

NATIONAL SCIENCE FOUNDATION

4201 WILSON BOULEVARD
ARLINGTON, VIRGINIA 22230



NSF HEALTH UNIT

Dear Dentist:

This person is being considered for participation in one of the United States National Science Foundation's sponsored research programs in the Arctic. The polar regions are isolated and have limited dental facilities, therefore all **program participants must be free of dental disease**. This means there must be no caries, periodontal disease, potential endodontic disease, prosthetic deficiencies, potentially symptomatic wisdom teeth or uncompleted treatment.

Documentation of Dental Examination

When completing the Polar Dental Examination form (NSF Form 1425-B), please chart all existing restorations, missing teeth and endodontically treated teeth only.

Third molars must be extracted if any of the following are present:

1. Periodontal probe can contact the crown of an unerupted third molar.
2. Bleeding or poor hygiene is evident in third molar area
3. Distal crown of the third molar lies on the ascending ramus
4. Pseudo pockets or bony pockets are present.
5. Soft tissue extends onto the occlusal surface of the third molar.
6. Lack of opposing occlusion for nonfunctional third molars.

Orthodontics

Candidates with orthodontic appliances or undergoing active treatment will be considered not dentally qualified and must request a dental waiver from the National Science Foundation before being allowed to deploy.

Polar Dental Review and Deployment Clearance

The NSF Health Unit Medical Director will review this examination form. In order for the candidate to be physically qualified (PQ'd) in a timely fashion all dental work should be completed prior to submission of the Polar Dental Examination form.

Payments for the examination, radiographs and any necessary treatment are the responsibility of the candidate.

Where to Mail

Send the completed examination form with signatures, and documentation of treatment to the address below:

NSF HEALTH UNIT MEDICAL DIRECTOR
NATIONAL SCIENCE FOUNDATION
4201 WILSON BLVD, STE 265-S
ARLINGTON, VA 22230

Questions

Contact me if you have any questions regarding dental qualifications or required dental documentation at 703-292-8124 or by email at jregier@nsf.gov.

Sincerely,



Janet F. Regier, M.D.
Medical Director

Enclosures

NATIONAL SCIENCE FOUNDATION
POLAR DENTAL EXAMINATION

NAME:	DATE OF BIRTH:	AGE:
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DAY TELEPHONE #:	EMAIL ADDRESS:
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YEAR OF PREVIOUS DEPLOYMENT:	CURRENT DEPLOYMENT DATES: FROM	TO
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AFFILIATION:

NSF
 S-Event or Group # _____
 RPSC
 VECO
 Other _____

ANTARCTIC DEPLOYMENT STATION:

McMurdo
 South Pole
 Palmer
 Field Camp _____
 RVIB NB Palmer
 RVIB LM Gould

ARCTIC DEPLOYMENT STATION:

Summit
 Alaska
 Thule
 Other : _____

Chart existing restorations, missing teeth and endodontically treated teeth only:

PERIODONTAL EVALUATION

PROBINGS > 5 mm YES NO
 ACTIVE DISEASE NOTED YES NO

THIRD MOLAR EVALUATION

3rd MOLARS PRESENT YES NO
 POTENTIALLY SYMPTOMATIC YES NO

ALLERGIES:

Documentation of all treatment identified and rendered and original radiographs must accompany this form.

DATES	DIAGNOSES and TREATMENTS

Attach the following **ORIGINALS** to this exam:

PANO OR FULL MOUTH SERIES
 (Required first deployment and every 5 years after)
 *Date of last Pano or Full Mouth Series: _____

BITEWING X-RAYS, SET OF 4 MOUNTED SHOWING ALL POSTERIOR TEETH
 (Required annually - within six months of deployment)

I have thoroughly examined this candidate for travel to the Polar Regions. All necessary treatment has been performed; all evaluations completed; and the appropriate diagnostic radiographs will accompany this completed form as requested by the "Dear Dentist" letter.

<p>_____ DENTIST'S NAME (PRINT)</p> <p>_____ TELEPHONE NUMBER (include area code)</p> <p>ATTENTION EXAMINING DENTIST: Please forward completed form, all documentation of treatment and all ORIGINAL X-rays to:</p> <p style="text-align: center;"> NATIONAL SCIENCE FOUNDATION ATTN: NSF Medical Director 4201 Wilson Boulevard, Suite 265-S Arlington, VA 22230 (703) 292-8124 Fax: (703) 292-9001 </p>	<p>_____ DENTIST'S SIGNATURE</p> <p>_____ ADDRESS</p> <p>_____ CITY STATE ZIP</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>MEDICAL STAFF USE ONLY:</p> <p>PQ <input type="checkbox"/> WINTER REVIEW <input type="checkbox"/></p> <p>NPQ <input type="checkbox"/></p> </div>
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