

# Raytheon Polar Services Company

7400 S. Tucson Way, Centennial, CO 80112-3938  
(303) 790-8606 (800) 688-8606 fax (303) 649-9275

*RPSC From, ME-A-109, Medical Department, Revision #3, 20 March 2007, All Locations, Approved by Lynn Dormand*

## **REQUIRED LABS**

Please follow the instructions in your deployment e-mail for utilizing Lab Corp. If there

is no LabCorp near you, your personal physician or any other lab facility can perform

the tests. Please have the following tests completed and the results sent to the RPSC

Medical Department.

If you receive an actual lab kit box, please use and follow lab instructions found inside the box.

**Labs to be done no earlier than 6 months prior to deployment.**

Lipid Panel

Triglycerides

Cholesterol, Total

HDL – cholesterol

LDL – cholesterol

CHOL/HDLC ratio

Biochem

Alkaline Phosphatase

Bilirubin, Total

Calcium

Chloride

Creatinine

Glucose, Serum

Potassium

Aspartate Transaminase - AST (SGOT)

Alanine Transaminase - ALT (SGPT)

Sodium

Uric Acid

HgA1c required for all Diabetics

Iron, Total

Iron Binding Capacity

% Saturation

CBC with differential/platelet

Urinalysis, reflex

Hepatitis B core AB total

Hepatitis C Antibody

RPR/VDRL (monitor)

ABO Group & RH type

PSA – for ages 40-49 with family history of prostate cancer; all males aged 50 and up

HIV – Recommended, but optional. Mandatory for winter-over in Antarctica (February-October) and for participants in the walking blood bank  
TSH - Mandatory for Participants with a Thyroid Disorder or winter-over in Antarctica (February-October)

*RPSC Form ME-A-123, Medical Department, Revision #0, 3 April 2006, All Locations, Approved by Lynn Dormand*

## **NOTICE**

**You are required to report any changes in your health status occurring after your physical examination.**

**If you recently married or had a name change, please provide both of your names.**

**Report changes to:**

**RPSC Medical Screening**

**7400 South Tucson Way**

**Centennial, CO 80112**

**Fax (303) 649-9275**

**E-mail: [medical@usap.gov](mailto:medical@usap.gov)**

**Technical Services Company LLC**

Polar Services

7400 S Tucson Way

Centennial, Colorado

80112-3938 USA

303.790.8606

To USAP Participants: **(Personal Prescription Medications)**

It is the responsibility of all participants to obtain a supply of their regular prescription medications to cover the time that

they will be deployed. **The Stations do not have prescriptions available to support maintenance medications – our**

**medication stock is limited to support emergent requirements, in accordance with NSF requirements.**

**Additionally,**

**if any changes to your medical well-being occurs after PQ, you are required to let us know so we can ensure your**

**continued good health while deployed.** Participants will not be allowed to winter-over unless they have enough of their

regular medications to last through the winter season. The New Zealand custom laws, however, only allow for three

months of prescription medications and one month of controlled prescription medications to be hand carried through New

Zealand. Therefore, if you will be deployed for a longer period of time, you must make arrangements for additional

medication to be mailed to the Station Medical Clinic through the APO mail system. The medications will need to be in

properly labeled pharmacy containers to be passed through the APO system. It is important that you hand carry the initial

three months of medication (one month for controlled medications) in order to provide enough time for the mail to reach

you in Antarctica. When you get your prescription medications filled, ask the pharmacist to put three months of medication (or one month of controlled medications) in one labeled container and the remainder in a separately labeled container. If you are not sure if your medication is controlled (Class II or III), ask the pharmacist when you get the prescription filled. Mail the containers with the remainder of the medication to the Medical Clinic at the Station where you will be deployed.

Mail the medication to the APO address listed below. Packages destined for summer participants should be mailed after

Labor Day or they will be returned. The addresses for the Medical Clinics are:

**McMurdo Station – RPSC South Pole Station -- RPSC**

Medical Clinic, RPSC Medical Clinic

McMurdo Station South Pole Station

PSC 469 Box 700 PSC 468 Box 400

APO AP 96599-1035 APO AP 96598

The Medical Clinic will open the packages upon receipt at the Station and maintain an Excel spreadsheet listing the name

of the participant, the name and amount of the medication, date received, the date that the medication was dispensed to the

participant and the signature of the person dispensing the medication. The Medical Clinic will notify the participant when

the medication is received. The participant will go to the Clinic to sign the medication spreadsheet and obtain their

medication.

