





1. 3	chool ID		
Sec	tion 1: Participants Details		
2. P	articipant ID 3. Initials 4. Date of Birth		
5. G	iender Male Female	, iii	-
6. D	ate of Eligibility Assessment		VI N
7. D	oes the child meet the inclusion criteria?	Yes	No
a.	Is the child in Year 2, (aged 6-7 years), attending a school participating in the current Cardiff & Vale UHB Designed to Smile Programme?		
b.	Has the person with parental responsibility provided written informed consent for the child		
8. D	oes the child meet any of the exclusion criteria?		
а.	Does the child have a medical history that precludes inclusion (i.e. those with a history of hospitalisation for asthma, or severe allergies, or allergy to Elastoplast)?		
b.	Does the child have any known sensitivity to colophony (kolophonium), or any of the product ingredients (e.g. methylacrylate in PFS)?		
c.	Is the child currently participating in another clinical trial involving an investigational medicinal product?		
d.	Does the child have ulcerative gingívitis or stomatitis ?		
e.	Does the child have any facial or oral infections e.g. cold sores ?		
f.	Does the child have any abnormality of the lips, face or soft tissues of the mouth that would cause discomfort in the provision of PFS/FV ?		
g.	Does the child show obvious signs of systemic illness (e.g. colds, 'flu, chicken pox etc) ?		
T	he child must meet ALL of the inclusion criteria and NONE of the exclusion criteria to be recrui	ited int	o the st
	the child eligible Yes -> The first permanent molar eligibility (Page 2) should now be c	omplet	







First Permanent Molar Eligibility

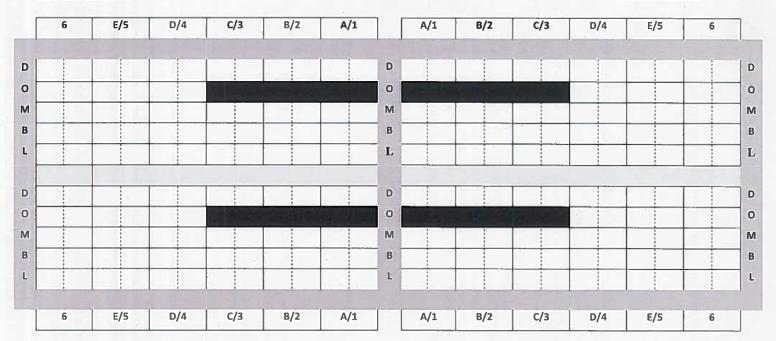
UPPER RIGHT	UPPER LEFT								
Yes No	Yes No								
10. Suitable for sealant or varnish	11. Suitable for sealant or varnish								
If not suitable state reason (tick one)	If not suitable state reason (tick one)								
a. Tooth unerupted	a. Tooth unerupted								
b. Exclude tooth due to caries into dentine	b. Exclude tooth due to caries into dentine								
c. Exclude tooth due to extraction	c. Exclude tooth due to extraction								
d. Exclude tooth due to filling	d. Exclude tooth due to filling								
e. Exclude tooth due to sealant	e. Exclude tooth due to sealant								
f. Exclude tooth due to hypoplasia	f. Exclude tooth due to hypoplasia								
Yes No	Yes No								
12. Suitable for sealant or varnish	13. Suitable for sealant or varnish								
If not suitable state reason (tick one)	If not suitable state reason (tick one)								
a. Tooth unerupted	a. Tooth unerupted								
b. Exclude tooth due to caries into dentine	b. Exclude tooth due to caries into dentine								
c. Exclude tooth due to extraction	c. Exclude tooth due to extraction								
d. Exclude tooth due to filling	d. Exclude tooth due to filling								
e. Exclude tooth due to sealant	e. Exclude tooth due to sealant								
f. Exclude tooth due to hypoplasia	f. Exclude tooth due to hypoplasia								
LOWER RIGHT	LOWER LEFT								
14. Is the Child eligible for Seal or Varnish study (at least one tooth suitable)?									
14, is the Child engine for Sear or Varnish Study (at least one tooth suitable)?								
YES -> the ICDAS Caries Assessment chart (Page 3) should now be completed									
NO> (the child may still participate in the fissure sealant programme if eligible and parent h consented for this)									







UPPER RIGHT UPPER LEFT



LOWER RIGHT	LOWER LEFT
Corrections :	
(Please number all corrections)	

Now complete the Hypoplasia record (Page 4) for the first permanent molars only

F00 SoV Eligibility Form Version 2.3

05/09/2011







First Permanent Molar Hypoplasia Record

UPPER RIGHT	UPPE	RLEFT						
15.Hypoplasia status (tick one) no hypoplasia demarked opacity post eruptive breakdown (excluded) tooth missing/unerupted	demarked opacity							
17.Hypoplasia status (tick one) no hypoplasia demarked opacity post eruptive breakdown (excluded) tooth missing/unerupted	demarked opacity post eruptive breakdown (excluded)							
LOWER RIGHT	LOWER	RLEFT						
19. Date form completed 20. Completed by (please sign) 21. Examining Dentist Initials								
For SEWTU use only Received: Received by: Entered into database:								
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