

Jericho Union Free School District

99 Cedar Swamp Road, Jericho, NY 11753

DENTAL CERTIFICATE (to be completed by NYS Dentist)

The NY State Department of Health recommends students have an annual dental exam. Please have your dentist complete the form and return it to the Health Office.

School: _____

Grade: _____

Student Name (First, Middle, Last) _____

Address (Street, Town, NY, Zip Code) _____

Date of Birth: ____/____/____

Sex: Male Female

Date of Examination: ____/____/____

Please check one: _____ No treatment is necessary

_____ Treatment is in process

_____ Treatment is complete.

Dentist Signature/Stamp

____/____/____
Date

Dental Office Address