

Oral health screening fields form

Sample Oral Health Screening Form for School Children

Information obtained by the screener on the day of the screening		
Screen Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	School Code: <input type="text"/> / <input type="text"/> / <input type="text"/>	Screeners Initials: <input type="text"/> <input type="text"/> <input type="text"/>
SSID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Grade*: <input type="text"/>
Untreated Decay: <input type="checkbox"/> No <input type="checkbox"/> Yes	Treated Decay: <input type="checkbox"/> No <input type="checkbox"/> Yes	Dental Sealants: <input type="checkbox"/> No <input type="checkbox"/> Yes
Treatment Urgency: <input type="checkbox"/> None <input type="checkbox"/> Early <input type="checkbox"/> Urgent		
<p>Sources to obtain demographic information:</p> <ul style="list-style-type: none"> • From the school: include the demographic information below on the screening form. • From the Department of Education: make sure to include SSID on the screening form. Use the demographic information section below as a guide for collecting the corresponding variables and their categories. • From the parent or guardian questionnaire: staple the questionnaire to the screening form. Refer to sample questionnaire on page 56. 		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> or Age (Years): <input type="text"/>	NSLP: <input type="checkbox"/> Not Eligible <input type="checkbox"/> Eligible
<p>Race and/or ethnicity (select all that apply):</p> <p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern or North African</p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander</p>		

NOTE: ASTDD recommends that you use official data from the Department of Education or schools as a primary source for demographics and the parent or guardian consent form or questionnaire secondarily.

* Grade is collected only if multiple grades are included.

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1346).

Sample Oral Health Screening Form for Head Start Children

Information obtained by the screener on the day of the screening		
Screen Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Site Code: <input type="text"/>	Screeners Initials: <input type="text"/>
Untreated Decay: <input type="checkbox"/> No <input type="checkbox"/> Yes	Treated Decay: <input type="checkbox"/> No <input type="checkbox"/> Yes	Treatment Urgency: <input type="checkbox"/> None <input type="checkbox"/> Early <input type="checkbox"/> Urgent
<p>Sources to obtain demographic information:</p> <ul style="list-style-type: none"> • From the Head Start program: include the demographic information below on the screening form. • From the parent/guardian questionnaire: staple the questionnaire to the screening form. Refer to sample questionnaire on page 56. 		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/> or Age (Years):	
<p>Race and/or ethnicity (select all that apply):</p> <p><input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern or North African</p> <p><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander</p>		

NOTE: ASTDD recommends that you use official Head Start data as a primary source for demographics and the parent or guardian consent form or questionnaire secondarily.

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1346).