



British Antarctic Survey

NATURAL ENVIRONMENT RESEARCH COUNCIL

July 2021

BRITISH ANTARCTIC SURVEY MEDICAL UNIT

Antarctic / Arctic Summer Season Quadrivalent Flu Vaccination Form



BASMU, Emergency Dept,
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TO THE VACCINATOR

The holder of this letter is shortly due to visit the Antarctic or Arctic for remote science and support work for a period that could extend to approximately 6 months. During this period they will have limited access to medical facilities. Evacuations from such locations for emergency medical care are vastly expensive, involves logistical risk and disrupts science programmes many years in the making.

Safeguarding the overall wellbeing of staff working in remote locations for BAS (British Antarctic Survey) includes establishing thorough medical fitness prior to departing the UK. We therefore request your confirmation that this person has received their quadrivalent flu vaccine.

The patient is responsible for associated cost and for returning this form back to the BAS authorities. BAS fully accepts it has no redress against you in the event of this patient encountering medical complications while on deployment in remote locations.

We appreciate your support.
BASMU

Please complete the following so we can verify the individual's vaccination status prior to deployment.

I certify that _____ has received their quadrivalent flu vaccine.

Vaccinator's Name..... Date.....

Vaccinator's Signature.....

Practice address

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Practice Tel number.....