

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.

Student Name: _____ Last First Middle Birth date: ____ / ____ / ____ Gender: ☐ 0 Male ☐ 1 Female Parent or Guardian: _____ Name Relationship Address: _____ City: _____ Phone Number: _____ School: _____ Date of Exam/Screening ____ / ____ / ____		Test Type (check one) ☐ Screening ☐ Exam
Untreated Decay: (Check one) ☐ 0 No untreated cavities ☐ 1 Untreated cavities Treated Decay: (Check one) ☐ 0 No treated cavities ☐ 1 Treated cavities		Screener's Name: _____ Screener's Address: _____ _____ Phone Number: _____ Screening Date: _____ Screener's Signature: _____ Professional affiliation: (Please check one) ☐ Dentist ☐ Physician Assistant ☐ APRN ☐ Dental Hygienist ☐ LHD Registered Nurse with KIDS Smiles training ☐ Physician
Pattern of Early Childhood Cavities: (Check one) ☐ 0 No Early Childhood Cavities ☐ 1 Early Childhood Cavities Present	Treatment Urgency: (Check one) ☐ 0 No obvious problem ☐ 1 Early dental care needed ☐ 2 Referral for Urgent Care NOTE: Comment required if marked.	Comments: