

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: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First Middle </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 Parent or Guardian: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Name Relationship </div>		Screener's Name: _____ Screener's Address: _____ _____ Phone Number: _____ Screening Date: _____ Screener's Signature: _____
Address: _____ City: _____ Phone Number: _____ School: _____ <div style="text-align: center;">Date of Exam/Screening ____/____/____</div>		Professional affiliation: (Please check one) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Physician Assistant <input type="checkbox"/> LHD *Registered Nurse with KIDS Smiles training </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> APRN <input type="checkbox"/> Physician </div>
Untreated Decay: (Check one) <input type="checkbox"/> 0 No untreated cavities <input type="checkbox"/> 1 Untreated cavities	Treated Decay: (Check one) <input type="checkbox"/> 0 No treated cavities <input type="checkbox"/> 1 Treated cavities	Comments:
Pattern of Early Childhood Cavities: (Check one) <input type="checkbox"/> 0 No Early Childhood Cavities <input type="checkbox"/> 1 Early Childhood Cavities Present	Treatment Urgency: (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.	