

BASMU 1
Revised nov 2014 ah
Title:.....

Medical in Confidence
(when completed)

Name:.....

Post

Post Ref:.....

British Antarctic Survey Polar Service Application Medical Form

Directions for Applicants:

- Please first read the guidance notes below.
- Enter your name and the job for which you are applying in the box in the top right hand corner of this page.
- Consider the information given on page 3 and 4 which details medical conditions that may preclude Polar Service.
- Complete side 2 (overleaf), place in the envelope provided and return with your application

Guidance Notes:

1. These notes introduce the medical requirements for Polar service , and serve as the first level of the medical screening process.
2. It is advisable for your to read form BASMU 2 to understand the work of BASMU and the limitations of medical facilities in remote polar locations.
3. Obviously even the most thorough medical screening cannot prevent undetectable or unexpected ill health, but the process of screening which you will be expected to undergo will try to confirm your fitness before you leave UK, thus protecting you and your colleagues.
4. **FAILURE TO DISCLOSE A MEDICAL PROBLEM DURING SCREENING MAY PUT YOUR LIFE AND THAT OF OTHERS AT RISK.** We therefore ask for your complete honesty when undergoing screening.
5. There are certain conditions which will preclude your Polar service, but this is uncommon. Please do not conceal any medical condition at all, even if it seems trivial. Conditions which may recur should be recorded even if you are completely well at the moment. Allow the experts from BASMU to guide you and decide whether you are fit. Potential problems can often be solved by frank and open discussion and BASMU will work with you to try to find ways around medical problems where possible.
Should you be selected by BAS or by your employer for a Polar trip, further screening will be needed. This will include a Medical questionnaire and examination by a doctor and possibly relevant investigations.
6. We invite you to share the responsibility with us in determining your fitness and ask you to complete the form carefully and truthfully. In the event of any query, one of the BASMU staff may contact you directly or ask for permission to approach your doctor for further details.

POLAR SERVICE APPLICATION MEDICAL FORM.

Surname: _____ **Date of Birth:** _____

Forenames: _____ **Age:** _____

Daytime contact telephone number: _____

E Mail address _____

1. Please list, with approximate date, all significant illnesses, injuries, operations or other medical problems you have had. Significant illnesses are those which require more than a couple of weeks off work, OR have required investigation or treatment in hospital, OR have required treatment from your GP or other professional for longer than 2 weeks. If there are any lasting consequences of these, (permanent symptoms, need for ongoing treatment, or you have been told it could recur), please give brief details.

(continue on a separate sheet if necessary).

2. Please answer all the following questions. If you answer "yes" to any of them, please give brief details.

- | | | |
|---|-----|----|
| • Have you consulted a doctor in the last year ? | Yes | No |
| • Have you any medical disorder at present ? | Yes | No |
| • Are you taking any tablets, drugs or medicines at present? | Yes | No |
| • Have you ever been turned down for life insurance on medical grounds? | Yes | No |
| • Are you aware of ANY circumstances regarding your health which might compromise your ability to do the job for which you are applying, or which might endanger yourself or others ON DEPLOYMENT?
(see appendix for details of some "problem" conditions) | Yes | No |

Declaration:

- I declare that the information I have given is true to the best of my belief.

Signed _____

Date _____

A guide to conditions that may cause concern

Conditions that will usually preclude service



Cardiac (Heart) and circulation problems

Angina & Heart Attacks. *
Leaky Heart valves & Rheumatic Fever
Uncontrolled High Blood Pressure
Heart Rhythm Abnormalities
Heart Failure
Arterial Disease

Respiratory (chest) problems

Recurrent "burst" lung (pneumothorax)*

Cold induced asthma*
Chronic Bronchitis or emphysema*
Active Tuberculosis

Gastrointestinal problems

Active stomach / duodenal ulcer
Liver Disease
Pancreatitis
Hernia* Untreated)

Genito- urinary problems

Recurrent Kidney Stones
Kidney failure

Neurological Conditions

Epilepsy or fits (on treatment)
Brain Haemorrhage in past* (non traumatic)
Unexplained episodes of loss of consciousness

Degenerative N.M. conditions
Significant Neuro Deficit secondary
to Trauma

Metabolic Conditions

Most diabetes

Cushing's Disease
Addison's Disease
Obesity (severe)* BMI >35

Musculoskeletal conditions **

Untreated Slipped disc*
Lower Limb Amputation*

Conditions which may preclude service.



Previous Heart Surgery*

Treated abnormal rhythms*.
Severe varicose veins
Previous Frostbite*
Severe Reynaud's disease*
Previous leg thrombosis*.
Previous clot on the lung*.

Single episode of pneumothorax*
History of moderate or severe Asthma*

History of these ulcers*

Previous exploratory abdominal surgery*
Severe piles*
Recurrent (inflammatory) bowel
disease*

Renal colic*
Recurrent kidney infections*

Previous fits clear for > 3 years*
Previous brain surgery*
Severe ME*

Mild type II diabetes if well
controlled (exceptional)*
Other "endocrine disorder"*
Thyroid disease

Recurrent back pain*
Severe knee problems*

Recurrent dislocations *(untreated)
Rheumatoid Arthritis*
Ankylosing Spondylitis*

Unstable joint*
Frequent Gout*

Cancer and Haematological Disorders

Most cancers

Treated cancer with low risk of recurrence*

Clotting or bleeding disorders
Warfarin Medication
Bone marrow disease

Treated leukaemia*
Treated Hodgkin's disease*

Gynaecological conditions

Current Pregnancy

Pelvic inflammatory Disease*
Ovarian disease.*

Dermatological conditions

Blistering Skin diseases
Severe psoriasis*

Mental Health Problems

Current psychiatric Illness
Previous severe mental illness
Schizophrenia
Manic depression
Personality Disorder
Current Drug or alcohol abuse

Depression
Self harm
Previous drug / alcohol problems*

* The decision will depend on many different factors and will be made on an individual basis. With all of these conditions it is much more likely that you would be able to go to the Antarctic for a short summer trip than to overwinter.

** These conditions will be assessed in relation to the capacity to undertake activity/work in the anticipated environment.

This list is not exhaustive. We would like to invite YOU to share the responsibility for this assessment by declaring ANY medical problem you think may be important. BASMU staff will always be happy to discuss any medical condition with you with the aim of getting people cleared for Antarctic service.