

Chenango Valley Central School District

221 Chenango Bridge Road, Binghamton, NY 13901
Website: www.cvcسد.stier.org



PD (Pre-K - Grade 2) Fax: 607-762-6888
CB (Grades 3-5) Fax: 607-648-8959
MS/HS (Grades 6-12) Fax: 607-762-6897

Dear Parent or Guardian:

As of September 1, 2008, New York State has mandated to expand health screenings to include the dental health of students. Health appraisals are required at school entry, Pre-K or Kindergarten, and in grades 1, 3, 5, 7, 9, and 11.

When your child's health appraisal is requested, you will receive this Dental Health Certificate to be filled out by your child's dentist to be returned to the school nurse as soon as possible. This information will then be added to your child's Cumulative Health Record along with their physical health appraisal findings.

Please have the Dentist fill out the information below and return this form to the school nurse as soon as possible. The date of the exam must be within 12 months of the start of the school year in which it is requested.

Note: If you do not have a Dentist, a list of Dental Offices is available upon request.

I have examined the dental health of _____ DOB _____

Student's Name

Please check one of the following:

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

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

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. 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.

Dentist's Signature

Dentist's Name (Print)

Dentist's Address: _____

Exam Date: _____