

BASMU4
May 19

Medical in Confidence
(when completed)

Date received @BASMU

**British Antarctic Survey
Polar Service Medical Examination Record.**

PERSONAL DETAILS

Surname _____ Date of Birth (dd/mm/yyyy) _____

Forenames _____ Post Title _____

Date of examination _____

To the Examining Doctor.

Guidance notes are available. If you are unfamiliar with BASMU requirements please read these before completing the form. The Polar Regions are a unique environment which poses very different medical challenges from anywhere else. Our criteria are therefore in some respects different from more usual screening examinations. Please complete ALL sections below.

Please use black pen

1. General

Please discuss the BASMU 3 Questionnaire with the candidate, and summarise any significant Past Medical History. Please note specifically any allergic reactions, any adverse effects of medication, any general anaesthesia/ surgery.
If recent treatment or investigation then please provide functional impact / recovery / follow ups
Details:

Is the person registered with your practice? **Yes / No**

If so is his / her general health good? **Yes / No**

Is there any significant Family History? **Yes / No**

Details:

Smoking: per day

Alcohol (Units or volume & type per week)

2. Vital Statistics

Height ____ cm Weight ____ kg BMI ____

Waist circumference ____ cm Hip circumference ____ cm

If BMI is greater than 35 then the person will be UNFIT for Antarctic Service. If their build suggests that this is due to muscle bulk rather than obesity please note this here, and continue with the examination. If the raised BMI appears to be due to obesity alone, this assessment should cease at this point. Please tell the person to contact BASMU.

3. Vital signs

Resting Pulse Rate ____ bpm Pulse Rhythm ____

Blood Pressure ____ / ____ mm.Hg Respiratory Rate ____

4. Vision

Please note:

Visual conditions / restrictions Normal Abnormal

Colour Vision / Ishihara Normal Abnormal

Comment:

5. Examination

For Each of the following questions please enter one of the following codes:			
Within Normal Limits		✓	
Abnormal		X	
Not Examined		--	
Please give details of abnormal findings			
		Code	Details
1	General Appearance		
2	Head and Neck		
3	Eyes		
4	Ears		
5	Nose		
6	Mouth and Pharynx		
7	Thyroid		
8	Lymph Nodes		
9	Chest and Lungs		
10	Breasts		
	(if Indicated)		
11	Heart sounds		
12	Murmurs		
13	Abdomen		
14	Organomegaly		
15	Hernial Orifices		
16	Rectal Examination		
	(if indicated)		
	Prostate (males >45)		
17	Genitalia		
	(if indicated)		
18	Spine		

19	Lower limbs		
	Peripheral pulses		
	Varicose veins		
20	Upper Limbs		
	Raynaud's		
21	Skin		
	Previous Cold Injury		
	Scars		
	Tattoos		
	Identifying Marks		
22	Neurological status		
26	Mental Health status		
	Mood		
	Affect		
27	Gynaecological Examination		
	(if indicated)		

Please describe any other abnormal Findings on Examination

6. Investigations

Urine analysis results:

ECG required for patients at first BASMU Medical if aged 50 or over, or if clinically indicated. Attach ECG please.

Blood Group if known.....

If not known we would encourage staff to become blood donors within their own national scheme, gaining this information and providing a valuable service to society

For Over wintering staff only

Blood group and donor screening.

If you have recent results available then please record these below. Otherwise please arrange for blood to be taken. In UK these should be sent to the BTS using the bottles supplied. Results will be sent to BASMU. Overseas please send to your local laboratory and indicate the results below.

Blood Group	
Hepatitis B	Negative	Positive
Hepatitis C	Negative	Positive
VDRL	Negative	Positive
HIV	Negative	Positive

If the examining Doctor believes further tests are necessary, please indicate and attach details.

Patient has visible BCG scar **YES / NO**

Comment on tuberculosis risk (see patients BASMU 3 questionnaire)

Please summarise any relevant findings:

Examining Doctors Name & Address	Practise Stamp
Contact Telephone Number	
FAX Number	
Practice e-mail address	

Patient Signature.....

Date of examination.....