Chilean customs laws do not restrict the amount of personal medications hand-carried through Chile and participants that

are deploying through Chile can hand carry the amount of medication that they need for their deployment.

Remember that you will have to clear customs in New Zealand to reenter the country on redeployment and the same

restrictions on the quantity of medications will apply. If you have an excess amount on redeployment, mail the excess

amount to yourself at home before leaving Antarctica.

If you have any questions about the procedure for transporting your prescription medications to Antarctica, contact the

Medical Department at RPSC, 1.800.688.8606, option 3 on the menu.

RAYTHEON TECHNICAL SERVICES COMPANY LLC

POLAR SERVICES

*RPSC Form ME-A-121a, Medical Department, Revision #1, 12 March 2007, All Locations, Approved by Lynn Dormand*

*RPSC Form ME-A-300, Medical Department, Revision #0, 28 December 2006, All Locations, Approved by Lynn Dormand*

## **Will You be Visiting South Pole Station?**

In the upcoming season, you will be traveling to not only one of the coldest climates on earth, but also to a high altitude environment. When traveling to Antarctica, we prepare physically and mentally for the physical impacts of extreme cold. Below, we hope to stress the equal importance of preparing for the effects of high altitude on your body, and the efforts you can make in your first week at altitude to prevent altitude related illnesses.

**What is considered “high altitude”?** “High altitude” is defined as altitudes exceeding 6,000 to 8,000 feet. Above these levels, changes in the pressures of gases we breathe, and of oxygen in particular, result in a number of chemical changes in our bodies – some of which can be unpleasant.

**How do we adapt to high altitude?** We begin to adapt to these changes, or acclimatize, within hours of our exposure to altitude. Significant adaptations occur within the first four days at

altitude. It may take a month or more to completely adapt. Individuals with certain medical conditions – most of which we screen for in your PQ process – may never properly adapt to high altitude environments, and therefore may not qualify for South Pole employment. South Pole residents are challenged in their acclimatization because they are not able to gradually ascend to altitude, as one might on a gradual climb to a mountain peak; instead, residents are flown directly from sea level to approximately 11,000 feet of altitude. This requires vigilance to prevent overexertion in the first days at altitude, as overexertion can significantly increase the risk of developing an altitude-related illness.

**What are the physical problems (Altitude Related Illnesses) I might experience with my initial arrival at altitude?**

• **Periodic Breathing of Altitude:** This irregular breathing pattern, part of normal acclimatization, presents as multiple breaths followed by pauses in breathing. Most evident at night, this breathing pattern can cause repeated awakenings, leading to poor or disrupted sleep and subsequent daytime fatigue. In some individuals, blood oxygen levels will drop significantly with breathing pauses, putting them at risk for further altitude related illnesses. Chemicals which suppress the drive to breathe – such as alcohol and sleeping medications – can worsen the effects of periodic breathing, and are therefore not recommended while acclimatizing. **Treatment:** Periodic breathing can be reduced through the use of acetazolamide (Diamox) 125mg at bedtime in the first three to four days at altitude.

• **Acute Mountain Sickness (AMS):** AMS, a syndrome of headache, nausea, loss of appetite, dizziness, and worsened periodic breathing, impacts approximately 30% of people traveling to high altitude. It normally presents in day one to three at altitude.

**Anyone can get AMS – even people who have lived and worked at high altitude in the past without any problem.** Excessive exertion and dehydration in one's first days at altitude, and possibly a high salt diet, increase the risk for getting AMS. Remaining well hydrated – at least four liters of water per day, practicing a low salt diet, and doing no heavy physical exertion for the first two to four days at altitude will reduce one's risk of getting AMS. **Treatment:** Diamox (250mg) twice a day, started the day before ascent, and continued for the first three to four days at altitude, will reduce the risk of getting AMS. (This dosing will also treat Periodic Breathing, mentioned above.) Gingko, previously thought to be of benefit at altitude, has recently been found to be ineffective at preventing AMS. Using supplemental oxygen, especially at night, can also help reduce symptoms.

