Iowa Department of Public Health
CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):

Screening Information (health care provider must complete this section)

Date of Dental Screening: _____

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

☐ **No Obvious Problems** – the child's hard and soft tissues appear to be visually health and there is no apparent reason for the child to be seen before the next routine dental checkup.

☐ **Requires Dental Care** – tooth decay[1] or a white spot lesion[2] is suspected in one or more teeth, or gum infection[3] is suspected.

☐ **Requires Urgent Dental Care** – obvious tooth decay[1] is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

[1] Tooth Decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.
[2] White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.
[3] Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check ONE only):

☐ DDS/DMD ☐ RDH ☐ MD/DO ☐ PA ☐ RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) _____ Phone: _____

Provider Business Address: _____

Signature and Credentials of Provider or Recorder*: _____ Date: _____

*Recorder: An authorized provider (DDS/DMD, RDH MD/DO, PA, or RN/ARNP) may transfer information on this form from another health department. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Public Health • Oral Health Delivery Systems
515-242-3683 • 866-528-4020 • https://idph.iowa.gov/ohds
A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

Iowa Department of Public Health
CERTIFICATE OF DENTAL SCREENING EXEMPTION

This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Please Print:

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:	Telephone (home): (mobile):	
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: ☐ Male ☐ Female

Religious

A religious exemption may be granted to an applicant if the dental screening conflicts with a genuine and sincere religious belief. The signature of the parent or guardian below shall attest that the dental screening conflicts with a genuine and sincere religious belief and that the belief is in fact religious, and not based merely on philosophical, scientific, moral, personal or medical opposition to dental screenings. The Certificate of Dental Screening Exemption for religious reasons is valid only when notarized.

Signature: _____ Date: _____
Applicant, Parent or Guardian

State of: _____ County of: _____

This instrument was acknowledged before me on: _____ By: _____
Date Name(s) of Person(s)

Signature of Notary Public: _____

Title: _____

SEAL OR STAMP

Financial Hardship

A financial hardship exemption may be granted to an applicant who is unduly burdened by the cost of a dental screening. The provider signature shall attest that a dental screening would cause a genuine financial burden for the applicant. The Certificate of Dental Screening Exemption for financial hardship must be signed by a dentist, dental hygienist, physician, physician assistant, or nurse.

Provider Type:
☐ DDS/DMD ☐ RDH ☐ MD/DO ☐ PA ☐ RN/ARNP Date: _____

Provider Name: _____ Provider Signature: _____

Business Address: _____

Business Phone: _____

RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Public Health, Oral Health Center

515-242-6383 • 866-528-4020 • http://www.idph.state.ia.us/ohds/OralHealth.aspx

A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

9/13/12