

# PITTSBURG UNIFIED SCHOOL DISTRICT

Office of Student Services

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## Oral Health Assessment

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

### Section 1

#### To be completed by the parent or guardian

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Gender: Male Female
Parent/Guardian Name:	Child's race/ethnicity: White                      Black/African American                      Hispanic/Latino Asian                      American Indian                      Alaska Native Native Hawaiian/Pacific Islander                      Multi-racial Unknown		

### Section 2

#### Oral Health Data Collection

#### To be completed by the dental professional conducting the assessment

Assessment Date:	<u>Visible caries and/or fillings present:</u> Yes      No	<u>Visible caries present:</u> Yes      No	<u>Treatment Urgency:</u> No obvious problem found Early dental care recommended Urgent care needed
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*Dental professional's signature*

*Date*

**Return this form to the school by May 31**

*Original to be retained in child's school record.*

**Section 3**  
**Waiver of Oral Health Assessment Requirement**  
**To be completed by a parent or guardian requesting to be excused from this requirement**

I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.)

I am unable to find a dental office that will take my child's insurance plan.

My child is covered by the following insurance plan:

Medi-Cal/Denti-Cal      Healthy Families      Healthy Kids      None

Other: \_\_\_\_\_

I cannot afford an oral health assessment for my child.

I do not wish my child to receive an oral health assessment.

Optional: other reasons my child could not get an oral health assessment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement. If you have any questions about this requirement, please contact your school office.

\_\_\_\_\_  
**Signature of parent or guardian**

\_\_\_\_\_  
**Date**