

DENTAL EXAMINATION CERTIFICATION

တၢ်လဲၤမၤကွၢ်မဲၤတနံၣ်တဘျီအလံာ်အုၣ်သး

ဖးဘတၢ်ဝုၣ်တၢ်ကျိၤတခါအံၤလီၤတၢ်တက့ၢ်ဒီးနကသံၣ်သရၣ်ကဘၣ်မၤပျဲၤန့ၢ်န့ၢ်လံာ်တဘျီအံၤန့ၢ်လီၤမၤပျဲၤဘၣ်လံာ်တဘျီအံၤလၢနလဲၤမၤကွၢ်တၢ်ဆါအဝုၣ်အကျိၤတဖၣ်န့ၢ်တက့ၢ်မ့ၢ်ဝံၤဆၢထီၣ်ဘၣ်က့ၤလံာ်တဘျီအံၤယုၣ်ဒီးလံာ်အဂ့ၢ်အဂၤတဖၣ်အံၤဖဲတၢ်မၤလီၤအဂ့ၢ်ဖးဒိၣ်အံၤန့ၢ်တက့ၢ်

က) ပုၤမၤတၢ်ဖိတဖၣ်ကဘၣ်မၤပျဲၤလီၤလံာ်တဘျီအံၤ

မံၤကတၢၢ်	မံၤခိၣ်ထံး	မံၤခၢၣ်သး
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XXX-XX- _____

ကွဲးလီၤဘၣ်န့ၢ်ရၣ်အကတၢၢ်အနီၢ်ဝံၤလွံၤဖျၢၣ်

ယအုၣ်ယသးလၢယမၤပျဲၤတနံၣ်တဘျီတၢ်မၤကွၢ်မဲၤလၢယမဲၤကသံၣ်သရၣ်အိၣ်န့ၢ်လီၤ

ဆဲးလီၤမံၤ:

ပုၤမၤတၢ်ဖိ

မုၢ်နံၤမုၢ်သီ

ခ) ကသံၣ်သရၣ်အလံာ်အုၣ်သး

CERTIFICATION

ပုၤမၤတၢ်ဖိလၢအမံၤဖျါလၢထးအံၤန့ၢ်အဝဲဒၣ်ဟဲၤမၤကွၢ်မဲၤအမဲၤယအိၣ်ဖဲမုၢ်နံၤမုၢ်သီလၢအဖျါလၢအဖိလၢအသိးန့ၢ်လီၤ

ကသံၣ်သရၣ်အလံာ်အုၣ်သး	
မၤကွၢ်တၢ်ဆါမုၢ်နံၤမုၢ်သီ	လံာ်အုၣ်သးနီၢ်ဝံၤ
ကသံၣ်သရၣ်ဆဲးလီၤမံၤ	မုၢ်နံၤမုၢ်သ

မဲၤကသံၣ်သရၣ် : ဝံၤသးစူၤဟ့ၣ်ကဒါက့ၤလံာ်တၢ်ယုၣ်အံၤဆူပုၤဆါ/ပုၤမၤတၢ်ဖိအအိၣ်တက့ၢ်.
DENTIST: PLEASE GIVE THIS FORM BACK TO THE PATIENT/EMPLOYEE

ANNUAL DENTAL EXAMINATION CERTIFICATION

Read instructions carefully. You and your dentist must complete this form. Completion of this form is required for proof of your annual dental examination. Return completed form to Human Resources along with all other certifications to Human Resources.

A) To be completed by the Employee

Last Name	First Name	Middle Initial
XXX-XX- _____		
Last 4 Digits of Social Security Number		

I certify that I completed an annual dental examination with my dentist.

Signed:

Employee

Date

B) To be completed by the Dentist

CERTIFICATION

The above named employee received an annual dental examination on the date indicated below.

Licensed Dentist (Print)	
Date of Exam	License Number
Dentist Signature	Date

DENTIST: PLEASE GIVE THIS FORM BACK TO THE PATIENT/EMPLOYEE