Dental Infection Control Answer Sheet

Name: _____ Rank/Grade: _____

Command: _____ DSN: _____

Your Duty Mailing Address: _____

_____

_____

Duty Email Address: _____

Provide your answers below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Please read the following, sign, and date:

I affirm that these answers are the result of my work alone, I have not received assistance from others, and I am an active duty or federal employee in the US Dental Services.

_____ _____

(Signature) (Date)

Mail ONLY THIS SHEET or fax it to DIS at:

USAF Dental Investigation Service
Detachment 1, USAFSAM
310C B Street, Bldg 1H
Great Lakes, IL 60088

Fax number: DSN 792-7667 or commercial (847) 688-7667