

**DENTAL EXAMINATION**  
***(TO BE COMPLETED BY EXAMINING DENTIST)***

The bearer of this form is a Prospective Member of the 2018 Australian Olympic Team bound for the 2018 Olympic Winter Games in PyeongChang, Korea. A condition of selection to the Australian Olympic Team is that members maintain a good standard of health and fitness. All Prospective Team Members should ensure their dental health is of a satisfactory standard and that they do not have any pre-existing conditions requiring treatment.

You are therefore required to undertake a dental examination and have your dentist complete the form accordingly.

The completed form should be returned to [medicalservices.2018@olympics.com.au](mailto:medicalservices.2018@olympics.com.au) Expenses incurred for this examination, together with any corrective measures required, will be borne by the Prospective Team Member.

**PATIENT NAME:** \_\_\_\_\_

**SECTION/SPORT:** \_\_\_\_\_

**DENTAL CHART:** See attached

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TREATMENT REQUIRED FOR CLEARANCE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

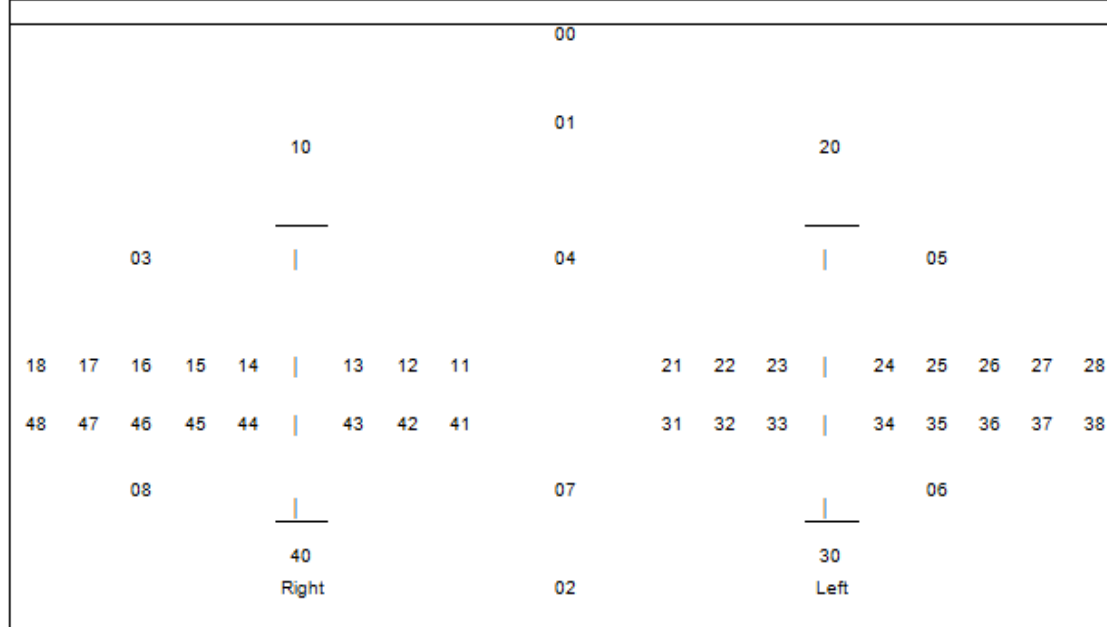
**DENTALLY FIT:** Yes  No

**EXAMINING DENTIST  
(NAME please print):** \_\_\_\_\_

**PHONE No./  
PRACTICE STAMP:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

<b>DENTAL CHARTING</b>		<b>Key</b>	<b>Description</b>
<i>This section must be fully completed FOR ALL EXAMINATIONS</i>		<b>S</b>	Sound tooth
		<b>F</b>	Filled tooth and not decayed
		<b>D</b>	Decayed tooth requiring filling
		<b>R</b>	Tooth requires root canal treatment
		<b>X</b>	Tooth to be extracted
		<b>I</b>	Implant retained tooth
		<b>M</b>	Missing tooth
		<b>P</b>	Denture tooth present
		<b>P/E</b>	Partially erupted tooth
		<b>U/E</b>	Unerupted tooth

<p><b>Periodontal status</b></p> <p><input type="checkbox"/> Absence of gingivitis and destructive periodontal disease</p> <p><input type="checkbox"/> Gingivitis only</p> <p><input type="checkbox"/> Destructive periodontal disease</p>	<p><b>Oral hygiene status</b></p> <p>Plaque and extrinsic stain  <input type="checkbox"/> absent                      <input type="checkbox"/> present</p> <p>Calculus: obvious calculus  <input type="checkbox"/> absent                      <input type="checkbox"/> present</p>
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<p><b>Oral mucosal disease</b></p> <p><input type="checkbox"/> No abnormality recorded</p> <p><input type="checkbox"/> <u>Leukoplakia</u></p> <p><input type="checkbox"/> Other lesions (please specify)  .....  .....</p>	<p><b>OPG Radiographic Analysis</b></p> <p><u>Periapical Pathology or Radiolucency</u>  <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>Unerupted teeth  <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>- Other irregularities</p>
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