

**EASTCHESTER UNION FREE SCHOOL DISTRICT**  
**580 White Plains Road**  
**Eastchester, NY 10709**  
**(914) 793-6130**

**Dental Health Certificate**

**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. Please complete Section 1 and take the form to your dentist for an assessment. If your child had a dental check-up, ask your dentist to fill out Section 2. Return the completed form to the school nurse as soon as possible. The date of the exam needs to be within 12 months of the start of the school year in which it is requested.

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

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

**Section 2. To be completed by the Dentist**

The Dental Health condition of \_\_\_\_\_ on \_\_\_\_\_ .  
*(name of student)* *(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**

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