



## 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 decay<sup>1</sup> or a white spot lesion<sup>2</sup> is suspected in one or more teeth, or gum infection<sup>3</sup> is suspected.
- Requires Urgent Dental Care** – obvious tooth decay<sup>1</sup> is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

<sup>1</sup> Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.  
<sup>2</sup> 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.  
<sup>3</sup> 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) \_\_\_\_\_ Provider Business 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.  
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Iowa Department of Public Health • Oral Health Bureau  
515-281-3733 • 866-528-4020 • [www.idph.state.ia.us/hpcdp/oral\\_health.asp](http://www.idph.state.ia.us/hpcdp/oral_health.asp)

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

Iowa children enrolling into Kindergarten or 9th grade are required to have a dental screening.

$2+6=8$

## Elementary

- Applies to Kindergarten students only (REVISED)
- Screening must occur no earlier than age 3 and no later than 4 months after enrollment (REVISED)
- Screenings can be performed by: dentists, dental hygienists, physicians, registered nurses, or physician assistants

## High School

- Applies to 9th grade students only (REVISED)
- Screening must occur no earlier than 1 year prior to enrollment and no later than 4 months after enrollment (REVISED)
- Screenings can only be performed by: dentists or dental hygienists

A+

ABC's

Local I-Smile Oral Health Coordinators are 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](http://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](http://www.idph.state.ia.us/hpcdp/oral_health_school_screening.asp)

