**BASMU 1**

**March 21**

** **

 **British Antarctic Survey Medical Unit (BASMU)**

**Medical Information Form for Polar Service Application**

This does not replace the full medical

These guidance notes introduce the medical requirements for Polar service, and serve as the first level of the medical screening process. Please read the guidance notes below and complete the medical information form and return with your application

**Please consider your own FITNESS TO DEPLOY**

Do you have the physical ability to do the job?

Do you have the physical / psychological attributes to live in the Polar environment?

Do you have the physical ability to help / rescue others?

**You should be aware that;**

BASMU will undertake a detailed medical screening to exclude preventable causes of medical evacuation.

Short notice personal medical supplies will not be available.

Of the high impact of summer medical evacuations

There is high risk, long time lags & little capability for winter medical evacuations.

A BMI of over 30 will mean you will not be passed fit to deploy.

**FAILURE TO DISCLOSE A MEDICAL PROBLEM DURING SCREENING MAY PUT YOUR LIFE AND THAT OF OTHERS AT RISK.**

BASMU staff will always be happy to discuss any medical condition with you, with the aim of getting you cleared for Antarctic service.

Certain conditions will preclude your Polar service, but this is uncommon. 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 required. This will include a Medical questionnaire and an examination by a doctor and if required, relevant investigations.

In the event of any query, one of the BASMU staff may contact you directly or ask for permission to approach your doctor for clarification.

 **POLAR SERVICE APPLICATION**

**MEDICAL INFORMATION FORM**

|  |
| --- |
| **Surname:** |
| **Forename:** |
| **Date of Birth:**  | **Age:** |
| **E mail:**Please print clearly |
| **Phone No:** |

|  |  |
| --- | --- |
| **Height in cms** |  |
| **Weight in kgs** |  |
| **Smoking:**If you smoke how many per day? |  |
| How many years have you / did you smoke for? |  |
| **Blood pressure:** If you do not have access to your own machine please have this measured at a high street chemistPlease state:  |  **/** |
| **Have you been vaccinated for Covid?** | **Date 1st dose** | **Date 2nd dose** |
| **You are required to list any current or past medical or mental health problems below:** |
| Have you consulted a doctor in the last year?  | **Yes** | **No** |
| Have you any medical disorder at present? Please state: | **Yes** | **No** |
| Are you taking any tablets, drugs or medicines at present?Please state: | **Yes** | **No** |
| Have you ever been turned down for life insurance on medical grounds? | **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 serviceDecisions will depend on many different factors and will be made on an individual basis.  | Conditions which ***may*** preclude service.These will be assessed on an individual basis and in relation to the capacity to undertake activity/work in the anticipated environment.  |
| **Cardiac & Circulation problems**Angina & Heart AttacksLeaky Heart valves & Rheumatic FeverPrevious Heart SurgeryUncontrolled High Blood PressureHeart Rhythm Abnormalities Heart FailureArterial Disease | Treated abnormal rhythmsSevere varicose veinsPrevious FrostbiteSevere Reynaud’s diseasePrevious leg thrombosisPrevious clot on the lung |
| **Respiratory (chest) problems**Recurrent pneumothoraxCold induced asthma Chronic Bronchitis or emphysemaActive Tuberculosis | Single episode of pneumothoraxHistory of moderate or severe Asthma |
| **Gastrointestinal problems**Active stomach / duodenal ulcerHistory of these ulcersLiver DiseasePancreatitisUntreated Hernia | Previous exploratory abdominal surgerySevere pilesRecurrent (inflammatory) bowel disease |
| **Genito- urinary problems**Recurrent Kidney StonesKidney failure | Renal colicRecurrent kidney infections |
| **Neurological Conditions**Epilepsy or fits (on treatment)Non – traumatic Brain Haemorrhage in pastUnexplained episodes of loss of consciousnessDegenerative N.M. conditions Significant Neuro Deficit secondary to Trauma | Previous fits clear for > 3 yearsPrevious brain surgerySevere ME |
| **Metabolic Conditions**Most diabetesCushing’s DiseaseAddison’s DiseaseObesity BMI >30 | Well controlled mild type ll diabetes (exceptional)Other endocrine disorderThyroid diseaseObesity (severe) BMI >30 |
| **Musculoskeletal conditions**Untreated Slipped discLower Limb AmputationRecurrent dislocations (untreated) Rheumatoid ArthritisAnkylosing Spondylitis  |  Recurrent back painSevere knee problemsUnstable jointFrequent Gout |
| **Cancer and Haematological Disorders**Most cancersClotting or bleeding disordersWarfarin Medication Bone marrow disease | Treated cancer with low risk of recurrenceTreated leukaemiaTreated Hodgkin’s disease |
| **Gynaecological conditions**Current Pregnancy | Pelvic inflammatory DiseaseOvarian disease |
| **Dermatological conditions**Blistering Skin diseasesSevere psoriasis |  |
| **Mental Health Problems**Current psychiatric IllnessPrevious severe mental illnessSchizophreniaManic depressionPersonality DisorderCurrent Drug or alcohol abuse | DepressionSelf-harmPrevious drug / alcohol problems |

Please check your BMI on the chart below. If you are ranging into the obesity scale, consider strongly your overall fitness / health situation both for your own good and in relation to this application.

 **N.B. If you have a BMI of over 35 you will not be passed fit to deploy**

