**School Entry Dental Examination**

<table>
<thead>
<tr>
<th>1. Untreated decay in deciduous teeth</th>
<th>□ yes □ no</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Untreated decay in permanent teeth</td>
<td>□ yes □ no</td>
</tr>
</tbody>
</table>

*If yes, to 1 or 2 above, please answer a, b and c below.*

a. Decay is classified as *early childhood caries/babybottle caries* (affecting the primary maxillary anterior teeth, followed by involvement of the primary molars; mandibular incisors may not be affected) | □ yes □ no |

b. Decay is classified as rampant caries in permanent teeth | □ yes □ no |

c. Child is experiencing pain *and/or infection* | □ yes □ no |

3. Occlusion is within normal range for age | □ yes □ no |

*If no, immediate follow-up is indicated* | □ yes □ no |

4. Oral hygiene | □ optimal □ needs improvement |

5. This is child’s first dental examination | □ yes □ no |

6. All necessary dental treatment completed | □ yes □ no |

*If no, appointments are made for completing treatment* | □ yes □ no |

**COMMENTS:**

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**THE FOLLOWING TO BE COMPLETED BY EXAMINING DENTIST:**

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**Dentist’s signature** ___________________________       **Date** ___________________________

Reviewed 1/13