**BASMU4 Medical in Confidence**

Date received @BASMU

**Dec 24**

**British Antarctic Survey**

**Polar Service Medical Examination Record**

**Personal Details**

|  |  |
| --- | --- |
| Surname: | First names: |
| Date of birth: | Job title: |
| NHS Number: | 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 adverse effects / allergic reactions to either medication or food and any general anaesthesia/ surgery complications. 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 unitsLarge glass of wine 250ml (12%) = 3unitsBottle of wine 750ml (12%) = 9 unitsCan of beer/lager 500ml (12%) = 2 unitsPint of beer/lager 3.5% = 2 unitsPint of strong beer/lager 5.3% = 3 unitsSpirits single 40% = 1 unitS  |

|  |
| --- |
| **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 presently UNFIT for Antarctic Service. Please inform the person to contact BASMU at the earliest opportunity.  |

|  |  |
| --- | --- |
| **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 |
|  | Y/N | 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 (brief descript. & area of body) |  |  |
| 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 over the age of **50 at every BASMU Medical** (annually) 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:**

**Practice Email address:**

**Doctor’s Signature…………………………………. Date of examination…………………………**

**Patient Signature……………………………………**