



**DENTAL EXAMINATION (Required for all Dental Assisting applicants.)**

\_\_\_\_\_ has applied for admission into the KDM Dental College International Inc. Dental Assisting Program. During the clinical courses, specific dental services can be provided by peers once they have demonstrated competency at the pre-clinical level on mannequins. These procedures include probing, topical fluoride application, desensitizing, pit and fissure sealants, selective coronal polishing, dental dam application/removal and preliminary impressions.

We understand that this individual is a patient in your dental practice. Please complete this form to assist with program admission. Thank you for your cooperation.

The following procedures are practiced on peers during the program. Please indicate if these procedures can safely be performed on this student and if there are certain areas or teeth which are inappropriate or ideal.

Procedure	Yes	No	Location to be avoided, if any
Dental Dam			
Preliminary impression and wax bite registration			
Selective Coronal Polishing			
Topical Fluoride Application			
Pit and Fissure Sealants			
Desensitization			
Probing			

2. Date of most recent dental examination: \_\_\_\_\_

Comments: \_\_\_\_\_

3. Requires premedication as a preventive procedure for a heart murmur or other condition \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give the name of procedures requiring pre-medication, reasons, drug name, dosage and duration:

\_\_\_\_\_

\_\_\_\_\_



**Dental Examination (continued)**

4. Date of most recent scaling: \_\_\_\_\_

Is further scaling required prior to this student being a clinic patient? \_\_\_\_\_

Does the student have significant periodontal disease? \_\_\_\_\_

5. I certify that this information is true and correct to the best of my knowledge and that the student is in good oral health. I understand the procedures indicated by Yes will be performed by KDM Dental College by peers during the Dental Assisting Program.

Dentist's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

6. I authorize KDM Dental College International Inc. to collect information from my dentist for the purpose of admission to and participation in the Dental Assisting Program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Personal information contained in this Application Package is collected and will be used only for the administration of the Dental Assisting Program.



**Immunization Verification**  
**(Required for all Dental Assisting Applicants.)**

\_\_\_\_\_

Student Name (print)                      Student Signature                      Date Form Completed

Healthcare Provider Signature: \_\_\_\_\_

Contact Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Immunization Completed</b>	<b>Immunization</b>	<b>Immunization Required</b>	<b>Scheduled for dd/mm/yy</b>
<input type="checkbox"/>	Hepatitis B * see attached documentation from ADA&C	<input type="checkbox"/>	
<input type="checkbox"/>	Rubella (German Measles)	<input type="checkbox"/>	

**Additional Comments:**

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

Thank you for completing this form.



**Alberta Dental Association and College Infection Prevention and Control Standards**

<i>Section</i>	<i>Subject</i>	<i>Page</i>
<i>PERSONNEL HEALTH</i>	<i>Immunizations</i>	<i>1 of 1</i>

Immunizations substantially reduce both the number of DHCP susceptible to infectious diseases and the potential for disease transmission to other DHCP and patients.

All DHCP should be adequately immunized against:

- Hepatitis B;
- Measles;
- Mumps;
- Rubella; (mandated under Public Health Act)
- Varicella;
- Influenza; and
- Diphtheria, tetanus.

Updates to the immunization recommendations for Health Care Workers may be accessed on the ADA+C website.



<b>Alberta Dental Association and College Infection Prevention and Control Standards</b>		
<i>Section</i>	<i>Subject</i>	<i>Page</i>
PERSONNEL HEALTH	Hepatitis B Vaccination	1 of 1

DHCP are at an increased risk of acquiring hepatitis B in an occupational setting. Therefore, all DHCP must be assessed regarding their immunity to hepatitis B, and be provided hepatitis B immunization by their employer, if required.

Assessing for immunity to hepatitis B is done by testing DHCP for the presence of adequate amounts of hepatitis B surface antibody at least 1-2 months following completion of the 3-dose vaccination series. Serologic testing should produce antibody levels of anti-HBs  $\geq 10$  mIU/mL.

DHCP who do not develop an adequate antibody response (i.e., anti-HBs  $< 10$  mIU/mL) to the primary vaccine series should complete a second 3-dose vaccine series or be evaluated to determine if they are HBsAg-positive. Re-vaccinated persons should be re-tested for anti-HBs at the completion of the second vaccine series.

If an inadequate antibody response occurs following the second series of immunizations, testing for HBsAg should be performed. DHCP who prove to be HBsAg-positive or HBeAg-positive must report to their appropriate licensing authority and should be counselled regarding how to prevent HBV transmission to others and regarding the need for medical evaluation.

Non-responders to vaccination who are HBsAg-negative should be considered susceptible to HBV infection and should be counselled regarding precautions to prevent HBV infection and the need to obtain hepatitis B immunoglobulin (HBIG) prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood.

The hepatitis B vaccine is very effective. Long-term data suggests that once adequate levels of anti-HBs antibodies are produced, the effect is essentially life-long. Thus, boosters of hepatitis B vaccine are generally not required.