



# Cleary School for the Deaf

301 Smithtown Boulevard, Nesconset, New York 11767-2077 631-588-0530  
www.clearyschool.org

## DENTAL CERTIFICATE

(requested for Pre-K or Kindergarten, 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup>, 11<sup>th</sup> and new entrants)

Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Complete dental examination on: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Treatment needed: ☐yes ☐no



Recommendations/Remarks:

\_\_\_\_\_  
\_\_\_\_\_

Examiner's Name/Title: \_\_\_\_\_

Facility Name and address: \_\_\_\_\_

\_\_\_\_\_

Examiner's Signature: \_\_\_\_\_

Office Stamp:

### PLEASE RETURN TO CLEARY'S MAIN HEALTH OFFICE

Cleary School for the Deaf,  
Attn: Health Office  
301 Smithtown Blvd,  
Nesconset NY 11767

If you have any questions please contact Roseann Nitz, RN, [rnitz@clearyschool.org](mailto:rnitz@clearyschool.org),

Phone: 631-588-0530 ext. 218, Fax: 1-737-210-4796.