| | |
|---|---|
| Child's name | |
| Date of birth | |
| Sex | |

Targets: Children who were born between April 1, 2020 and March 31, 2023
Period: June 1 to December 25, 2026

# Examination Sheet for the FY2026 "Sukoyaka-chan Fluorination" R8

- Children who will turn four, five and six years old are entitled to use this sheet once during the specified period.
- Please fill in the items in the thick frame and bring the sheet to the designated medical institution on the list after making an appointment.

**●Please answer the questions about your child to receive the service.**

**1. Does your child have a family dentist?**
(1) Yes (2) No
↓
Answer the following question, if you chose (1)
(Choose all that apply):
What services has your child received at the family dentist?
a) Treatment b) Fluorine application
c) Sealant d) Checkup
e) Others ( )

**2. How often does your child eat sweets per week?**
(1) Almost everyday (2) Three or four days per week
(3) One or two days per week (4) Almost nothing

**3. How often does your child take sweet drinks per week?**
(1) Almost everyday (2) Three or four days per week
(3) One or two days per week (4) Almost nothing

**4. How often does your child brush his/her teeth after snacking?**
(1) Every time (2) Almost every time
(3) Sometimes (4) Never

**5. Does your child use fluoridated toothpaste?**
(1) Yes (2) No
(3) I don't know (4) My child doesn't use any toothpaste

**6. Does your child have any allergies?**
(1) No
(2) Yes (Specifically: )

**7.Please write down any additional information that you may have.**
( )

**8. Do you wish to have your child fluorined?**
(Answer this question after receiving an explanation about the fluorine application from the dentist)

Yes ・ No

Date: (Date and month) , 2026

Signature of the guardian Guardian's Phone number ( )

**[Results of the dental checkup]**

※使用記号は【歯科健診所見】欄参照
※欠損・未萌出は空欄
※（ ―― ）の記号は使用しない

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Adult tooth | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 |
| Baby tooth | E | D | C | B | A | A | B | C | D | E | | |
| Right / Left | | | | | | | | | | | | |
| | E | D | C | B | A | A | B | C | D | E | | |
| | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 |

**☆Results of the dental checkup and instructions**
**(Choose all that apply)**

1. No abnormalities detected.
2. There is/are a tooth/teeth requiring regular careful observation (CO).
3. There is/are untreated cavity / cavities (C).
4. A baby tooth / teeth remain(s) where a new adult tooth / teeth is/are erupting (×).
5. Take care about teeth alignment and occulusion.
6. Carefully brush the parts where brushing is difficult (ex. parts between teeth, and borders between teeth and gums).
7. Don't eat too many snacks.
8. Others ( )

| **[Findings of the dental checkup]** | Baby tooth | Adult tooth |
|---|---|---|
| Healthy teeth ( / ) | | |
| Teeth requiring careful observation (CO) | | |
| Untreated cavity (C) | | |
| Treated cavity (○) | | |
| Lost teeth by decay (△) | | |
| Baby teeth with succeeding adult teeth erupting (×) | | |
| Oral prophylaxis status | Good / Normal / Bad | |
| Other notes | ..... | |

**Status of the fluorine application**
1. The application was performed.
2. The application wasn't performed.

**Responsible medical clinic**
Name:
Address:
Tel:
Dentist name: