

Malcolm Public Schools

Report of Dental Examination

The health screening program in our school is designed to promote the health of your child. A thorough dental examination prior to entrance into every grade level is encouraged as part of this process. Should dental work be required, please do so. Upon completion, return this form to our school. It will be recorded in the student's health record.

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

(full name)

_____ All necessary dental work has been completed.

_____ No dental work is necessary at this time.

_____ Treatment is scheduled.

Further recommendations: _____

Date: _____

(Signature of Dentist)

Please return this form to the school after your child's visit to the dentist.

Forms returned with the signature of dentist within the current year prior to the dental inspection exempts the child from the school dental inspection.