

Sponsor District: \_\_\_\_\_

Applicant Name: \_\_\_\_\_



## Rotary Youth Exchange – Long-Term Exchange Program

### Section D: 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 at least two copies of the form, unless your district requires more. Ask your club YEO how many copies you need. All copies with original signatures in **blue** ink.*

Applicant’s Full Legal Name		Date of Birth (YYYY-MM-DD)		Male Female Non-Binary
Home Address – Street	City	State/Province	Postal Code	Country
Email Address	Home Phone Number	Mobile Phone Number		

#### Dental Examination

1. Is the applicant in good dental health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the applicant require dental work at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you foresee the applicant requiring any dental work while abroad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain below (use space at bottom or additional pages if needed):		

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

#### 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 address, phone, and fax (type or stamp)	Dentist’s Name (type or print)
	Signature (in blue ink) or electronic signature with date/time
	Date (YYYY-MM-DD)