

NYS Dental Health Certificates

Making smiles brighter for New York's *children.*



New York State Dental Health Certificates

- The passage of the dental health certificates law (Chapter 281, NYS Education Law) in 2007, requires all schools in New York to distribute a dental health certificate to students entering grades K, 2, 4, 7, and 10.
- Parity with medical health certificates.
- No requirement in law that the student return the certificate; no obligation to keep student out of school if fails to return certificate.
- Certificate must be signed by licensed dentist.
- Certificate describes dental condition of the student and states whether he/she is in fit condition of dental health to permit attendance at school. Exam should be conducted within 12 months from start of school year.
- No obligation to keep student out of school if deemed in “unfit” oral health condition.
- List of dentists.
- Copy of recommended certificate form can be found on the Office of the Professions’ Dental Board Web Site:
<http://www.op.nysed.gov/dentnews.html>

Why are Dental Health Certificates important?

- The law will increase **access** to oral health care for New York’s children.
- It will work towards fulfilling the goals of the NYS Oral Health Plan.
- It will aid in fulfilling the objectives of the U.S. Department of Health & Human Services “Healthy People 2010”
- Through collaborative efforts between NYSDA, NYSDF, component dental societies, as well as schools and other community organizations, we can effectively ensure access to oral health care for all of New York’s children.

NYS DENTAL HEALTH

SAMPLE

Dental Health Certificate- Optional

Parent/Guardian: New York State law (Chapter 281) permits schools to request a dental examination in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name: _____		
Last	First	Middle
Birth Date: / / Month Day Year	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first visit to a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No
School: Name _____		Grade _____

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature _____ Date _____

Section 2. To be completed by Dentist

I. The Dental Health condition of _____ on _____ (date of exam) The date of the exam needs to be within 12 months of the start of the school year in which it is requested. Check one:

- Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.
- No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's name and address (please print or stamp) _____ Dentist's Signature _____

Optional Sections - If you agree to release this information to your child's school, please check the box.

II. Oral Health Status (check all that apply).

- Yes No Caries Experience/Restoration History – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- Yes No Untreated Caries – Does this child have an open cavity? [At least 1/2 mm of tooth structure lost at the enamel surface, brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with any decay, are considered sound unless a cavitated lesion is also present].
- Yes No Dental Sealants Present

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

To be completed by parent or guardian

To be completed by dentist

The purpose of the dental certificate is to determine whether a child is in "fit condition of dental health to permit his/her attendance at public schools" by providing a clinical assessment. Fit condition is defined as the absence of painful conditions, obvious swelling related to clinical evidence of open cavities, or any other condition that interferes with the student's ability to chew, speak or focus on school activities.

**Further information will be forthcoming as it is available.
Regular updates will be on the Foundation's Web site at
www.nysdentalfoundation.org**



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Awarding the National Association of
Dentistry for the Handicapped
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