

**641—51.8(82GA,ch146,SF2111) Proof of dental screening.** The applicant or, if a minor, the parent or guardian of a child enrolled in elementary school or high school shall submit a valid Iowa department of public health certificate of dental screening to the admitting official of the school district or accredited nonpublic elementary school in which the applicant wishes to enroll.

**51.8(1)** To be valid, the certificate of dental screening shall be the department certificate or a form approved in writing by the department.

*a.* The Certificate of Dental Screening form is available on the department's Web site at [http://www.idph.state.ia.us/hpcdp/oral\\_health.asp](http://www.idph.state.ia.us/hpcdp/oral_health.asp) or is available by calling the department at (866)528-4020.

*b.* Elementary school. The certificate of dental screening shall be signed by a dentist, dental hygienist, physician, physician assistant, or nurse.

*c.* High school. The certificate of dental screening shall be signed by a dentist or dental hygienist.

*d.* The certificate of dental screening shall include all information required by 51.9(82GA,ch146,SF2111).

**51.8(2)** A faxed copy, photocopy, or electronic copy of the valid certificate of dental screening is acceptable.