

CENTRAL DAUPHIN SCHOOL DISTRICT

DEPARTMENT OF PUPIL SERVICES
SCHOOL HEALTH SERVICES

Dear Parent/Guardian:

Our school has a health program that is designed to improve, protect and promote the health status of each child. As part of this health program, **the State requires a dental examination be completed upon original entry (Kindergarten) and in grades three (3) and seven (7).** We are recommending that these examinations be done by your family dentist since he is most familiar with your child's health history and can best evaluate and treat any conditions that may need dental care. **Examination may be done up to twelve (12) months prior to the start of the required school year.** When the examination and treatment are completed, the Report of the Dental Examination form should be returned to the school.

REPORT OF DENTAL EXAMINATION

This is to certify that I have examined the teeth of:

_____ **Holy Name of Jesus School** _____
Student's Name School Homeroom

- 1. All necessary dental work has been completed.
- 2. Treatment is in progress.
- 3. No dental work is necessary.

Further recommendations: _____

_____ Date _____ Signature of Dentist

Please return lower portion of this form to the school nurse.