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.

Use computer entry if possible. Consult Rotary Sponsor District Instructions for required copies and signatures. Print specified number of completed copies first for ink signatures on paper (if required). Electronic signature(s) may be applied last if both paper and electronic signatures are needed.

Full Legal Name as on passport or birth certificate *(use uppercase for FAMILY name; e.g. John David SMITH)*		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? ☐ 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):

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 address, phone, and fax (type or stamp)	**Dentist Name** (type or print)
	Dentist Signature (ink on paper) or basic e-signature (using Fill & Sign); click only for digital signature
	Date (YYYY-MM-DD)