*RPSC Form ME-A-300, Medical Department, Revision #0, 28 December 2006, All Locations, Approved by Lynn Dormand*

• **High Altitude Pulmonary Edema (HAPE):** HAPE occurs when leaky tissues and blood vessel spasms in the lung cause the lungs to backflow with fluid, including blood. Three percent of people going to altitude are expected to develop HAPE, which normally presents on day two to three at altitude. Symptoms initially include shortness of breath at rest and with lying flat; they can progress to dry, wet, pink-frothy or bloody cough, associated with an inability to catch one's breath. This is a serious and progressive condition, which if untreated can lead to death. Risk for HAPE can be reduced by avoiding heavy exertion in one's first three to four days at altitude, taking Diamox to reduce periodic breathing and pauses, and keeping warm – to include breathing through a neck gaiter outside to prevent cold-induced spasm of blood vessels of the lungs.

**Treatment:** Diamox (250mg) twice a day, possible blood vessel dilators like nifedepine or Viagra, inhalers such as albuterol, dexamethasone, oxygen and possible descent from altitude. The medical providers at McMurdo and Pole Stations can best assist you on the advisability of any of the other medications beside or in addition to Diamox.

• **High Altitude Cerebral Edema (HACE):** HACE is brain swelling, resulting from the low oxygen environment, and the body's chemical reactions thereunto. HACE is rare at South Pole's altitude, but can be seen when oxygenation is worsened by the presence of HAPE. Therefore, HACE and HAPE are commonly seen together. HACE presents with severe headache, dizziness and ataxia (falling over due to lack of balance), extreme nausea/vomiting, altered levels of consciousness including unconsciousness, and

seizures. Without treatment, HACE can be fatal. **Treatment:** Diamox (250mg) twice a day, dexamethasone to reduce brain swelling, oxygen and descent from altitude.

**What if I've never had an altitude related illness before, and I've been to altitude many times?** You are still at risk for getting altitude illness. If you've gone to altitude 99 times, you may get altitude illness on your hundredth ascent. If you live at altitude, your time in New Zealand and McMurdo is sufficient to allow you to lose your previous altitude acclimatization. The only predictor that you will get sick is that you've been sick before. Therefore, **everyone** must take seriously the above precautions and strongly consider taking medicine to prevent altitude illness.

**Where do I get Acetazolamide (Diamox)?** You can get Diamox at McMurdo Medical before you go to Pole at any time during the season. If you are going to Pole directly, you will be met by a member of the McMurdo medical team upon your arrival to Antarctica, given a briefing about altitude illness, and offered Diamox before your Pole flight. If you forget to get your Diamox in McMurdo, it is also available from the South Pole Clinic.

**What if I have other questions about Altitude Related Illnesses?** Feel free to stop by in the medical clinics at McMurdo or South Pole, or speak to your regular doctor before you deploy. A good website to read more about altitude illnesses is: [www.basecampmd.com](http://www.basecampmd.com).

*RPSC Form ME-D-104, Medical Department, Revision #8, 21 March, 2007, Approved by Lynn Dornand*

## **MEDICAL AND DENTAL - INSTRUCTION GUIDE – Long Form**

### **DESCRIPTION OF FORM ACTION**

Checklist

Form ME-D-112

Completed by RPSC Medical for each candidate, based upon age, gender, family history (if available), previous deployment history, and seasonal deployment needs.

**Additional tests/exams may be required based on information received.**

Call your doctor/dentist: request appointment to include any/all tests indicated on checklist. Take the checklist with you to appointments, along with the "Dear Doctor" letter (ME-D-102).

***Falsifying and/or non-disclosure of information may result in permanent disqualification from the United States Antarctic Program.***

Release Form

NSF Form 1421

"Medical Risks for NSF-Sponsored Personnel Traveling to Antarctica" release.

Read, sign and date. Return to RPSC.

(Participants **WILL NOT** be cleared for deployment until RPSC Medical receives this form.)

