



Hawaii National Guard Youth Challenge Academy

KALAELOA CAMPUS  
 PO Box 75348, Kapolei, HI 96707-0348  
 Phone: (808) 673-7530 \*Fax (808) 673-7538<sup>36</sup>

HILO CAMPUS  
 PO Box 5210, Hilo, HI 96720  
 (808) 369-0950 \* Fax (808) 969-1504

This certificate is not valid unless all fields are complete

Information (Please print)

Last Name:		First Name:		Birthdate (MM/DD/YYYY)	
Parent or Guardian Name:			Telephone (Home or Mobile)		
Street Address:			City and State		
Name of High School currently attending:		Grade:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

Date of Dental Screening: \_\_\_\_\_

Treatment Needs (check ONE only based on screening results, prior to treatment services provided):

NO Obvious Problems - youth's hard and soft tissues appear visually healthy and there is no apparent reason for the child to be seen before the next routine dental checkup.

REQUIRES Dental Care - tooth decay or a white spot lesion is suspected in one or more teeth, or gum infection is suspected.

URGENT Dental Care - obvious tooth decay is present in one or more teeth, there is evidence of injury or severe infection, or the child is experiencing pain.

Tooth decay: visible decay cavity or hole in a tooth with brown or black coloration, or a retained root.

White spot lesion: a demineralized area of a tooth, usually appearing as a chalky, white spot or white line near the gum line. It is considered as early indicator of tooth decay, especially in primary (baby) teeth.

Gum infection: Gum (gingival) tissue is red, bleeding, or swollen.

SCREENING PROVIDER (Check ONE only):

DDS/DMD     RDH     MD/DO     PA     RN/ARNP

Provider Name: (please print) \_\_\_\_\_ Provider Business Phone: \_\_\_\_\_

Provider Business Address: \_\_\_\_\_

Signature and Credential of Provider or Recorder: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\*Recorder: An authorized provider (DDS/DMD, RDH, MD/DO, PA, RN/ARNP) may transfer information onto this form from another health document. The other health document should be attached to this form.