

COLD SPRING HARBOR CENTRAL SCHOOL DISTRICT

DENTAL HEALTH CERTIFICATE

Student Name: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

The above named student was examined on \_\_\_\_\_. (Note: The date of the exam needs to be within 12 months of the start of the school year in which it is requested.)

The following is indicated (please check one):

Yes, the student listed above is in fit condition of dental health to permit his/her attendance in public school.

No, the student listed above is not in fit condition\* of dental health to permit his/her attendance in public school.

Dentist's Signature: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

*\*NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. According to NYS Law (Chapter 281), the designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.*