**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 35 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.

A guide to conditions that may cause concern

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| Conditions that ***will*** usually preclude service  Decisions 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 Attacks  Leaky Heart valves & Rheumatic Fever  Previous Heart Surgery  Uncontrolled High Blood Pressure  Heart Rhythm Abnormalities  Heart Failure  Arterial Disease | Treated abnormal rhythms  Severe varicose veins  Previous Frostbite  Severe Reynaud’s disease  Previous leg thrombosis  Previous clot on the lung |
|  |  |
| **Respiratory (chest) problems**  Recurrent pneumothorax  Cold induced asthma  Chronic Bronchitis or emphysema  Active Tuberculosis | Single episode of pneumothorax  History of moderate or severe Asthma |
| **Gastrointestinal problems**  Active stomach / duodenal ulcer  Liver Disease  Pancreatitis  Untreated Hernia | Previous exploratory abdominal surgery  Severe piles  Recurrent (inflammatory) bowel disease  History of stomach/duodenal ulcers |
| **Genito- urinary problems**  Recurrent Kidney Stones  Kidney failure | Renal colic  Recurrent kidney infections |
| **Neurological Conditions**  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 | Previous fits clear for > 3 years  Previous brain surgery  Severe ME |
| **Metabolic Conditions**  Most diabetes  Cushing’s Disease  Addison’s Disease  Obesity BMI >35 | Well controlled mild type ll diabetes (ENG 1 criteria)  Other endocrine disorder  Thyroid disease  Obesity (severe) BMI >35 |
| **Musculoskeletal conditions**  Untreated Slipped disc  Lower Limb Amputation  Recurrent dislocations (untreated)  Rheumatoid Arthritis  Ankylosing Spondylitis | Recurrent back pain  Severe knee problems  Unstable joint  Frequent Gout |
| **Cancer and Haematological Disorders**  Most cancers  Clotting or bleeding disorders  Warfarin Medication  Active bone marrow disease | Treated cancer with low risk of recurrence  Treated leukaemia  Treated Hodgkin’s disease |
| **Gynaecological conditions**  Current Pregnancy | Pelvic inflammatory Disease  Ovarian disease |
| **Dermatological conditions**  Blistering Skin diseases  Severe psoriasis | |
| **Mental Health Problems**  Current psychiatric Illness  Schizophrenia  Manic depression  Personality Disorder  Current Drug or alcohol abuse | Depression  Self-harm  Previous drug / alcohol problems  Previous severe mental illness |
| **Other conditions**  Immunosuppressant medication  Immunomodulatory medication  Anaphylaxis  Prescribed EpiPen | Allergic reaction to food |

**POLAR SERVICE APPLICATION**

**MEDICAL INFORMATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname:** | | | | |
| **Forename:** | | | | |
| **Date of Birth:** |  | | | |
| **E mail:**  Please print clearly | | | | |
| **Phone No:** | | | | |
|  | | | | |
| **Height in cms: ……………………….Weight in kgs: ………………………………**  **Age: ………………………………………BMI: …………………………………………….** | | | | |
| **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 chemist. Please state: | | |  | |
| **Last Covid vaccine date?** |  | |  | |
| **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:** | | |