration of teeth due to caries

Oral Health Status (check all that apply)

☐ Yes ☐ No **Dental Sealants Present on Permanent Molars**

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

Treatment Needs (check all that apply). For Head Start Agencies, please also list appointment date or date of most recent treatment completion date.

☐ **Restorative Care** — amalgams, composites, crowns, etc. Appointment Date:_____

☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis Appointment Date:_____

☐ **Pediatric Dentist Referral Recommended** Treatment Completion Date:_____

Additional comments: _____

Signature of Dentist _____ License #:_____ Date:_____

Illinois Department of Public Health, Division of Oral Health
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