**British Antarctic Survey Medical Unit (BASMU)**

**Medical Information Form for Polar Service Application**

These guidance notes introduce the medical requirements for Polar service and serve as the first level of the medical screening process. It is essential that you read the guidance notes below and complete the information and declaration at the end. Please then submit the completed form to your BAS HR contact.

Many medical conditions can be safely supported in the Polar sphere, but declaring all known medical issues is important so that we can assess your risk and ensure that you are as safe as possible. We supply limited medications for a limited range of medical issues that you may develop. If you are on regular medications, you will need your own supply for the entire time you deploy.

Developing a medical emergency while working in the polar regions carries with it high personal risk due to limited medical capability in that environment. Getting a patient to high level medical care often takes many days (sometimes weeks) and can be much longer than you expect. There is usually limited capability for winter medical evacuations, with significant operational and personal impact and sometimes risk for rescuers.

It is essential that you have read and checked that you do not have the conditions listed. If you do, ensure that you contact us using the details above before continuing with your application.

**Please consider your own FITNESS TO DEPLOY. Speak with BAS if you are unsure.**

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 and dental screening to exclude preventable causes of evacuation.

**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 Polar service. Certain conditions will preclude Polar service, but this is uncommon. There are many conditions that can be safely managed or well-controlled in your home environment. However, some may not be as stable or may carry higher risk in remote polar environments. This is why it is important that all conditions, even historic and well controlled, should be declared- even if you are completely well at the moment.

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. Medical problems can often be resolved by early and open discussion, and BASMU will work to understand risks and mitigate where possible, sometimes with further investigation or specialist review.

In the event of any query, one of the BASMU staff may contact you directly and we will ask for permission to approach your doctor (GP) for clarification.

**A guide to current or historic conditions that may cause concern (non-exhaustive)**

|  |  |
| --- | --- |
| **Conditions that preclude service**  Decisions 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 or severe asthma  Chronic Bronchitis or emphysema  Active Tuberculosis  Sleep Apnoea/ use CPAP | Single episode of pneumothorax  History of moderate Asthma |
| **Gastrointestinal problems**  Active stomach / duodenal ulcer  Liver Disease  Pancreatitis  Untreated Hernia  Inflammatory bowel disease | Previous exploratory abdominal surgery  Severe piles  History of stomach/duodenal ulcers |
| **Genito- urinary problems**  Recurrent Kidney Stones  Kidney failure | Renal colic  Recurrent kidney infections |
| **Neurological Conditions**  Epilepsy or fits  Non – traumatic Brain Haemorrhage in past  Unexplained episodes of loss of consciousness  Degenerative N.M. conditions  Significant Neuro Deficit secondary to Trauma | Previous brain surgery  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 BMI 30-34 |
| **Musculoskeletal and Rheumatological conditions**  Untreated Slipped disc  Recurrent dislocations (untreated)  Rheumatoid Arthritis  Ankylosing Spondylitis | Recurrent back pain  Severe knee problems  Unstable joint  Frequent Gout  Lower Limb Amputation |
| **Cancer and Haematological Disorders**  Most cancers  Clotting or bleeding disorders  Anticoagulant 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 (Bipolar Affective Disorder)  Personality Disorder  Current Drug or alcohol abuse | Depression  Self-harm  Previous drug / alcohol problems  Previous severe mental illness  Eating disorders |
| **Other conditions**  Immunosuppressant medication  Immunomodulatory medication  Immunological disorders  Immune suppression  Anaphylaxis to non-drugs  Prescribed EpiPen | Allergic reaction to food  Prostatic hypertrophy (untreated) |

Please complete details on next page for **any** upcoming deployment and return completed form to [externalvisitors@bas.ac.uk](mailto:externalvisitors@bas.ac.uk)

**ALL** fields **MUST** be completed. BASMU will then email you further information and forms for completion.

**Please complete name as on passport.**

|  |  |
| --- | --- |
| Surname |  |
| Middle name(s) |  |
| First name |  |
| Date of birth |  |
| Address |  |
| Email address (that you are happy to use for medical information) |  |
| Mobile number |  |
| Occupation and destination |  |
| Duration | Summer Winter |

**Annual requirements:**

**You must complete a self-assessment and dental every year you are due to deploy.**

BASMU 3 (self-assessment)- will be forwarded to you via email.

BASMU 7 or 8 - Dental forms will be forwarded to you via email.

BASMU 4 - Medical completion frequency below. A BASMU 4 may also be requested outside of these periods if there are any changes in your health condition or at the discretion of BASMU. This will be emailed for you to share with the person completing the medical.

|  |  |
| --- | --- |
| Up to 35 years | Every 5 years |
| 35 years to 50 years | Every 3 years |
| 50 and above | Annually including an annual ECG |

I declare that I have read the conditions listed above and (tick relevant box):

|  |  |
| --- | --- |
| I have none of the conditions |  |
| I have one or more conditions, and I have contacted BASMU  and been cleared to continue my application. |  |

**Signed:**  **Print name:**   **Date:**