

## F1S: SoV Sealant Baseline Treatment Record Form

This form should be completed by the Dental Hygienist at the baseline treatment visit

1. School ID

### Section 1: Participants Details

2. Participant ID  3. Initials  4. Date of Birth

5. Gender  Male  Female

6. Date of Treatment

| UPPER RIGHT  | UPPER LEFT   |
|--|--|
| 7. Is this tooth in the trial? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 10. Is this tooth in the trial? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. If yes, was a sealant placed? <input type="checkbox"/> <input type="checkbox"/>       | 11. If yes, was a sealant placed? <input type="checkbox"/> <input type="checkbox"/>      |
| 8a. Sealant bottle number .....  | 11a. Sealant bottle number .....   |
| 8b. Sealant expiry date: .....   | 12b. Sealant expiry date: .....  |
| 9. If no sealant placed state reason (tick one)  | 12. If no sealant placed state reason (tick one)   |
| Tooth unerupted / partially erupted <input type="checkbox"/>                             | Tooth unerupted / partially erupted <input type="checkbox"/>                             |
| Tooth extracted <input type="checkbox"/>   | Tooth extracted <input type="checkbox"/>   |
| Refused <input type="checkbox"/>   | Refused <input type="checkbox"/>   |
| Other reason (please state) <input type="checkbox"/>                                     | Other reason (please state) <input type="checkbox"/>                                     |
| 9a.....  | 12a.....   |
| 13. Is this tooth in the trial? <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Is this tooth in the trial? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. If yes, was a sealant placed? <input type="checkbox"/> <input type="checkbox"/>      | 17. If yes, was a sealant placed? <input type="checkbox"/> <input type="checkbox"/>      |
| 14a. Sealant bottle number .....   | 17a. Sealant bottle number .....   |
| 14b. Sealant expiry date: .....  | 17b. Sealant expiry date: .....  |
| 15. If no sealant placed state reason (tick one)   | 18. If no sealant placed state reason (tick one)   |
| Tooth unerupted / partially erupted <input type="checkbox"/>                             | Tooth unerupted / partially erupted <input type="checkbox"/>                             |
| Tooth extracted <input type="checkbox"/>   | Tooth extracted <input type="checkbox"/>   |
| Refused <input type="checkbox"/>   | Refused <input type="checkbox"/>   |
| Other reason (please state) <input type="checkbox"/>                                     | Other reason (please state) <input type="checkbox"/>                                     |
| 15a.....   | 18a.....   |
| <b>LOWER RIGHT</b>   | <b>LOWER LEFT</b>  |

19. Date form completed

20. Completed by   
(please sign)

21. Treating Hygienist Initials

### For SEWTU use only

Received:  Received by:  Entered into database:

Entered by: