

(TO BE BROUGHT BY CADET TO PRE-DEPLOYMENT PACKAGE)

**Annex G to  
LF/PSC/1/7/20/6  
Dated 17 May 10**

**CERTIFICATE OF DENTAL FITNESS**  
*(To be signed by a Dentist – NOT before 14 Jun 10)*

Surname	Initials	DOB

The above named individual has been dentally examined and found to be dentally fit.

Signature: .....

Surname: .....

Date: .....

Dental Practice Stamp

