1. Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. School/Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Patient Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. ID #♦: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ♦Each child’s ID # must be unique for that event; do not use duplicate ID #’s at any one event.

5. Sex: \_\_\_\_\_\_ (0 = Male, 1 = Female) 6. Grade: \_\_\_\_\_\_ (1, 2, 3, or 6) 7. DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Age: \_\_\_\_\_\_\_\_\_

9. Race/ethnicity (Check all that apply): \_\_\_\_White \_\_\_\_Black/African American \_\_\_\_Asian \_\_\_\_Hispanic  
 \_\_\_\_American Indian/Alaska Native \_\_\_\_Native Hawaiian/Pacific Islander \_\_\_\_Other

10. Special health care needs: \_\_\_\_\_\_ (0 = No, 1 = Yes) 11. Medicaid/SCHIP status \_\_\_\_\_\_ (0=Medicaid, 1=SCHIP, 2=neither, 99=unknown)

**I. Screening – D** = decay, **F** = filled, **M** = missing, **S** = sealant present, **PS** = prescribe sealant,   
 **RS** = recommend reseal, **no mark** = no treatment recommended

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| 2  Comments: | 3 | 14 | 15 | Sealant Prescriber’s Signature    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date  Fluoride Prescriber’s Signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
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|  |  |  |  |
| 31 | 30 | 19 | 18 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 12. Untreated Cavities:  0 = No untreated cavities  1 = Untreated cavities present |  | 13. Caries Experience:  0 = No caries experience  1 = Caries experience |  | 14. Sealants Present:  0 = No sealants  1 = Sealants present | | | |  | |
| 15. Treatment Urgency:  0 = No obvious problem  1 = Early dental care  2 = Urgent care |  | 16. Referred for treatment:  0 = No  1 = Yes |  | 17. Decayed or filled teeth:  a. 1st molars b. 2nd molars | | | | | |
|  |  |  |  | |  |

**II. Preventive Services -** Mark the teeth where sealants were placed with an **S**.

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| 2  Comments: | 3 | 14 | 15 | Provider’s Signature  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 18. Number of teeth sealed among:  a. 1st molars b. 2nd molars c. other | | | | | | | 19. Fluoride treatment received:  0 = none  1 = varnish  2 = gel/foam/rinse |  |
|  |  |  |  |  |  |  |

**III. Follow-Up -** Mark teeth where sealants were retained with an **R**.

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| 2  Comments: | 3 | 14 | 15 | Evaluator’s Signature  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 1. Number of teeth   retaining a program  sealant: |  | 21. Subsequent visit for restorative treatment:  0 = No  1 = Yes  99 = Unknown, no follow-up performed by program |  |