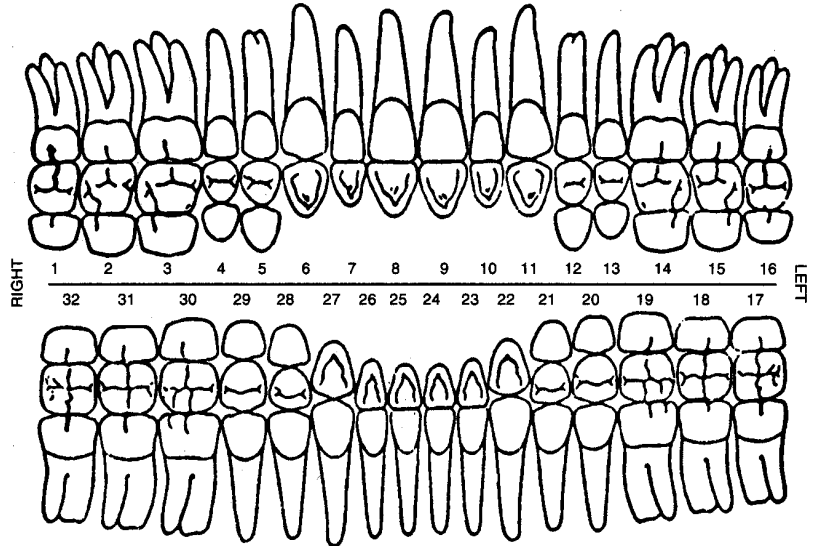


**A. Chart existing restorations, missing teeth, and endodontically treated teeth:**

Check here if no existing restorations, missing teeth or endodontically treated teeth

OR

Comment on findings:



**II. Periodontal Evaluation**

**A. Chart periodontal probings, gingival recession, and mobility**

Buccal Pocket Depth																
Lingual Pocket Depth																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Buccal Recession																
Lingual Recession																
Lingual Recession																
Buccal Recession																
Lingual Pocket Depth																
Buccal Pocket Depth																
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Calculus Deposits:  Light  Moderate  Heavy

**B. Identify by number all teeth with:**

- Areas of bleeding upon probing       None       Affected teeth: \_\_\_\_\_
- Areas of suppuration       None       Affected teeth: \_\_\_\_\_
- Furcation involvement       None       Affected teeth: \_\_\_\_\_
- Insufficient attached gingiva       None       Affected teeth: \_\_\_\_\_

**C. Periodontal Classification:**

- No Disease       Class I: Gingivitis       Class II: Early Periodontitis
- Class III: Moderate Periodontitis       Class IV: Advanced Periodontitis

**D. Recommended periodontal therapy:**

---

**III. Third Molar Evaluation**

- Third molars present and asymptomatic
- Third molars not present (previously removed or the rare case of having never had them)
- Third molars were symptomatic at time of this exam and removal was completed on Date: \_\_\_\_\_

---

**IV. TMJ Evaluation**

- No history of TMJ       History of TMJ symptoms
- Please describe treatment provided, dates, and if symptoms are present at this time:*

---

**V. Bruxism**

- No history of bruxism       History of bruxism
- Please describe any bruxism habit, presence of wear facets or need for occlusal guard:*

---

**VI. Prosthesis**

- No prosthesis present       Prosthesis present
- Please describe the nature and extent of the prosthesis (e.g., full or partial dentures, bridge, etc.) and the need for repair or replacement:*

## VII. Treatment

List all treatment completed after this examination. Do not include treatment planned but not yet completed.

