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| **平成２９年度 宮城県健康な口腔とよい歯の学校表彰調査票【高等学校用】** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 都道府県（指定都市名） | | | | | | フリガナ | | | | |  | | | | | | | | | | | | | | 学校所在地 | | | | | |  | | | | | | | | | |
| **宮　城　県** | | | | | | 学校名 | | | | |  | | | | | | | | | | | | | | 〒 | | | | | | | | | | | | | | | |
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| 電話 | |  | | | | | | | | FAX | |  | | | |
| 学級数 | |  | | | | | | | 学級 | | | | 学校長名 | | | | | | | | | | | | 在籍年数 | | | | 養護教諭名 | | | | | | | | | | | 在籍年数 |
| （内、特別支援教育学級数　　　学級) | | | | | | | | | | | | |  | | | | | | | | | | 印 | | 年 | | | |  | | | | | | | | | 印 | | 年 |
| 在籍生徒数 | | | |  | | | | | | 名 | | | 保健主事名 | | | | | | | | | | | | 在籍年数 | | | | 学校歯科医名 | | | | | | | | | | | 在籍年数 |
| 在籍教員数 | | | |  | | | | | | 名 | | |  | | | | | | | | | | 印 | | 年 | | | |  | | | | | | | | | 印 | | 年 |
| **１．本校の学校保健の概要（今年度の概要について記入）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （１）本校の教育目標 | | | | | | | | | | | | | | | | | | | | | （２）学校保健全般の位置付け | | | | | | | | | | | | | | | | | | | |
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| （３）本校の学校保健活動の概要（前年度学校保健委員会：　　回） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保　健　教　育 | | | | | | | | | | | | | | | | 保　健　管　理 | | | | | | | | | | | | | | | | | 組　織　活　動 | | | | | | | |
| 活動内容 | | | | | | | | | | | | | | | | 活動内容 | | | | | | | | | | | | | | | | | 活動内容 | | | | | | | |
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| 成果と課題 | | | | | | | | | | | | | | | | 成果と課題 | | | | | | | | | | | | | | | | | 成果と課題 | | | | | | | |
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| （４）本校の現在までの学校保健関連の主な受賞歴 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **２．本校の学校歯科保健の概要（前年度の実績を記入）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （１）本校の学校歯科保健の目標 | | | | | | | | | | | | | | | | | | | | | （２）学校歯科保健全般の活動内容とその成果・課題 | | | | | | | | | | | | | | | | | | | |
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|  | | | （３）学年別歯科保健活動の状況 | | | | | | | | | | | | | | | | | | | | | | | | | （４）その他の特徴的な活動  （総合的な学習の時間を含む） | | | | | | | | | | | | |
| １学年 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| ２学年 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| ３学年 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| ４学年 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 特別支援  学級 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| （５）生徒会での歯科保健活動の状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **（一社）宮城県歯科医師会** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **３．歯科保健状況（今年度定期学校歯科健康診断結果）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （１）学年別歯科保健の状況（**永久歯について記入**） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学年  項目 | | | | | | | | | | | | １年生 | | | | | ２年生 | | | ３年生 | | | | | | 合　計 | | | | | |  | | | | | | | | |
| ア | 被検者数 | | | | | | | | | | |  | | | | |  | | |  | | | | | |  | | | | | |
| イ | 未処置のむし歯のある者の数 | | | | | | | | | | |  | | | | |  | | |  | | | | | |  | | | | | |
| ウ | 処置完了者数 | | | | | | | | | | |  | | | | |  | | |  | | | | | |  | | | | | |
| エ | むし歯経験者数  （イ＋ウ） | | | | | | | | | | |  | | | | |  | | |  | | | | | |  | | | | | |
| オ | むし歯のない者の数  （ア－エ） | | | | | | | | | | |  | | | | |  | | |  | | | | | |  | | | | | |
| カ | むし歯のない者の率**（％）**  （オ÷ア×100） | | | | | | | | | | |  | | | | |  | | |  | | | | | |  | | | | | |
| キ | ＣＯを有する者の人数 | | | | | | | | | | |  | | | | |  | | |  | | | | | |  | | | | | |
| ク | ＧＯと判定された者の人数 | | | | | | | | | | |  | | | | |  | | |  | | | | | |  | | | | | |
| ケ | Ｇと判定された者の人数 | | | | | | | | | | |  | | | | |  | | |  | | | | | |  | | | | | |
| （２）**現２年生**の今年度ならびに前年度（平成２８年度）の**永久歯**むし歯等の状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 項目  年度 | | | | | 被検者数  ａ | | | 未処置の  むし歯(Ｃ)数  b | | | | | | 処置歯  (○)数  ｃ | | | | むし歯総数  （ＤＦ）  （ｂ＋ｃ=ｄ） | 一人当たり  ＤＦ歯数  （ｄ÷ａ） | | | | | ＣＯを  有する者  の人数 | | | | | | ＧＯと判定  された者  の人数 | | | | Ｇと判定  された者  の人数 | | 歯列・咬合が  「1」もしくは「2」  と判定された  者の合計人数 | | | 顎関節が  「1」もしくは「2」  と判定された  者の合計人数 | |
| 前年度 | | | | |  | | |  | | | | | |  | | | |  |  | | | | |  | | | | | |  | | | |  | |  | | |  | |
| 今年度 | | | | |  | | |  | | | | | |  | | | |  |  | | | | |  | | | | | |  | | | |  | |  | | |  | |
| **４．個別的な歯科保健活動の概要（前年度の概要を記入、該当者がいない場合は対応の方針を記入すること）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （１）ＣＯを有する者やＧＯと判定された者への対応（延べ指導回数　　　回：延べ人数　　　名） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 養護教諭による健康相談活動や個別指導等 | | | | | | | | | | | | | | | | | | | | | | 学校歯科医による健康相談や個別指導 | | | | | | | | | | | | | | | | | | |
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| （２）歯列・咬合、顎関節、歯垢の付着状態や歯肉の状態が「１」もしくは「２」と判定された者やその他の歯疾患をもつ者への対応（延べ指導回数　　回：延べ人数　　　名） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 養護教諭による健康相談活動や個別指導等 | | | | | | | | | | | | | | | | | | | | | | 学校歯科医による健康相談や個別指導 | | | | | | | | | | | | | | | | | | |
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| （３）健康相談等の状況（延べ指導回数　　　回：延べ人数　　　名） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 養護教諭による健康相談活動や個別指導等 | | | | | | | | | | | | | | | | | | | | | | 学校歯科医による健康相談や個別指導 | | | | | | | | | | | | | | | | | | |
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| **５．学校歯科保健の組織活動（家庭や地域との連携など）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **６．教員の学校歯科保健に関する研修への参加状況　　有り（　　　　回）・無** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 校内研修のテーマと内容： | | | | | | | | | | | | | | | | | | | | | | 校外研修のテーマと内容、参加者： | | | | | | | | | | | | | | | | | | |
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| **７．学校歯科医の活動状況** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （１）前年度の執務状況 | | | | | | | | | | | | | | | （２）特記すべき学校歯科医の活動 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 歯・口腔の健康診断 | | | | | | | 回 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 健康相談・歯科保健指導 | | | | | | | 回 | | | | | | | |
| 学校保健委員会への出席 | | | | | | | 回 | | | | | | | |
| 学校行事への参加 | | | | | | | 回 | | | | | | | |
| その他 | | | | | | | 回 | | | | | | | |
| **８．本校の学校歯科保健活動で特記すべき事項** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **（一社）宮城県歯科医師会** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |