



North Cedar Jr/Sr High School
400 Ball Street
PO Box 310
Clarence IA 52216
Phone: 563-452-3179
Fax: 563-452-3972

Mary Bendixen-Principal

September 26, 2019

Parent/Guardian of 9th grade student:

All Iowa children enrolling in 9th grade must have a dental screening. This requirement was passed by the 2007 Iowa Legislature and became effective July 1, 2008. The purpose of the dental screening requirement is to improve the oral health of Iowa's children.

Screening must occur no earlier than 1 year before 9th grade enrollment and no later than 4 months after 9th grade enrollment.

Screening can only be performed by a dentist or a dental hygienist.

If your child has already seen a dentist or dental hygienist, please have them complete the attached Certificate of Dental Screening and return to the school office.

If your child has not seen a dentist, please attempt to have him/her seen prior to the end of December 2019

If you have any further questions, please contact me at 563-452-3179. You can also visit the Iowa Department of Public Health website

Thank you,

Lee Kline, RN
School Nurse
North Cedar Community School District



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.