

**Wood County Schools
Health Services**

Examination Form for Health Requirements for Grades Pre-K or K, 2nd, 7th and 12th

According to West Virginia Board of Education Policy 2423- Health Promotion and Disease Prevention, all students enrolling in Pre-K or Kindergarten and those progressing to the 2nd, 7th and 12th grades should have on file, prior to the first day of school attendance a dental exam and a comprehensive health examination/ Health Check. *Any examination form may be used, but must be signed and dated by the student's dental/ health care provider and completed within the prior 12 calendar months.*

Dental Health Care Provider Verification of Examination

Student Name _____ **Date of Birth** ___/___/___

I have provided an oral health examination in the past 12 months for the student indicated above.

Dental Health Care Provider Name _____ **Phone** _____
(Please Print)

Dental Health Care Provider Signature _____ **Date** ___/___/___

Health Care Provider Verification of Examination

Student Name _____ **Date of Birth** ___/___/___

I have provided a comprehensive health examination/ Health Check in the past 12 months for the student indicated above.

Health Care Provider Name _____ **Phone** _____
(Please Print)

Health Care Provider Signature _____ **Date** ___/___/___