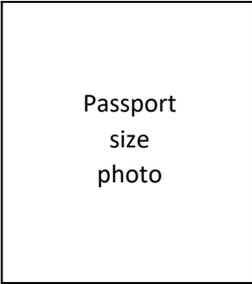


PERSONAL PARTICULARS OF NEW DENTAL OFFICER

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- 2. I.C. No. :
- 3. Date of Birth:
- 4. Date of Appointment Into Service:.....
- 5. Name of Clinic: 6. State :.....
- 7. MDC No.:
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1. OBJECTIVES OF NDOP

- 1.1 To familiarise new dental officers to the working environment; and
- 1.2 To be able to provide safe and quality care to the population.

2. EXPECTED LEARNING OUTCOME OF NDOP

At the end of the programme, the new dental officer:

- 2.1 shall be confident to practice independently;
- 2.2 shall be equipped with sufficient managerial, administrative and leadership skills for better patient management and be able to discharge professional and ethical responsibilities;
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1.2 Manage post-treatment complication (as and when indicated) - minimum of 3 cases

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1. PATIENT MANAGEMENT

1.3 Identify suitable cases for specialist care (as and when indicated) - minimum of 5 cases

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Specialty Department/ Unit	Score			Name & Signature of Supervisor	Remarks
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2. CLINICAL PROCEDURES

2.1 **Restoration of anterior teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Teeth and tooth surfaces	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.1 **Restoration of anterior teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Teeth and tooth surfaces	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.1 **Restoration of anterior teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Teeth and tooth surfaces	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.1 **Restoration of anterior teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Teeth and tooth surfaces	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.2 **Restoration of posterior teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Teeth and tooth surfaces	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.2 **Restoration of posterior teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Teeth and tooth surfaces	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.2 **Restoration of posterior teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Teeth and tooth surfaces	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.2 **Restoration of posterior teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Teeth and tooth surfaces	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.3 **Extraction of anterior tooth/teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.3 **Extraction of anterior tooth/teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.3 **Extraction of anterior tooth/teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.3 **Extraction of anterior tooth/teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.4 **Extraction of posterior tooth/teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.4 **Extraction of posterior tooth/teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.4 **Extraction of posterior tooth/teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.4 **Extraction of posterior tooth/teeth** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.5 **Scaling and Polishing** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Score			Name & Signature of Supervisor	Remarks
		Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.5 **Scaling and Polishing** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Score			Name & Signature of Supervisor	Remarks
		Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.5 **Scaling and Polishing** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Score			Name & Signature of Supervisor	Remarks
		Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.5 **Scaling and Polishing** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Score			Name & Signature of Supervisor	Remarks
		Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.6 **Partial denture** - perform clinical procedures competently (minimum of 2 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Type of Denture	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.6 **Partial denture** - perform clinical procedures competently (minimum of 2 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Type of Denture	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.7 **Full denture** - perform clinical procedures competently (minimum of 2 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Type of Denture	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.7 **Full denture** - perform clinical procedures competently (minimum of 2 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Type of Denture	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.8 **Endodontic treatment** - perform clinical procedures competently (minimum of 1 case)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

2. CLINICAL PROCEDURES

2.8 **Endodontic treatment** - perform clinical procedures competently (minimum of 1 case)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

3. CLINICAL PREVENTION

3.1 **Fissure Sealant** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

3. CLINICAL PREVENTION

3.1 **Fissure Sealant** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

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3. CLINICAL PREVENTION

3.1 **Fissure Sealant** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

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* Please bring patient's card together with this form for evaluation

3. CLINICAL PREVENTION

3.1 **Fissure Sealant** - perform clinical procedures competently (minimum of 5 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

3. CLINICAL PREVENTION

3.2 **Preventive Resin Restoration** - perform clinical procedures competently (minimum of 3 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

3. CLINICAL PREVENTION

3.2 **Preventive Resin Restoration** - perform clinical procedures competently (minimum of 3 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

3. CLINICAL PREVENTION

3.3 **Fluoride Varnish** - perform clinical procedures competently (minimum of 3 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

3. CLINICAL PREVENTION

3.3 **Fluoride Varnish** - perform clinical procedures competently (minimum of 3 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Tooth/Teeth	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

4. MINOR ORAL SURGERY

Perform/Assist simple **Minor Oral Surgery** (minimum of 1 case)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

4. MINOR ORAL SURGERY

Perform/Assist simple **Minor Oral Surgery** (minimum of 1 case)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

5. MANAGEMENT OF ORAL AND MAXILLOFACIAL TRAUMA

5.1 Perform/Assist **simple toilet and suturing of soft tissue injury** (minimum of 1 case)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

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* Please bring patient's card together with this form for evaluation

5. MANAGEMENT OF ORAL AND MAXILLOFACIAL TRAUMA

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a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

