



British Antarctic Survey Medical Unit
Diving Diseases Research Centre
Research Way
Plymouth Science Park
Plymouth. PL6 8BU
Tel: 01752 438621
Email: plh-tr.ADMIN.BASMU@nhs.net

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.



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A guide to conditions that may cause concern

Conditions that **will** usually preclude service
Decisions will depend on many different factors and
will be made on an individual basis.

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

Respiratory (chest) problems

Recurrent pneumothorax
Cold induced asthma
Chronic Bronchitis or emphysema
Active Tuberculosis

Gastrointestinal problems

Active stomach / duodenal ulcer
Liver Disease
Pancreatitis
Untreated Hernia

Genito- urinary problems

Recurrent Kidney Stones
Kidney failure

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.

Treated abnormal rhythms
Severe varicose veins
Previous Frostbite
Severe Reynaud's disease
Previous leg thrombosis
Previous clot on the lung

Single episode of pneumothorax
History of moderate or severe Asthma

Previous exploratory abdominal surgery
Severe piles
Recurrent (inflammatory) bowel disease
History of stomach/duodenal ulcers

Renal colic
Recurrent kidney infections



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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 II 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



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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:



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Height in cms:Weight in kgs:

Age:BMI:

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

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:



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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: