

SACRED HEART CATHOLIC SCHOOL

ACCREDITED BY THE WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES

Name of Pupil _____ Grade _____
Address _____ City _____ Age _____
School _____ City _____

Dear Parent:

A thorough health program has been established in the schools of the Diocese of San Diego. Its purpose is twofold; to insure adequate health protection for children at school and to discover health conditions which might be a threat to the sound health of each pupil and consequently a hindrance to his progress and maximum achievement of school work.

Essential to this program is a periodic thorough health examination of all children. Therefore, in fulfillment of Diocesan school regulations, all children in Kindergarten and grades 1, 4, 7, 11, and all new pupils will be expected to have a thorough physical and dental examination by:

(Date)

REPORT OF DENTAL EXAMINATION

To the Dentist: Please fill in the following information on _____
(Name of Pupil)

Date of last examination _____

Results: Gums _____ Brushing Technique _____

Prophylaxis needed? _____ Decay: Deciduous _____

Permanent _____

Teeth: _____

Recommendations: _____

Signature of Dentist _____ Date _____

Address _____ City _____ Zip _____