5. MANAGEMENT OF ORAL AND MAXILLOFACIAL TRAUMA

5.2 Perform/Assist under supervision **management of hard tissue/dento-alveolar injury** (minimum of 1 case)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

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* Please bring patient's card together with this form for evaluation

5. MANAGEMENT OF ORAL AND MAXILLOFACIAL TRAUMA

5.2 Perform/Assist under supervision **management of hard tissue/dento-alveolar injury** (minimum of 1 case)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

6. MEDICAL AND/OR DENTAL EMERGENCIES

Manage medically compromised and/or acute dental problems / medical emergencies appropriately

- minimum of 5 cases

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Type of Case, Diagnosis & Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

6. MEDICAL AND/OR DENTAL EMERGENCIES

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- minimum of 5 cases

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Type of Case, Diagnosis & Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

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 - minimum of 5 cases

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Type of Case, Diagnosis & Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

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Manage medically compromised and/or acute dental problems / medical emergencies appropriately
 - minimum of 5 cases

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Type of Case, Diagnosis & Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

7. MANAGEMENT OF ORO-FACIAL INFECTIONS

Identify and appropriately manage oro-facial infections (minimum of 3 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Diagnosis & Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

7. MANAGEMENT OF ORO-FACIAL INFECTIONS

Identify and appropriately manage oro-facial infections (minimum of 3 cases)

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Diagnosis & Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

8. PRESCRIPTION OF MEDICATION

Demonstrate ability to prescribe medication appropriately (analgesic and antibiotic) - minimum of 5 cases involving children and adult

a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Diagnosis & Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

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a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Diagnosis & Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

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a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Diagnosis & Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

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a. Placement : Primary Oral Healthcare

Date	Patient's ID/NRIC	Diagnosis & Procedure	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

* Please bring patient's card together with this form for evaluation

9. ORAL HEALTH PROMOTION (OHP)/ COMMUNITY PROGRAMME

Participate in Oral Health Promotion/ Community Activities - minimum of 5 activities

a. Placement : Primary Oral Healthcare

Date	Programme	Activity	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

9. ORAL HEALTH PROMOTION (OHP)/ COMMUNITY PROGRAMME

Participate in Oral Health Promotion/ Community Activities - minimum of 5 activities

a. Placement : Primary Oral Healthcare

Date	Programme	Activity	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

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* Please bring patient's card together with this form for evaluation

9. ORAL HEALTH PROMOTION (OHP)/ COMMUNITY PROGRAMME

Participate in Oral Health Promotion/ Community Activities - minimum of 5 activities

a. Placement : Primary Oral Healthcare

Date	Programme	Activity	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

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Participate in Oral Health Promotion/ Community Activities - minimum of 5 activities

a. Placement : Primary Oral Healthcare

Date	Programme	Activity	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

10. HEALTH AND SAFETY

10.1 Explain related **guidelines and policies** e.g. Occupational Safety and Health (infection control, radiation safety, mercury hygiene, management of sharp injuries) - minimum of 1 activity (Presentation, CDE etc.)

a. Placement : Primary Oral Healthcare

Date	Guidelines/ SOP	Activity	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

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10.1 Explain related **guidelines and policies** e.g. Occupational Safety and Health (infection control, radiation safety, mercury hygiene, management of sharp injuries) - minimum of 1 activity (Presentation, CDE etc.)

a. Placement : Primary Oral Healthcare

Date	Guidelines/ SOP	Activity	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

10. HEALTH AND SAFETY

10.2 Demonstrate the **practice of infection control/ radiation safety/ mercury hygiene management of sharp injuries** - minimum of 1 activity

a. Placement : Primary Oral Healthcare

Date	Guidelines/ SOP	Activity	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

10. HEALTH AND SAFETY

10.2 Demonstrate the **practice of infection control/ radiation safety/ mercury hygiene management of sharp injuries** - minimum of 1 activity

a. Placement : Primary Oral Healthcare

Date	Guidelines/ SOP	Activity	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring patient's card together with this form for evaluation

11. LAW AND ETHICS

Describe relevant act and regulation related to dentistry [e.g. Dental Act 1971, Private Health Care Services and Facilities Act (586 Act), Code of Professional Conduct] - minimum of 1 activity

a. Placement : Primary Oral Healthcare

Date	Act/ Regulation	Activity	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring evidence of performing activities with this form for evaluation

11. LAW AND ETHICS

Describe relevant act and regulation related to dentistry [e.g. Dental Act 1971, Private Health Care Services and Facilities Act (586 Act), Code of Professional Conduct] - minimum of 1 activity

a. Placement : Primary Oral Healthcare

Date	Act/ Regulation	Activity	Score			Name & Signature of Supervisor	Remarks
			Weak (1)	Average (3)	Good (5)		

Overall remarks (by supervisor):

.....

* Please bring evidence of performing activities with this form for evaluation