



Dental Examination Form

Return form by June 30, 2010 to: HPA Enrollment, 65-1692 Kohala Mountain Road, Kamuela, Hawai'i 96743 -or- Fax: 808-881-4045

INSTRUCTIONS

Dental examinations are required annually of all boarding students. The entire form must be completed by the examining dentist. Please complete all major required dental work prior to the start of school.

Note: HPA may delay class entry to a student who has not met all the health requirements by the first day of school

Student name: _____ Date of birth: _____ Grade: _____

EXAMINATION

On (date) _____, I examined the student named above. This student:

- had no dental problems at this time.
- has the following conditions that will be treated prior to attending the first day of school: _____

- has the following conditions that may require future treatment: _____

Date of last cleaning: _____

Additional notes / comments: _____

DENTIST INFORMATION

Signature of examiner: _____ Print name: _____

Address: _____

Phone: _____ Fax: _____