

Kentucky law, KRS 156.160(i), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.

<p>Student Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Last First Middle </div> Birth date: ____/____/____ Gender: <input type="checkbox"/> 0 Male <input type="checkbox"/> 1 Female Parent or Guardian: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Name Relationship </div> Address: _____ City: _____ Phone Number: _____ School: _____ <div style="text-align: center;">Date of Exam/Screening ____/____/____</div> </p>		<p>Test Type (check one)</p> <p><input type="checkbox"/> Screening</p> <p><input checked="" type="checkbox"/> Exam</p> <hr/> <p>Screener's Name: <u>Dr. Jeremy L. Fairbourn, DDS</u></p> <p>Screener's Address: <u>207A Alpine Drive</u> <div style="text-align: center;"><u>Shelbyville, KY 40065</u></div> Phone Number: <u>(502) 633-3900</u> Screening Date: _____ Screener's Signature: _____</p> <p>Professional affiliation: (Please check one)</p> <p><input checked="" type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist</p> <p><input type="checkbox"/> Physician Assistant <input type="checkbox"/> Registered Nurse with training</p> <p><input type="checkbox"/> APRN <input type="checkbox"/> Physician</p>
<p>Untreated Decay: (Check one)</p> <p><input type="checkbox"/> 0 No untreated cavities</p> <p><input type="checkbox"/> 1 Untreated cavities</p>	<p>Treated Decay: (Check one)</p> <p><input type="checkbox"/> 0 No treated cavities</p> <p><input type="checkbox"/> 1 Treated cavities</p>	
<p>Pattern of Early Childhood Cavities: (Check one)</p> <p><input type="checkbox"/> 0 No Early Childhood Cavities</p> <p><input type="checkbox"/> 1 Early Childhood Cavities Present</p>	<p>Treatment Urgency: (Check one)</p> <p><input type="checkbox"/> 0 No obvious problem</p> <p><input type="checkbox"/> 1 Early dental care needed</p> <p><input type="checkbox"/> 2 Referral for Urgent Care NOTE: Comment required if marked.</p>	<p>Comments:</p>