

## 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.

Please print.

Student Last Name:	Student First Name:	Birth Date (M/D/YYYY):	

## **Religious Exemption**

A religious exemption may be granted to an applicant (parent/guardian) religious belief. The signature of the parent or guardian below shall attes religious belief and that the belief is in fact religious, and not based mere opposition to dental screenings. The Certificate of Dental Screening Exer	st that the dental screening conflicts with a genuine and sincere ely on philosophical, scientific, moral, personal or medical					
Parent/Guardian Signature:	Date:					
Applicant						
Notary Public Use Only						
State of:	County of:					
This record was acknowledged before me on:	By:					
Date	Name(s) of Individual(s)					
Signature:						
Title:						
	Seal or Stamp					

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:			□ MD/DO	□РА	□ RN/ARNP	Date:	
Provider Name:					Provider Signature:		
Business Address	5:						
Business Phone:							

## **RETURN COMPLETED FORM TO CHILD'S SCHOOL.**

Iowa Department of Public Health • Bureau of Oral and Health Delivery Systems 1-866-528-4020 • <u>https://idph.iowa.gov/ohds</u>

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