

Nazareth Area School District
School Dental Exam
(K, 3rd & 7th)

Dear Parent/guardian:

The Commonwealth of Pennsylvania requires that all students have a dental examination in **Kindergarten, 3rd and 7th grades**. The law provides you with the choice of having the examination conducted by the school dentist free of charge or by your private dentist at your expense.

We strongly urge you to consider having the examination done by your private dentist since he or she knows your child's past medical history and is in the best position to recommend necessary remedial treatment.

Please sign below and return to the school nurse indicating that you have read this Dental Examination requirement and agree to:

- ☐ Submit a Private Dental Report (see attached)
- ☐ Have the school dentist perform this mandated exam in the Spring.

Signature Parent/Guardian: _____

Date: _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH**PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL _____ DATE _____ 20 ____

NAME OF CHILD			AGE	SEX	GRADE	SECTION/ROOM
_____ Last	_____ First	_____ Middle		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS

No. and Street	City or Post Office	Borough/Township	County	State	Zip
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REPORT OF EXAMINATION

	TOOTH CHART																
	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment?

Yes ☐No ☐

Treatment Completed

Yes ☐No ☐_____
Date of Dental Examination_____
Signature of Dental Examiner_____
Print Name of Dental Examiner_____
Address