



SEALS Child-Level Data Collection Form

B.P.: _____

Pulse: _____

Height/Weight: _____

1. Program Name: _____ 2. Event/Site Name: _____
3. Patient Name: First _____ Last _____
4. ID #: _____ *Each child's ID # must be unique for that event; do not use duplicate ID #'s at any one event.
5. Sex: _____ (0 = Male, 1 = Female) 6. Grade: _____ (0 = Kindergarten) 7. DOB _____ 8. Age: _____
9. Race/ethnicity (Check all that apply): _____ White _____ Black/African American _____ Asian _____ Hispanic
 _____ American Indian/Alaska Native _____ Native Hawaiian/Pacific Islander _____ Other
10. Special health care needs: _____ (0 = No, 1 = Yes) 11. Medicaid/SCHIP status _____ (0=Medicaid, 1=SCHIP, 2=neither, 99=unknown)

I. Screening – **D** = decay, **F** = filled, **M** = missing, **S** = sealant present, **PS** = prescribe sealant,
RS = recommend reseat, **no mark** = no treatment recommended

1	2	3	4	5	12	13	14	15	16	Sealant Prescriber's Signature _____
										Fluoride Prescriber's Signature _____
32	31	30	29	28	21	20	19	18	17	Date _____

Comments: _____

12. Untreated Cavities: 0 = No untreated cavities 1 = Untreated cavities present	13. Caries Experience: 0 = No caries experience 1 = Caries experience	14. Sealants Present: 0 = No sealants 1 = Sealants present
15. Referred Treatment Urgency: 0 = No obvious problem 1 = Early dental care 2 = Urgent care	16. Prophylaxis: Yes / No	17. Decayed or filled teeth: a. 1 st molars _____ b. 2 nd molars _____

II. Preventive Services - Mark the teeth where sealants were placed with an **S**.

1	2	3	4	5	12	13	14	15	16	Provider's Signature _____
32	31	30	29	28	21	20	19	18	17	

Comments: _____

18. Number of teeth sealed among: a. 1 st molars _____ b. 2 nd molars _____ c. other Perm. _____ d. primary _____	19. Fluoride treatment received: 0 = none 1 = varnish
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III. Follow-Up - Mark teeth where sealants were retained with an **R**.

1	2	3	4	5	12	13	14	15	16	Evaluator's Signature _____
32	31	30	29	28	21	20	19	18	17	

Comments: _____

20. Number of teeth retaining a program sealant: _____	21. Subsequent visit for restorative treatment: 0 = No 1 = Yes 99 = Unknown, no follow-up performed by program
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Instructions for Form 336
MS Seals Data Collection Form
Revision 11/14/19

PURPOSE

MS Seals Data Collection form will be used by the partnering dental providers to document screening evaluation results and indicate details of preventive services rendered to students who participated in school-based sealant programs.

INSTRUCTIONS

The Dental provider will use this form during the school-based sealant treatment. This form has a 3-page carbon copy format. The white copy will be submitted to the MSDH Office of Oral Health Regional Oral Health Consultant and School-Based Sealant Coordinator. The pink copy will be provided to the active onsite dental provider, and the yellow copy will be provided to attending school personnel (Principal, School Nurse, Counselor, or Lead Instructor) to assist with follow up and care coordination.

If the 3-page printed document is not available, the form may be printed from the www.msdh.gov Oral Health page and 3 copies disseminated.

OFFICE MECHANICS AND FILING

This form will be kept on file in Office of Oral Health.

RETENTION

Seven (7) years.