

JOB CORPS ORAL EXAMINATION RECORD INSTRUCTIONS

Purpose. The purpose of this form is to provide Job Corps with a record of the student’s oral health status and treatment needs at the time of the oral examination.

Note: Record oral-health services rendered and treatment details chronologically on the SF 600 (Chronological Record). File the form(s) in the oral-health section of the Student Health Record.

Originator. This form is completed by the center dentist. In the case of off-center oral-health care, the form is provided by the center Health and Wellness staff to the off-center dentist for completion and returned to the center Health and Wellness staff.

Frequency. This form is completed anytime the student receives a complete oral examination.

Location of Form. This form is maintained as part of the student’s health record.

General Instructions. The dentist performing the oral examination will complete the form and use the standard Job Corps dental abbreviations. Center dentist signature and date of the examination is required.

Detailed Instructions.

- A. Examination Type:** Check appropriate oral examination type.
- B. Priority Classification:** Circle the overall priority classification after the completion of the oral examination. Priority 1 represents the most severe conditions and is the highest priority classification. The student may have conditions that fall into multiple priority classifications. In that case, the highest priority classification shall be assigned.

Priority 1	<ul style="list-style-type: none"> ▪ Acute oral or craniofacial pain or infection ▪ Moderate-intolerable oral pain ▪ Chronic, asymptomatic, irreversible pulpitis in salvageable and nonsalvageable teeth ▪ Traumatic injury as with avulsed or damaged tooth or jaw ▪ Oral infection or condition that, if left untreated, will probably become acute and lead to disability or harm to the student in the near future ▪ Laceration of the upper and lower lip ▪ Undiagnosed or suspect significant oral/pathological condition ▪ Intraoral or extraoral swelling ▪ Oral condition (such as lack of all teeth or missing upper anterior teeth) that (1) presents a major psychosocial or physical barrier to the student’s well-being; (2) helps the student, if given corrective treatment, adapt to Job Corps and increase employability; (3) compromises oral function; and (4) compromises general health
Priority 2	<ul style="list-style-type: none"> ▪ One or more medium to large carious lesions ▪ Symptomatic, self-limiting oral lesions ▪ Periodontal disease more severe than gingivitis ▪ Asymptomatic, fractured teeth ▪ Mild-bearable oral pain ▪ Teeth with missing restorations

Priority 3	<ul style="list-style-type: none"> ▪ Last oral prophylaxis was received more than 1 year prior ▪ Gingivitis ▪ Small carious lesions presenting no imminent threat to the pulp ▪ Teeth containing sedative, temporary, or intermediate restorations ▪ Salvageable teeth on which pulpotomies or pulpectomies were performed
Priority 4	<ul style="list-style-type: none"> ▪ Missing teeth that are not likely to produce psychological, oral functional, or employability barriers as indicated under P1 ▪ Intact temporary crowns on non-carious teeth ▪ Posterior teeth on which endodontic therapy was completed but do not have permanent coronal coverage ▪ Last oral prophylaxis was received within 1 year ▪ All restorations and dental prosthetics in good condition ▪ Lack of clinically visible carious lesions or of radiographic evidence of lesions ▪ Good periodontal/ gingival health ▪ Full dentition

C. Number of X-rays Read: Insert the number of x-rays read. If an x-ray other than a periapical or bitewing was taken, insert the number in the “other” category and describe the type of x-ray.

D. Missing Teeth and Existing Restorations: Draw an “X” through missing teeth. Draw the existing restorations on the teeth. For endodontically treated teeth, draw a vertical line on the root(s) of the treated teeth. For crowns, shade the coronal part of the tooth. Show bridges with a horizontal line connecting crowns. Under remarks, add brief details that are not shown graphically on the tooth chart.

E. Diseases and Abnormalities: Draw a single diagonal line through the tooth to be extracted. Draw a circle around impacted teeth. Color in the surfaces that need to be restored due to caries, defective restorations, etc. Draw in supernumerary teeth. Change the tooth number to the letter of a deciduous tooth. Draw a circle at the apex of any teeth with radiolucencies. You may note the priority classification associated with the tooth above or below the tooth as space permits. Make additional notations under remarks if applicable.

F. Plaque/Calculus: Check the category that most accurately describes the amount of plaque and/or calculus.

G. Perio Assessment: Check the American Dental Association periodontal classification as described below.

- *No Gingivitis or Periodontitis:* Absence of findings.
- *Gingivitis:* No attachment loss; bleeding may or may not be present; pseudopockets may be present; only the gingival tissues have been affected by the inflammatory process; radiographs show no evidence of bone loss.
- *Early Periodontitis:* Bleeding upon probing may be present in the active phase; pocket depths or attachment loss of 3 to 4 mm; localized areas of recession; possible furcation invasion areas; radiographs may show a horizontal type of bone loss.

- *Moderate Periodontitis:* Pocket depths or attachment loss of 4 to 6 mm; bleeding upon probing; furcation invasion area(s); tooth mobility; radiographs may show horizontal or vertical bone loss.
- *Advanced Periodontitis:* Bleeding upon probing; pocket depths or attachment loss over 6 mm; furcation invasion area(s); tooth mobility; radiographs may show horizontal and vertical bone loss.

H. Caries-Risk Level: Enter the results of your caries risk assessment by checking the student's future risk of developing caries.

I. Soft-Tissue Findings: Note soft-tissue findings on the appropriate diagram or check the box "None."

J. Other: Make any additional notations needed, if applicable. It may include occlusal classification, temporomandibular joint abnormalities, etc.

K. Treatment Plan: Provide a brief treatment plan.