

**Certificate of Dental Examination**  
**Please Print**

Student's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

School \_\_\_\_\_

**This form is to completed by your dentist.**  
**Dental Examination**

Code: No Defect = 0

Defect = Note Condition

**1. Teeth**

1. Cavities \_\_\_\_\_

2. Malocclusion \_\_\_\_\_

3. Soft Tissue \_\_\_\_\_

4. Oral Hygiene \_\_\_\_\_

**2. Present Status**

- Does the patient presently have any tooth decay or other dental defects which may reduce his/her efficiency or prevent him/her from receiving the full benefit of his/her school work?
- If yes, please explain \_\_\_\_\_

**3. Recommendations: \_\_\_\_\_**

\_\_\_\_\_  
Print/Stamp Dentist's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature