

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:	CITY	STATE
Please forward completed form, all documentation of treatment and all ORIGINAL X-rays to:	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"/>		