



**British  
Antarctic Survey**  
NATURAL ENVIRONMENT RESEARCH COUNCIL

**NHS**  
**University Hospitals  
Plymouth**  
NHS Trust

## **BRITISH ANTARCTIC SURVEY MEDICAL UNIT**

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## **Dental Self-Certification for Arctic Deployment**

**Name:**

**Date of Birth:**

I declare that I have had a dental check in the last 6 months.

I have no known dental problems which will require treatment while I am deployed.

I am aware that should I develop a dental problem requiring treatment while I am deployed, this may impact on my program. (Liability for any costs incurred will be determined as per BAS policy and is outwith the remit of BASMU.)

**Signed:**

**Date:**