



BASMU Medical 1 Form

British Antarctic Survey Medical Unit
Diving Diseases Research Centre
Research Way
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Plymouth. PL6 8BU
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**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.



**British
Antarctic Survey**

NATURAL ENVIRONMENT RESEARCH COUNCIL

May 24

NHS
University Hospitals
Plymouth
NHS Trust



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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 <i>may</i> 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



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<p>Genito- urinary problems</p> <p>Recurrent Kidney Stones Kidney failure</p>	<p>Renal colic Recurrent kidney infections</p>
<p>Neurological Conditions</p> <p>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</p>	<p>Previous brain surgery ME</p>
<p>Metabolic Conditions</p> <p>Most diabetes Cushing’s Disease Addison’s Disease Obesity BMI >35</p>	<p>Well-controlled mild type II diabetes (ENG 1 criteria) Other endocrine disorder Thyroid disease Obesity BMI 30-34</p>
<p>Musculoskeletal and Rheumatological conditions</p> <p>Untreated Slipped disc Recurrent dislocations (untreated) Rheumatoid Arthritis Ankylosing Spondylitis</p>	<p>Recurrent back pain Severe knee problems Unstable joint Frequent Gout Lower Limb Amputation</p>
<p>Cancer and Haematological Disorders</p> <p>Most cancers Clotting or bleeding disorders Anticoagulant Medication Active bone marrow disease</p>	<p>Treated cancer with low risk of recurrence Treated leukaemia Treated Hodgkin’s disease</p>
<p>Gynaecological conditions</p> <p>Current Pregnancy</p>	<p>Pelvic inflammatory Disease Ovarian disease</p>
<p>Dermatological conditions</p> <p>Blistering Skin diseases Severe psoriasis</p>	





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<p>Mental Health Problems</p> <p>Current psychiatric illness Schizophrenia Manic depression (Bipolar Affective Disorder) Personality Disorder Current Drug or alcohol abuse</p>	<p>Depression Self-harm Previous drug / alcohol problems Previous severe mental illness Eating disorders</p>
<p>Other conditions</p> <p>Immunosuppressant medication Immunomodulatory medication Immunological disorders Immune suppression Anaphylaxis to non-drugs Prescribed EpiPen</p>	<p>Allergic reaction to food Prostatic hypertrophy (untreated)</p>

Please complete details on next page for **any** upcoming deployment and return completed form to externalvisitors@bas.ac.uk



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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 informa	
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:



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