



Rotary District

Applicant Name

Rotary Youth Exchange – Long-Term Exchange Program

Dental Health and Examination

Dentist: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about the student's dental health, medications, or other problems could endanger this student while overseas. An immediate relative of the student may **not** complete the dental examination.

*Please type or print clearly. Please submit multiple copies of the form as directed, with original signatures in **blue** ink on each copy.*

Applicant's Full Legal Name	Date of Birth	Male Female
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Dental Examination

- | | | |
|---|-----|----|
| 1. Is the applicant in good dental health? | Yes | No |
| 2. Does the applicant require dental work at this time? | Yes | No |
| 3. Do you foresee the applicant requiring any dental work while abroad? | Yes | No |

If yes, please explain below (use space at bottom or additional pages if needed):

CERTIFICATION

I certify that I hold a valid current license to practice dentistry and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted herein.

Dentist's Name (type or print)	Signature (in blue ink)	Date (e.g., 25/Jan/2012)
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Dentist's address, phone, and fax (type or stamp)

Enter any additional comments below. (If additional pages are necessary, attach them and please check here:).