

**641—51.9 (135) Dental screening documentation.**

**51.9(1) *Student information.*** A person authorized to perform a dental screening required by this chapter shall record the following student information or ensure that such information is recorded on the certificate of dental screening provided or approved in writing by the department of public health in cooperation with the department of education:

1. Name (first and last);
2. Birth date;
3. Parent or guardian name;
4. Telephone numbers (home or mobile);
5. Address (street, city, and county);
6. School;
7. Grade level; and
8. Gender.

**51.9(2) *Screening information.*** A person authorized to perform a dental screening required by this chapter shall record the following screening information on the certificate of dental screening provided or approved in writing by the department of public health in cooperation with the department of education:

1. Date of dental screening;
2. Treatment needs (no obvious problems, requires dental care, requires urgent dental care);
3. Provider type;
4. Provider name, business address, and telephone number; and
5. Provider or recorder signature and credentials.

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