

CERTIFICATE OF DENTAL SCREENING EXEMPTION

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

Please print.

Student Last Name: _____	Student First Name: _____	Birth Date (M/D/YY): _____
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Religious Exemption

A religious exemption may be granted to an applicant (parent/guardian) 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.

Parent/Guardian Signature: _____ Date: _____
Applicant

Notary Public Use Only

State of: _____ County of: _____

This record was acknowledged before me on: _____ Date By: _____
Name(s) of Individual(s)

Signature: _____

Title: _____

Seal or Stamp

Financial Hardship Exemption

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: _____ Provider Signature: _____

Business Address: _____

Business Phone: _____

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Iowa Department of Health and Human Services • Bureau of Oral and Health Delivery Systems

1-866-528-4020 • <https://idph.iowa.gov/ohds>

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