



Applicant's Name _____

dental information

Please type or print clearly.

Dentist: This student is considering studying abroad as an international 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.

Student's Full Legal Name _____

Gender: Male Female Date of Birth (MONTH/DAY/YEAR) ___/___/___

Address—Street _____

City _____ State/Province _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

E-mail _____

Dental Examination

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

If you answered yes to question 3, please provide detailed information on a separate page (*typed or computer-generated with the student's full legal name and date of birth at the top of each page*).

I certify that I hold a valid current license to practice dentistry and am not an immediate relative of the patient. I certify that I have personally examined the student and reported my findings as noted above on the Dental Information page of this international student medical form and any attached page(s). I further state that all the information I have supplied is true and accurate to the best of my knowledge.

Check one:

- I have attached _____ additional pages
- I have not attached additional pages

Dentist's Name (please print) _____

Signature _____ Date _____

Address—Street _____

City _____ State/Province _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

E-mail _____