



School Health Services

_____ SCHOOL

Dear Parent/Guardian:

As of September 2008, New York State requests Kindergarten; 1st, 3rd, 5th and 7th, 9th and 11th-grade students submit a Dental Health Certificate to the Health Office.

The Dental Health Certificate must contain a report of a comprehensive dental examination and shall be signed by a duly licensed dentist who is authorized to practice in New York State. The dentist shall describe the dental health condition of the student when the examination was made. The Dental Health Certificate shall not be more than twelve months before the commencement of the school year in which the examination is requested.

Please bring the attached form to your dentist and return the completed form to the Health Office.

DENTAL HEALTH CERTIFICATE

Student Name: _____

Date of Comprehensive Dental Examination: _____

☐ No Treatment Required ☐ Treatment in Progress ☐ Treatment Completed

Student is in fit condition of dental health to permit school attendance: ☐ Yes ☐ No

Print Name of Dentist: _____

Signature of Dentist: _____

Address of Dentist: _____

Telephone Number of Dentist: _____

For Office Use Only: Please Return Form to Health Office