

How do you know if your children are ready for school? **Check their smiles.**

All Iowa children enrolling for the first time in **Kindergarten** or **9th grade** must have a dental screening. *It's required!*

Screening Rules



Kindergarten Students

- Screening must occur no earlier than age 3 and no later than 4 months after enrollment
- Screenings can be performed by: dentists, dental hygienists, physicians, registered nurses, or physician assistants

9th Grade Students

- Screening must occur no earlier than 1 year before enrollment and no later than 4 months after enrollment
- Screenings can only be performed by: dentists or dental hygienists

- Get an official Certificate of Dental Screening form from your school nurse or local I-Smile™ Coordinator.
- Make an appointment for your child to get a dental screening.
- Return the completed form to the school.

Need help getting a dental screening? Your local I-Smile™ Coordinator can assist you! Call **1-866-528-4020** for contact information or visit:

www.idph.state.ia.us/webmap/default.asp?map=ismile

You can also find forms and additional information on the dental screening requirement at: <http://www.idph.state.ia.us/ohds/OralHealth.aspx?prog=OHC&pg=Screenings>





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 decay¹ or a white spot lesion² is suspected in one or more teeth, or gum infection³ is suspected.

Requires Urgent Dental Care – obvious tooth decay¹ is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

¹ Tooth decay: A visible cavity or hole in a tooth with brown or black coloration, or a retained root.

² 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.

³ 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) _____ **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.
RETURN COMPLETED FORM TO CHILD'S SCHOOL.

Iowa Department of Public Health • Oral Health Center
515-242-6383 • 866-528-4020 • <http://idph.iowa.gov/ohds/oral-health-center>
A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.