

# SCHOOL SUMMARY REPORT: ORAL HEALTH ASSESSMENT (OHA) FORM

This form is to be completed by the School Nurse. If you have any questions or need assistance completing this form, please contact Thomas Langan with the Child Health and Disability Prevention Program at (619) 692-8624 or [thomas.langan@sdcounty.ca.gov](mailto:thomas.langan@sdcounty.ca.gov).

School Name: \_\_\_\_\_  
School District: \_\_\_\_\_  
School Year: \_\_\_\_\_ Name of Person Completing Report: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## SECTION 1: SCHOOL DATA

- 1. Total number of students enrolled in kindergarten..... \_\_\_\_\_
  - 2. Total number of students enrolled in first grade who were not previously enrolled in public school.... \_\_\_\_\_
- A) Total number of OHA Forms to be collected: Add Line 1 + Line 2 = \_\_\_\_\_

## SECTION 2: ORAL HEALTH DATA COLLECTION [Section 2 of OHA Form]

- 3. Total number of students who reported 'Yes' for Caries Experience..... \_\_\_\_\_
  - 4. Total number of students who reported 'Yes' for Visible Decay Present..... \_\_\_\_\_
  - 5. Treatment Urgency: Total number of students with No Obvious Problem Found ..... \_\_\_\_\_
  - 6. Treatment Urgency: Total number of students with Early Dental Care Recommended..... \_\_\_\_\_
  - 7. Treatment Urgency: Total number of students with Urgent Care Needed..... \_\_\_\_\_
- B) Total number of students who completed Sections 1 **and** 2 of the OHA Form = \_\_\_\_\_

## SECTION 3: WAIVER OF ORAL HEALTH ASSESSMENT [Section 3 of OHA Form]

- 8. Please report the number of students who chose to be excused for the following reasons:
    - i. Total number checked: I am unable to find a dental office that will take my child's dental insurance plan..... \_\_\_\_\_
    - ii. Total number checked: I cannot afford a dental check-up for my child..... \_\_\_\_\_
    - iii. Total number checked: I do not want my child to receive an oral health screening ..... \_\_\_\_\_
    - iv. Total number checked: Optional: Other reasons my child could not get an oral health screening..... \_\_\_\_\_
    - v. Total number submitted with no reason checked..... \_\_\_\_\_
- C) Total number of students who completed Sections 1 **and** 3 OHA Form = \_\_\_\_\_

## SECTION 4: NO ORAL HEALTH ASSESSMENT FORM TURNED IN

D) Total number of students who did not turn in their OHA Form = \_\_\_\_\_

*Please submit this form to your district nurse by June 15<sup>th</sup> of the current school year.*

**Thank You!**