

Pre-Sea Dental Examination Form

Personal Information

Name

Rank

Date of Birth

Nationality

Identification No.

Date of Examination

Medical History

Any history of dental treatment/surgery?

Allergies (if any)

Dental Examination

Tooth	Normal	Caries	Missing	Filled	Remarks
Upper Right					
Upper Left					
Lower Right					
Lower Left					

Gums Condition

Oral Hygiene

Other findings

Fit for Sea Service

Fit for Sea Service:

Dentist Name

Signature

Date