

Medical in Confidence

Date received @BASMU

British Antarctic Survey Polar Service Medical Examination Record.

Please use black pen

Personal Details

Surname:	Fist names:
Date of birth:	Job 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.

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
Please provide details	

Smoking		
Have you ever smoked?	Yes	No
If so, how many do/did you smoke per day?		
How many years have/did you smoked for?		
Are you trying to quit smoking?	Yes	No
Are you using nicotine replacement?	Yes	No
Do you vape?	Yes	No
Comment:		

Alcohol Consumption		
Do you drink alcohol?	Yes	No
How many units do you drink in a week?		
Standard glass of wine 175ml (11.5%) = 2 units Large glass of wine 250ml (12%) = 3units Bottle of wine 750ml (12%) = 9 units Can of beer/lager 500ml (12%) = 2 units Pint of beer/lager 3.5% = 2 units Pint of strong beer/lager 5.3% = 3 units Spirits single 40% = 1 unit		

2. Vital Statistics		
Height in cms	Weight in kgs	BMI
Waist circumference in cms	Hip circumference in cms	
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	
Pulse rate bpm	
Pulse rhythm	
Blood pressure	
Respiratory rate	

4. Vision		
Visual conditions / restrictions	Normal	Abnormal
Comment:		
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	--

	Code	Details
General Appearance		
Head and Neck		
Eyes		
Ears		
Nose		
Mouth and Pharynx		
Thyroid		
Lymph Nodes		
Chest and Lungs		
Breasts, if indicated		
Self - checks		Y N
Heart sounds		
Murmurs		

Abdomen		
Organomegaly		
Hernial Orifices		
Rectal Examination (if indicated)		
Prostate (males >45) own GP check within last 5 years acceptable		
Genitalia, if indicated.		
Self-checks	Y	N
Spine		
Lower limbs		
Peripheral pulses		
Varicose veins		
Upper Limbs		
Raynaud's		
Skin		
Previous Cold Injury		
Scars		
Tattoos		
Identifying Marks		
Neurological status		
Mental Health status		
Mood		
Affect		
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**

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

7. Tuberculosis screening

Patient has visible BCG scar

Yes

No

Comment on TB risk (see patient's BASMU 3 questionnaire)

--

8. Summary

Please summarise any relevant findings:

--

Examining Doctors Name & Address

Practise Stamp

Contact Telephone Number

FAX Number

Practice e-mail address

Doctor's Signature.....

Patient Signature.....

Date of examination.....