



**British  
Antarctic Survey**  
NATURAL ENVIRONMENT RESEARCH COUNCIL

**Plymouth Hospitals**   
NHS Trust

## **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**

<b>Surname:</b>	
<b>Forename:</b>	
<b>Date of Birth:</b>	<b>Age:</b>
<b>E mail:</b> Please print clearly	
<b>Phone No:</b>	

<b>Height in cms</b>		
<b>Weight in kgs</b>		
<b>Smoking:</b> If you smoke how many per day?		
How many years have you / did you smoke for?		
<b>Blood pressure:</b> If you do not have access to your own machine please have this measured at a high street chemist Please state:	/	
<b>Have you been vaccinated for Covid?</b>	<b>Date 1<sup>st</sup> dose</b>	<b>Date 2<sup>nd</sup> dose</b>

**You are required to list any current or past medical or mental health problems below:**

Have you consulted a doctor in the last year?	<b>Yes</b>	<b>No</b>
Have you any medical disorder at present? Please state:	<b>Yes</b>	<b>No</b>
Are you taking any tablets, drugs or medicines at present? Please state:	<b>Yes</b>	<b>No</b>
Have you ever been turned down for life insurance on medical grounds?	<b>Yes</b>	<b>No</b>
<p><b>Declaration:</b> I declare that the information I have given is true to the best of my belief.</p>		
<b>Signed:</b>	<b>Date:</b>	

**A guide to conditions that may cause concern**

Conditions that <b>will</b> usually preclude service Decisions will depend on many different factors and will be made on an individual basis.	Conditions which <b>may</b> preclude service. These will be assessed on an individual basis and in relation to the capacity to undertake activity/work in the anticipated environment.
<p><b>Cardiac &amp; Circulation problems</b></p> <p>Angina &amp; Heart Attacks Leaky Heart valves &amp; Rheumatic Fever</p>	<p>Treated abnormal rhythms Severe varicose veins Previous Frostbite Severe Reynaud's disease Previous leg thrombosis</p>

<p>Previous Heart Surgery Uncontrolled High Blood Pressure Heart Rhythm Abnormalities Heart Failure Arterial Disease</p>	<p>Previous clot on the lung</p>
<p><b>Respiratory (chest) problems</b> Recurrent pneumothorax Cold induced asthma  Chronic Bronchitis or emphysema Active Tuberculosis</p>	<p>Single episode of pneumothorax History of moderate or severe Asthma</p>
<p><b>Gastrointestinal problems</b> Active stomach / duodenal ulcer History of these ulcers Liver Disease Pancreatitis Untreated Hernia</p>	<p>Previous exploratory abdominal surgery Severe piles Recurrent (inflammatory) bowel disease</p>
<p><b>Genito-urinary problems</b>  Recurrent Kidney Stones Kidney failure</p>	<p>Renal colic Recurrent kidney infections</p>
<p><b>Neurological Conditions</b> Epilepsy or fits (on treatment) Non – traumatic Brain Haemorrhage in past Unexplained episodes of loss of consciousness Degenerative N.M. conditions Significant Neuro Deficit secondary to Trauma</p>	<p>Previous fits clear for &gt; 3 years Previous brain surgery Severe ME</p>

<p><b>Metabolic Conditions</b>  Most diabetes  Cushing's Disease  Addison's Disease  Obesity BMI &gt;30</p>	<p>Well controlled mild type II diabetes (exceptional)  Other endocrine disorder  Thyroid disease  Obesity (severe) BMI &gt;30</p>
<p><b>Musculoskeletal conditions</b>  Untreated Slipped disc  Lower Limb Amputation  Recurrent dislocations (untreated)  Rheumatoid Arthritis  Ankylosing Spondylitis</p>	<p>Recurrent back pain  Severe knee problems  Unstable joint  Frequent Gout</p>
<p><b>Cancer and Haematological Disorders</b>  Most cancers  Clotting or bleeding disorders  Warfarin Medication   Bone marrow disease</p>	<p>Treated cancer with low risk of recurrence  Treated leukaemia  Treated Hodgkin's disease</p>
<p><b>Gynaecological conditions</b>  Current Pregnancy</p>	<p>Pelvic inflammatory Disease  Ovarian disease</p>

<p><b>Dermatological conditions</b> Blistering Skin diseases Severe psoriasis</p>	
<p><b>Mental Health Problems</b> Current psychiatric Illness Previous severe mental illness Schizophrenia Manic depression Personality Disorder Current Drug or alcohol abuse</p>	<p>Depression Self-harm Previous drug / alcohol problems</p>

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**

