



Dental Health and Examination
(Please print clearly in ink)

Part I: Student Information

Student's Full Legal Name: Last First Middle

Gender: Male Female Date of Birth: Month Day Year

Student's Home Address: Street/Building

City State/Province Postal Code Country

Home Phone Parent Mobile Phone

Part II: Dental Examination (to be completed by a dentist in consultation with the student)

Important: Dentist, this student is considering a year or more abroad as an international student. Insufficient, inadequate, or improper information about medications or other medical conditions could endanger the student's life while overseas. Allergy information is especially crucial to student well-being. An immediate relative of the student may NOT complete the examination or fill out this form.

- 1. Is the student in good dental health? Yes No
2. Does the student require any dental work at this time? Yes No
3. Do you foresee the student requiring any dental work while in the United States? Yes No
4. Does the student have any known allergies to products commonly used in dentistry? Yes No Unknown

Please explain if you have answered "yes" to any of the above questions:

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. I further state that all the information I have supplied is true and accurate to the best of my knowledge.

Printed Name of Dentist:

Dentist's Signature:

Dentist's Address: Street/Building

City State/Province Postal Code Country

Office Phone Mobile Phone Dentist's Email Address



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