

<b>Firstname</b>	<b>Lastname</b>	<b>HAS ID</b> _____
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<b>Date</b>	<b>O Male</b>	<b>O Female</b>	<b>DoB</b>	<b>Age (years)</b>	<b>O Not sure</b>
Event	Location		O Pre-Athlete	Sport	
Delegation			SO Program		

**Ethnicity**

African     American Indian/Eskimo     Middle Eastern     Asian/Pacific Islander     Australian Aboriginal  
 Caucasian     Hispanic/Latin American     Mix (check all that apply)     Other   

Screener's name

1.  Child refused/could not screen
2. Caries free dentition                            O Yes    O No
3. Evidence of Early Childhood Caries O Yes    O No
4. Untreated decay                                O Yes    O No
  - Primary Incisors                                 Yes
  - Primary Canines                                 Yes
  - Primary Molars                                  Yes
  - Permanent Incisors                            O Yes    O N/A
  - Permanent Molars                            O Yes    O N/A

Number of decayed teeth  
 Primary    \_\_\_\_\_  
 Permanent                                        \_\_\_\_\_
5. Filled teeth                                      O Yes    O No
  - Primary Incisors                                 Yes
  - Primary Canines                                 Yes
  - Primary Molars                                  Yes
  - Permanent Incisors                            O Yes    O N/A
  - Permanent Molars                            O Yes    O N/A

Number of filled teeth  
 Primary    \_\_\_\_\_  
 Permanent                                        \_\_\_\_\_
6. Missing primary molars (age 4-7) O Yes    O No
7. Sealant(s) (permanent molars)    O Yes    O No
8. Injury    O Yes    O No
  - Teeth    O Yes    O No
  - Soft Tissue                                      O Yes    O No
9. Gingival signs    O Yes    O No
10. Treatment urgency                            O Maintenance    O Non-urgent    O Urgent
 

Number of:  
 primary teeth                                    (nt)    \_\_\_\_\_  
 decayed primary teeth (dt)    \_\_\_\_\_  
 filled primary teeth (ft)    \_\_\_\_\_  
 dt + ft    \_\_\_\_\_
11. Exam completed    O Yes    O No
 

dft score  $\frac{(dt+ft)}{nt}$     \_\_\_\_\_