



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):
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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 health 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 on this form from another health department. 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 Delivery Systems
515-242-3683 • 866-528-4020 • <https://idph.iowa.gov/ohds>

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

How do you know if your children are ready for school? **Check their smiles.**

All Iowa children enrolling for the first time in **Kindergarten** or **9th grade** must have a dental screening. *It's required!*

Screening Rules



Kindergarten Students

- Screening must occur no earlier than age 3 and no later than 4 months after enrollment
- Screenings can be performed by: dentists, dental hygienists, physicians, registered nurses, or physician assistants

9th Grade Students

- Screening must occur no earlier than 1 year before enrollment and no later than 4 months after enrollment
- Screenings can only be performed by: dentists or dental hygienists

- Get an official Certificate of Dental Screening form from your school nurse or local I-Smile™ Coordinator.
- Make an appointment for your child to get a dental screening.
- Return the completed form to the school.

Need help getting a dental screening? Your local I-Smile™ Coordinator can assist you!

Call **1-866-528-4020** for contact information or visit:

www.idph.state.ia.us/webmap/default.asp?map=ismile

You can also find forms and additional information on the dental screening requirement at:

<http://www.idph.state.ia.us/ohds/OralHealth.aspx?prog=OHC&pg=Screenings>



¿Cómo sabe si sus hijos están listos para la escuela? **Examine sus sonrisas.**

Todos los niños de Iowa que se inscriben por primera vez en **el jardín de infancia** o en **el 9° curso** deben hacerse un examen dental. ¡Es obligatorio!

Reglas para el examen



Alumnos del jardín de infancia

- El examen no debe hacerse antes de los 3 años de edad ni pasados 4 meses después de la inscripción
- Los exámenes los pueden hacer: dentistas, higienistas dentales, médicos, enfermeras tituladas o médicos asistentes

Alumnos del 9° curso

- El examen no debe hacerse antes de 1 año antes de la inscripción ni pasados 4 meses después de la inscripción
- Los exámenes sólo los pueden hacer: dentistas o higienistas dentales

- Solicite un formulario para el certificado oficial de examen dental (Certificate of Dental Screening form) a la enfermera de la escuela o a su Coordinador local de I-Smile™.
- Haga una cita para que su hijo reciba el examen dental.
- Entregue el formulario completado a la escuela.

¿Necesita ayuda para programar un examen dental? ¡Su Coordinador local de I-Smile™ puede ayudarle! Llame al **1-866-528-4020** para obtener información de contacto o visite: www.idph.state.ia.us/webmap/default.asp?map=ismile

También puede encontrar formularios e información adicional sobre el examen dental en: <http://www.idph.state.ia.us/ohds/OralHealth.aspx?prog=OHC&pg=Screenings>