Treatment	Date Completed	Signature of Dentist
-----------	----------------	----------------------

**Ensure the entire form is completely filled out and each box below is checked prior to returning to the Peace Corps. Incomplete exams will be returned.**

After examination of this Peace Corps applicant, review of radiographs and treatment rendered as necessary, I attest that the applicant's current condition meets the following requirements:

- Decayed teeth have been restored or extracted.
- Fractured teeth have been restored or extracted.
- Fractured restorations have been repaired with a new restoration or the tooth has been extracted.
- Advanced periodontal disease that is likely to become symptomatic has been corrected.
- Abscessed teeth have been treated with root canal therapy or extraction.
- Teeth with irreversible pulpitis have been treated with root canal therapy or extraction.
- Teeth with previous root canal therapy that is failing have been retreated (either conventionally or surgically) or extracted.
- Temporary restorations (including stainless steel crowns) have been replaced with permanent restorations.
- Active orthodontic therapy has been completed and the bands removed. Retainers (either fixed or removable) are acceptable.
- Third molars, if any, are asymptomatic at time of exam.
- TMJ disorder, if present, is asymptomatic at time of exam.

### ✦ Important ✦

#### Dental examination is complete only when:

- 1 The dentist has completed all sections of the charting form.
- 2 The dentist has attested that by checking each box above, that the applicant has met all the requirements for dental qualification.
- 2 The dentist has signed and dated the form.
- 3 The dentist has listed all treatments completed in Section VII.
- 4 The dentist has included one of the following sets of X-rays:
  - 1) A full mouth series, or
  - 2) A Panorex with bitewing X-rays.
    - Periapical or Panorex films must be less than 2 years old.
    - Bitewing X-rays must be less than 1 year old.
    - All films must be original films, not duplicates.

Note: High quality digital X-rays can be accepted. All CDs must be submitted in a protective cover.

- **Close-of-service only:** The dentist has included bitewing X-rays.

\_\_\_\_\_  
Dentist's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dentist's license number

\_\_\_\_\_  
State

\_\_\_\_\_  
Dentist's name, address and phone number

#### FOR PEACE CORPS USE ONLY

- Dental clearance has been completed
- Dental X-rays have been submitted as required

# Peace Corps Report of Dental Evaluation

PC-OMS-1790 Dental S  
OMB No.: 0420-xxxx  
Expiration Date:

## PEACE CORPS USE ONLY

### Check one:

- Pre-service dental exam
- In-service dental exam \_\_\_\_\_ Country of service
- Post-service dental exam \_\_\_\_\_ Country of service

Name: (Last, First, Middle Initial)

Sex M  F

Social Security number

Date of birth (MO / DAY / YR)

Home/permanent address

Telephone No. ( )

### HIPAA and Privacy Act Notice:

The information requested is collected under the authority of the Peace Corps Act, 22 U.S.C. 2501 et seq., for the purpose of determining eligibility for Peace Corps service and of documenting the basis for requested payments. Disclosure of this information is voluntary, but failure to do so will make it impossible for the Peace Corps to determine eligibility and/or pay for these services. This information may be used for the routine uses described in the Privacy Act, 5 USC 552a, and in the Federal Register at 65 Fed. Reg. 53,722 (September 5, 2000) and 50 Fed. Reg. 1950, 1962 (January 14, 1985) regarding the Peace Corps system of records PC-17 (Volunteer records). It may also be subject to the Health Insurance Portability and Accountability Act (HIPAA) and current effective authorizations.

### Confidentiality Notice:

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential, and protected from disclosure by operation of law. If the reader of this message is not the intended recipient, nor the employee, agent, or other representative responsible for delivering this message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify me immediately by telephone (202-692-1580) or return email, and permanently delete this message.

### Burden Statement:

Public reporting burden for this collection of information is estimated to average 45 minutes per response. This estimate includes the time for reviewing instructions and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: FOIA Officer, Peace Corps, 1111 20th Street, NW, Washington, DC 20526 ATTN: PRA (0420-#####). Do not return the completed form to this address.

## I. General Dental Evaluation

Date of exam (MO / DAY / YR)

 / /

### A. Chart existing restorations, missing teeth, and endodontically treated teeth: ➤

- Check here if no existing restorations, missing teeth or endodontically treated teeth

OR

Comment on findings:

