

Tel: 01752 438621

Email: plh-tr.<u>ADMIN.BASMU@nhs.net</u>

BASMU4 Dec 24

Medical in Confidence

British Antarctic Survey Polar Service Medical Examination Record

Pei	rsona	l D	etail	S

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



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Please provide details		

Yes	No
	·
Yes	No
Yes	No
Yes	No
-	'
	Yes Yes

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



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2. Vital Statistics				
Height in cms	We	eight in kgs		BMI
Waist circumference in cms	Hip	p circumference in	n cms	
If BMI is greater than 35 then th inform the person to contact BA	-	-		Antarctic Service. Please
3. Vital signs				
Pulse rate bpm				
Pulse rhythm				
Blood pressure				
Respiratory rate				
4. Vision				
Visual conditions / restrictions	Normal		Abnorm	nal
Comment:			-	
Colour Vision / Ishihara	Normal		Abnorm	nal
Comment:				
5. Examination				
For Each of the following questi	ons please	enter one of the f	following	codes:
Within Normal Limits				



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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		Υ	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		Υ	N
Spine			
Lower limbs			
Peripheral pulses			
Varicose veins			



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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 findi	ngs on examination
6. Investigations	
Urine analysis results:	
ECG required for patients over the age of a clinically indicated. Attach ECG please	50 at every BASMU Medical (annually) or if



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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 BASM	MU 3 questionnai	re)	
8. Summary			
Please summarise any relevant findings:			
Examining Doctors Name & Address		Practise Stamp	
Contact Telephone Number:			
Contact Telephone Number: Practice Email address:			
	Date	of	
Practice Email address:	Date	of	



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Patient Signature.....