



KINDERGARTEN ORAL HEALTH ASSESSMENT FORM

The Kindergarten Oral Health Assessment law [*Public Health Code Act 368 Section 333.9316*] was passed to ensure that children entering their first year of school are able to receive an oral health assessment (dental screening) prior to starting school. Good oral health is important to help children stay healthy and ready to learn. This assessment will let you know if your child has any dental problems that require attention by a dentist. The assessment must be done by a Registered Dental Hygienist, Dentist, or Dental Therapist.

Your child was seen today by the Branch-Hillsdale-St. Joseph Community Health Agency’s Registered Dental Hygienist for an oral health assessment. If you have questions or concerns, contact Your Local Health Department office and dial extension 110.

STUDENT INFORMATION	
Child’s Name (Last, First, Middle)	Date of Birth (mm/dd/yy)
Address (Number, Street, City, Zip Code)	Home/Cell Phone Number
Parent/Guardian Name (Last, First, Middle)	Parent/Guardian Email
School Name	

DENTAL EXAM OR ASSESSMENT RECOMMENDATIONS (Licensed dental professional must complete this section)	
Date of Service	Type of service <input type="checkbox"/> Dental Exam <input type="checkbox"/> Dental Assessment
Findings (check all that apply) <input type="checkbox"/> No urgent needs <input type="checkbox"/> Treated decay <input type="checkbox"/> Untreated decay	Recommendations (check ONE) <input type="checkbox"/> Routine care <input type="checkbox"/> Referral for urgent needs/restorative care or specialist
Screening Provider (check one) <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Therapist <input type="checkbox"/> Dental Hygienist	
Provider Signature	Agency/Local Health Department Branch-Hillsdale-St. Joseph Community Health Agency
Provider Name (print)	Phone

Additional Comments: _____

Branch County: 517-279-9561

Hillsdale County: 517-437-7395

St. Joseph County: 269-273-2161