

Mukwonago Area School District – Health Services Department
District Nurse – Park View Middle School, 930 N. Rochester, Mukwonago, WI 53149
Phone: (262)363-6292 x 27515 Fax: (262)363-6320

DENTAL HEALTH EXAMINATION REPORT

Student's Name _____ Birth Date _____ Sex _____

Parent or Guardian _____ Phone _____

Mukwonago Area School District has a health program that is designed to improve, protect, and promote the health of each child. As a part of this health program we urge you to take your child to a dentist of your choice for a dental examination and whatever treatment may be necessary. When the examination is completed, please return this form to school as it will become part of your child's school health record.

To the Dentist:

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS AND SIGN BELOW:

_____ No Dental Defects at this time.

_____ Dental Defects found but no urgent treatment needed.

_____ Dental Defects found with the following treatment needed:

SIGNATURE OF DENTIST _____ **DATE** _____

OFFICE: DISTRIBUTE TO ALL KINDERGARTENERS & NEW STUDENTS

HEALTH OFFICE: REVIEW & FILE IN HEALTH SECTION OF SCHOOL CUMMULATIVE FOLDER