

**Jericho Public Schools**  
99 Cedar Swamp Road  
Jericho, NY 11753  
Health Office

**Dear Parent /Guardian,**

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.

**Dental Health Certificate**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Exam Date \_\_\_\_\_

Please check one:

\_\_\_\_\_ No treatment is necessary  
\_\_\_\_\_ Treatment is in process  
\_\_\_\_\_ Treatment is complete.

\_\_\_\_\_  
Dentist's signature/ stamp

\_\_\_\_\_  
Address