Iowa Department of Public Health
CERTIFICATE OF DENTAL SCREENING EXEMPTION

This certificate is not valid unless all fields are complete. RETURN COMPLETED FORM TO CHILD’S SCHOOL.

<table>
<thead>
<tr>
<th>Please Print:</th>
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</thead>
<tbody>
<tr>
<td>Student Last Name:</td>
<td>Student First Name:</td>
</tr>
<tr>
<td>Parent or Guardian Name:</td>
<td>Telephone (home):</td>
</tr>
<tr>
<td>Street Address:</td>
<td>City:</td>
</tr>
<tr>
<td>Name of Elementary or High School:</td>
<td>Grade Level:</td>
</tr>
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**Religious**
A religious exemption may be granted to an applicant if the dental screening conflicts with a genuine and sincere religious belief. The signature of the parent or guardian below shall attest that the dental screening conflicts with a genuine and sincere religious belief and that the belief is in fact religious, and not based merely on philosophical, scientific, moral, personal or medical opposition to dental screenings. The Certificate of Dental Screening Exemption for religious reasons is valid only when notarized.

Signature: ___________________________ Date: ___________________________

State of: ___________________________ County of: ___________________________

This instrument was acknowledged before me on: ___________________________

By: ___________________________

Date: ___________________________

Name(s) of Person(s)

Signature of Notary Public: ___________________________

Title: ___________________________

**Financial Hardship**
A financial hardship exemption may be granted to an applicant who is unduly burdened by the cost of a dental screening. The provider signature shall attest that a dental screening would cause a genuine financial burden for the applicant. The Certificate of Dental Screening Exemption for financial hardship must be signed by a dentist, dental hygienist, physician, physician assistant, or nurse.

Provider Type:
□ DDS/DMD □ RDH □ MD/DO □ PA □ RN/ARNP____________ Date: ___________________________

Provider
Name: ___________________________

Signature: ___________________________

Business Address: ___________________________

Business Phone: ___________________________

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Iowa Department of Public Health, Oral Health Center
515-242-5383 • 866-528-4020 • http://www.idph.state.ia.us/obds/OralHealth.aspx

A designee of the local board of health or Iowa Department of Public Health may review this certificate for survey purposes.

Regulation Approved 11-17-08
Regulation Revised 05-08-13