

NATIONAL SCIENCE FOUNDATION
POLAR DENTAL EXAMINATION

NAME: _____ DATE OF BIRTH: _____ AGE: _____

DAY TELEPHONE#: _____ EMAIL ADDRESS: _____

YEAR OF PREVIOUS DEPLOYMENT: _____ CURRENT DEPLOYMENT DATES: FROM _____ TO _____

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

CITY

STATE

ZIP

ATTENTION EXAMINING DENTIST:
 Please forward completed form, all documentation of treatment and all **ORIGINAL X-rays** to:
RAYTHEON POLAR SERVICES COMPANY
ATTN: Medical
7400 S. Tuscon Way
Centennial, CO 80112-3839
1-800-688-8606 ext 32287

MEDICAL STAFF USE ONLY:

PQ WINTER REVIEW

NPQ