



Iowa Department of Public Health
CERTIFICATE OF DENTAL SCREENING

This certificate is not valid unless all fields are complete.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Student Information (please print)

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):
Parent or Guardian Name:		Telephone (home or mobile):
Street Address:	City:	County:
Name of Elementary or High School:	Grade Level:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Screening Information (health care provider must complete this section)

Date of Dental Screening: _____

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

- ☐ **No Obvious Problems** – the child's hard and soft tissues appear to be visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.
- ☐ **Requires Dental Care** – tooth decay¹ or a white spot lesion² is suspected in one or more teeth, or gum infection³ is suspected.
- ☐ **Requires Urgent Dental Care** – obvious tooth decay¹ is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

¹ Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.

² White spot lesion: A demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gumline. A white spot lesion is considered an early indicator of tooth decay, especially in primary (baby) teeth.

³ Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

Screening Provider (check ONE only):

☐ DDS/DMD ☐ RDH ☐ MD/DO ☐ PA ☐ RN/ARNP (High school screen must be provided by DDS/DMD or RDH)

Provider Name: (please print) _____ Phone: _____

Provider Business Address: _____

Signature and Credentials
of Provider or Recorder*: _____ Date: _____

*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, or RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.

A screening does not replace an exam by a dentist.
Children should have a complete examination by a dentist at least once a year.

RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Public Health • Oral Health Center

515-242-6383 • 866-528-4020 • www.idph.state.ia.us/ohds/OralHealth.aspx

A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

Dental Screening Requirement for School Enrollment

Children enrolling for the first time in an Iowa elementary or high school are required to have a dental screening.

Elementary

- Applies to Kindergarten (or 1st grade if there is no Kindergarten) and out-of-state transfer students
- Screening must occur no earlier than age 3 but prior to age 6
- Screenings can only be performed by: dentists, dental hygienists, physicians, nurses, or physician assistants

High School

- Applies to 9th grade and out-of-state transfer students
- Screening must occur within one year prior to enrollment
- Screenings can only be performed by: dentists or dental hygienists

Local I-Smile Oral Health Coordinators will be working with schools throughout the state to help implement the requirement - including assisting families to get children screened and finding follow-up care as needed.

To find your local I-Smile Coordinator, go to:
www.idph.state.ia.us/webmap/default.asp?map=ismile

Required forms and additional information on the school dental screening requirement can be found at:
www.idph.state.ia.us/hpcdp/oral_health_school_screening.asp