

Avon Lake City Schools

Ohio School Health Record Dentist's Report-



Please note that this is the only medical form that will be accepted by Avon Lake City Schools for LEAPS registration. We will not accept medical forms from your doctor's office.

Date of Examination _____

Student's Last Name _____ First _____ Middle _____

The following services have been performed:

_____ Examination

_____ Oral Prophylaxis

_____ Diagnosis

_____ Prescription for fluoride supplements

_____ Radiographs

_____ Topical application of fluoride

The following oral hygiene instruction was provided:

_____ Tooth brushing

_____ Diet counseling reflecting relation of diet to dental health

_____ Flossing

_____ Home/School use of fluoride mouth rinse

The following statements are applicable:

_____ All necessary services have been performed

_____ No restorative services are required at this time

_____ Further treatment is indicated

_____ Further appointments have been arranged

Comments:

PLEASE PRINT OR STAMP

Dentist's Name _____

Dentist's Signature _____

Address _____

Phone (____) _____

Date Signed _____

"The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information with responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the result of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."