

# Cynllun Gwên Designed to smile

## Seal or Varnish Medical History Update Form

Dear Parent/Guardian,

You have previously agreed for your child to take part in the Seal or Varnish study, which is evaluating two different ways of protecting children's teeth from tooth decay.

In order for the dental team to make sure your child is still suitable to take part in the study, we need you to let us know if there has been any significant change in your child's health in the last year.

If the answer is **YES** to any of the questions on the form, please complete the form and return it to the study team in the enclosed envelope.

If there has been **no change** to your child's health in the last year you **DO NOT** need to return the form.



(To be completed by person with parental responsibility)

**Call 02920 687624  
for more information**

Child's Full Name: .....

Child's Date of Birth: ...../...../.....  
Day Month Year

Does your child have any allergies? Yes  No

If yes what is he/she allergic to?  
.....  
.....

Has your child ever admitted to hospital overnight (i.e. to a bed in a ward) due to:

Allergies? Yes  No

Asthma? Yes  No

Is your child currently taking part in another clinical trial? Yes  No

If yes, please give details:  
.....  
.....

Name of person with parental responsibility: .....

Signature of person with parental responsibility: .....

Date: ...../...../.....  
Day Month Year

**For Community Dental Service use only:**

Received by SEWTU:         Received by (initials):

Entered into database:         Entered by (initials):

SID:

PID: