

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.

<b>Student Name:</b> _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle</span> </div>		Test Type (check one) <input type="checkbox"/> Screening <input type="checkbox"/> Exam	
Birth date: ____/____/____      Gender: <input type="checkbox"/> 0 Male <input type="checkbox"/> 1 Female		<b>Screener's Name:</b> _____ Screener's Address: _____ _____	
Parent or Guardian: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Name</span> <span>Relationship</span> </div>		Phone Number: _____      Screening Date: _____	
Address: _____      City: _____		Screener's Signature: _____	
Phone Number: _____      School: _____		<b>Professional affiliation:</b> (Please check one)	
Date of Exam/Screening ____/____/____		<input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Physician Assistant <input type="checkbox"/> LHD Registered Nurse with KIDS Smiles training <input type="checkbox"/> APRN <input type="checkbox"/> Physician	
<b>Untreated Decay:</b> (Check one) <input type="checkbox"/> 0 No untreated cavities <input type="checkbox"/> 1 Untreated cavities	<b>Treated Decay:</b> (Check one) <input type="checkbox"/> 0 No treated cavities <input type="checkbox"/> 1 Treated cavities	<b>Comments:</b>   	
<b>Pattern of Early Childhood Cavities:</b> (Check one) <input type="checkbox"/> 0 No Early Childhood Cavities <input type="checkbox"/> 1 Early Childhood Cavities Present	<b>Treatment Urgency:</b> (Check one) <input type="checkbox"/> 0 No obvious problem <input type="checkbox"/> 1 Early dental care needed <input type="checkbox"/> 2 Referral for Urgent Care NOTE: Comment required if marked.		