

**ROSLYN HIGH SCHOOL  
ROUND HILL ROAD  
ROSLYN HEIGHTS, NY 11577**

**DENTAL FORM**

To the Parent or Guardian:

New York State law requires schools to request a dental examination of students who are new to the school as well as those in grades K, 2, 4, 7 & 10. The date of the exam must be within 12 months of the start of school. Please take this form to your dentist and have him/her fill in the information regarding the exam. Please return this form to the school nurse as soon as possible.

Jan Safford RN  
School Nurse

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RETURN THIS FORM to the HEALTH OFFICE

\_\_\_\_\_  
Date of Exam

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Sex

Is this the child's first dental visit? Yes  No

- Yes, this student is in fit condition of dental health to permit his/her attendance at school.
- No, this student is not in fit condition of dental health to permit his/her attendance at school.

Note: Not in fit condition means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition to attend school **does not** preclude the student from attending school.

Oral Health Status (check all that apply)

- No obvious problem. Routine dental care is recommended.
- May need dental care. Please schedule an appointment as soon as possible.
- Immediate dental care is required. Please schedule an appointment immediately to avoid problems.
- Caries - Treated  Untreated
- Dental Sealants present.

\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number