

NATIONAL SCIENCE FOUNDATION
POLAR DENTAL EXAMINATION

NAME:	DATE OF BIRTH:	AGE:
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DAY TELEPHONE#:	EMAIL ADDRESS:
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YEAR OF PREVIOUS DEPLOYMENT:	CURRENT DEPLOYMENT DATES: FROM	TO
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AFFILIATION:

NSF
 S-Event or Group # _____
 RPSC
 VECO
 Other _____

ANTARCTIC DEPLOYMENT STATION:

McMurdo
 South Pole
 Palmer
 Field Camp _____
 RVIB NB Palmer
 RVIB LM Gould

ARCTIC DEPLOYMENT STATION:

Summit
 Alaska
 Thule
 Other : _____

Chart existing restorations, missing teeth and endodontically treated teeth only:

PERIODONTAL EVALUATION

PROBINGS > 5 mm YES NO
 ACTIVE DISEASE NOTED YES NO

THIRD MOLAR EVALUATION

3rd MOLARS PRESENT YES NO
 POTENTIALLY SYMPTOMATIC YES NO

ALLERGIES:

Documentation of all treatment identified and rendered and original radiographs must accompany this form.

DATES	DIAGNOSES and TREATMENTS

Attach the following **ORIGINALS** to this exam:

PANO OR FULL MOUTH SERIES
 (Required first deployment and every 5 years after)

*Date of last Pano or Full Mouth Series: _____

BITEWING X-RAYS, SET OF 4 MOUNTED
 SHOWING ALL POSTERIOR TEETH
 (Required annually – within six months of deployment)

I have thoroughly examined this candidate for travel to the Polar Regions. All necessary treatment has been performed; all evaluations completed; and the appropriate diagnostic radiographs will accompany this completed form as requested by the "Dear Dentist" letter.

_____ DENTIST'S NAME (PRINT)	_____ DENTIST'S SIGNATURE DATE
_____ TELEPHONE NUMBER (include area code)	_____ ADDRESS
_____ ATTENTION EXAMINING DENTIST: Please forward completed form, all documentation of treatment and all ORIGINAL X-rays to:	_____ CITY STATE ZIP

NATIONAL SCIENCE FOUNDATION
ATTN: NSF Medical Director
4201 Wilson Boulevard, Ste 265-S
Arlington, VA 22230
703-292-8124 Fax: 703-292-9001

MEDICAL STAFF USE ONLY:			
PQ	<input type="checkbox"/>	WINTER REVIEW	<input type="checkbox"/>
NPQ	<input type="checkbox"/>		