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British Antarctic Survey Medical Unit

BASMU4 Aug24

Medical in Confidence

British Antarctic Survey Polar Service Medical Examination Record

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Date	received	(ω, \mathbf{B})	ASIVIU	J

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	
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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?		<u>.</u>	
Standard glass of wine 175ml (12%) = 2.1un	its		
Large glass of wine 250ml (12%) = 3units			
Bottle of wine 750 ml $(12\%) = 9$ units			
Can of beer/lager $440\text{ml} (5.5\%) = 2 \text{ units}$			
Pint of beer/lager $3.6\% = 2$ units			
Pint of strong beer/lager 5.2% = 3 units			
Spirits single 40% = 1 unit			

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	



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4. Vision						
Visual conditions / restrictions	Normal			Abnormal		
Comment:						
Colour Vision / Ishihara	Normal			Abnormal		
Comment:						
						J
5. Examination						
For Each of the following question	ons please	enter o	ne of the fo	llowing cod	des:	
Within Normal Limits		/				
Abnormal		X				
		Y/N	Details			
General Appearance						
Head and Neck						_
Troud and Tyonk						
Essa						4
Eyes						
Ears						
Nose						
Mouth and Pharynx						_
Wodin and I haryim						
Themaid						_
Thyroid						
Lymph Nodes						
Chest and Lungs						
C						
Breasts, if indicated						_
Dieasts, if indicated						
0.10 1.1						_
Self - checks			Y		N	



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Heart sounds		
Heart sounds		
Murmurs		
THE THE TENT		
Abdomen		
4		
Organomegaly		
Hernial Orifices		
Herman Offfices		
Rectal Examination (if indicated)		
(11 11101000 0)		
Prostate (males >45) own GP check		
within last 5 years acceptable		
Genitalia, if indicated.		
Gemuna, ii maleatea.		
Self-checks	Υ	N
		14
Spine		
Spine		
Spine Lower limbs		
Lower limbs		
Lower limbs Peripheral pulses		
Lower limbs		
Lower limbs Peripheral pulses		
Lower limbs Peripheral pulses Varicose veins		
Lower limbs Peripheral pulses		
Lower limbs Peripheral pulses Varicose veins		
Lower limbs Peripheral pulses Varicose veins Upper Limbs		
Lower limbs Peripheral pulses Varicose veins		
Lower limbs Peripheral pulses Varicose veins Upper Limbs		
Lower limbs Peripheral pulses Varicose veins Upper Limbs Raynaud's		
Lower limbs Peripheral pulses Varicose veins Upper Limbs		
Lower limbs Peripheral pulses Varicose veins Upper Limbs Raynaud's Skin		
Lower limbs Peripheral pulses Varicose veins Upper Limbs Raynaud's		



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Scars	
Sears	
T. (1 : C1 : (0 C1 1)	
Tattoos (brief descript. & area of body)	
Identifying Marks	
Neurological status	
Troutotogical status	
N 177 . 14	
Mental Health status	
Mood	
Affect	
Gynaecological examination, if indicated	
Please describe any other abnormal findi	ngs on examination
6. Investigations	
Urine analysis results:	
12 load ECC required for nationts even the	ogo of 50 at avery PASMII Medical (appually) or if
clinically indicated. Attach 12 lead ECG p	age of 50 at every BASMU Medical (annually) or if
emmeany molecited. Attach 12 icau ECG p	nease



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If the examining Doctor believes further tests	s are necessary	y, please indicate and attach details.
7. Tuberculosis screening		
Patient has visible BCG scar	Yes	No
Comment on TB risk (see patient's BASMU		
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	••••••	