



**Waynesboro Area School District  
Dental Exam Form**



*Mrs. Tiffany Geesaman, Nurse*  
Waynesboro Area Sr. High School (x1241)  
Hooverville Elementary School (x1541)

*Mrs. Jennifer Rowney, Nurse*  
Waynesboro Area Middle School (x1341)  
Mowrey Elementary School (x1641)

*Mrs. Cara Barnhart, Nurse*  
Fairview Elementary School (x1441)  
Summitview Elementary School (x1841)

Dear Parent/Guardian,

The State of Pennsylvania requires each student in kindergarten, third and seventh grade to have a dental examination. **Please have this report signed by your family dentist and returned to your child's school nurse as soon as possible.**

I have examined the mouth of \_\_\_\_\_, grade \_\_\_\_\_  
on this date, \_\_\_\_\_.

- \_\_\_\_\_ No correction were necessary.
- \_\_\_\_\_ All necessary corrections have been made.
- \_\_\_\_\_ Restorations are needed and appointments have been scheduled.

\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Dentist's Name

\_\_\_\_\_  
Dentist's Address

\_\_\_\_\_  
Dentist's Phone Number

**Payments for such examinations are the responsibility of the parent.**