# Dental Readiness Inspection Checklist

**Purpose:** This checklist contains step-by-step activities of a dental readiness inspection. It can be used by the center dentist or authorized designee (e.g., dental assistant, dental hygienist, nurse).

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| Job Corps Health History Form |
|  | Review the Oral Health Section. |
|  | Address affirmative answers on questions 15 - 17 per center SOP. |
| Explanation of Inspection |
|  | Explain to the student that the purpose of the Dental Readiness Inspection is to identify noticeable problems with their mouth or teeth. |
|  | Explain how oral health can impact their future employment.  |
|  | Explain the limitations of the dental readiness inspections (does not involve diagnosis or treatment) versus the benefit of the oral examination (diagnosis and the opportunity to make a subsequent appointment for treatment by the center dentist). Let the student know that no oral health care treatment is performed without an oral examination beforehand.  |
|  | Explain that only the dentist diagnoses and treats oral conditions; however, other wellness personnel can manage some symptoms until they are diagnosed by the dentist. |
| Inspection |
|  | Ensure a good light source is used. |
|  | Retract the cheek and tongue using a tongue depressor.  |
|  | Check for: holes in the teeth, swelling in the mouth or jaw, sores, and bleeding in the mouth  |
|  | Show the student a pain assessment chart and note if the student reports moderate to severe pain. |
|  | Circle the appropriate signs and symptoms on the Job Corps Physical Examination Form, Section 14 if the student has any of the findings noted above. If there is another condition that is not mentioned, describe it next to “other.” Circle the affected quadrant: upper right, upper left, lower left, or lower right. In the absence of findings, circle “No obvious serious oral health issues.” |
| Follow-up |
|  | Follow Health Care Guidelines for Oral Bleeding, Oral Infection, and Oral Pain (moderate-to-severe) as warranted.  |
|  | Advise the student to follow-up with a visit to the dentist to diagnose the condition causing the signs or symptoms. If student agrees, complete Section 38 (“Referrals”) on the Physical Examination Form, to make a referral to the center dentist.  |
|  | Give each student the Oral Health Fact Sheet for Job Corps Students (or center’s own fact sheet) that can be downloaded from the Job Corps Health and Wellness website.  |
|  | Give the student an Elective Oral Examination Consent/Refusal Form (or center’s own form) that can be downloaded from the Job Corps Health and Wellness website. Advise students who refuse the oral examination that they can reverse their decision by signing a new Elective Oral Examination Consent/Refusal Form indicating that they want the oral examination.  |
|  | Follow the appointment scheduling protocol.  |
|  | File the Elective Oral Examination Consent/Refusal Form in the Oral Health section of the Student Health Record. |