Medical History

NSF Form 1422

Five page medical history (long form). Long form - Complete and take with you to your Doctor's appointment. Return to RPSC Medical.

Polar Physical

Examination

NSF Form 1423

Two page examination form. This is for your doctor to complete during your appointment. This completes the medical history form. Return to RPSC Medical.

Lab Work

Lab kit

Or

Required Labs

Form ME-A-109

We encourage everyone to go to LabCorp, a

nationwide chain with direct-bill services to RPSC. Please follow the directions on your checklist.

LabCorp will send the results to and direct-bill the RPSC Medical Department.

If you do not have a LabCorp near you, please notify RPSC Medical and we will mail you a Lab kit.

Labs can also be obtained through your primary MD's office.

Please follow directions on your checklist for deployment to Antarctica if you plan to use LabCorp. It is your responsibility to pay for the Draw Fee and RPSC employees will be reimbursed for this fee. If Lab Kit is provided, take it to your Doctor's appointment. It is your responsibility to make sure the lab kit is mailed the same day your labs are collected. Use the Federal Express mailer included with the lab kit. Follow instructions regarding fasting. Labs must be done within 6 months of deployment.

If no Lab kit is provided, please take the "Required Labs" list to your Dr., have all required tests performed and send all test results with your completed medical forms to RPSC Medical.

**You must fast for 10-12 hours prior to the blood draw.**

HIV Consent

NSF Form 1424

Explains the walking blood bank procedure and the need for HIV testing.

Read, sign and date this form. Take it with you to your doctor's appointment and have it returned with the examination forms.

Dental

NSF Form 1425

Radiographs become the property of USAP and will not be returned to you or your dentist.

Instructions for digital radiographs can be found in the "Dear Dentist" letter (ME-D-106).

Complete the top portion of the Dental Examination form BEFORE your appointment. Take the "Dear Dentist" letter to your dentist. The exam form and ORIGINAL radiographs should be sent to RPSC Medical.

Reimbursement

Form

ME-A-103

Form used by Raytheon employees for out-of-pocket reimbursable fees only. Use this form only if you are not currently working for RPSC.

Read and follow instructions on the Reimbursement form. Mail to RPSC Medical.

Eyewear Policy  
for Antarctica

ME-A-119

Sunglasses are a requirement in Antarctica.

This form details all requirements.

RPSC employees are eligible to be reimbursed every other year for one (1) pair of prescription sunglasses. Additionally, if required of your job position, reimbursement for one (1) pair of prescription safety glasses. You will be reimbursed up to \$175.00 for each pair.

**You must be Physically Qualified to obtain reimbursement.**

Medications

ME-A-121

**Participants taking prescription or over-the-counter medications are required to bring an adequate supply for the deployment duration.** USAP does not

provide motion sickness medication.

If you need physician-prescribed medications of any kind during your deployment, please consult your physician. **You will need to obtain a prescription for the length of your deployment.** Be sure to bring enough medication to allow for travel and extended time on Ice. See letter included in packet.

Immunization Current Tetanus immunization – USAP required. Hepatitis A and B vaccines – strongly recommended for certain positions.

See checklist.

Consult the Centers for Disease Control and Prevention International Traveler’s Hotline re: immunization for international travel at [www.CDC.gov/travel/index.html](http://www.CDC.gov/travel/index.html).

Psychological

Screening-

Winter Over

Participants

Required for candidates deploying to either McMurdo or the South Pole during the austral winter (March-October).

Call RPSC Medical at 800-688-8606, option 3, to arrange an appointment. Nicoletti-Flater Associates are located in Denver, CO, and will perform all psychological evaluations.

NATIONAL SCIENCE FOUNDATION - POLAR PHYSICAL EXAMINATION (ANTARCTICA)

**MEDICAL HISTORY**

Complete pages 1-5 in ink prior to Dr.’s exam

**Polar Medical Staff Use Only**

Reviewed/Date: \_\_\_\_\_

**Polar Medical Staff Use Only**

PQ PQ Summer Only NPQ

Medical Conditions:

\_\_\_\_\_

Restrictions and Follow-up:

\_\_\_\_\_

\_\_\_\_\_

Reason for NPQ: \_\_\_\_\_

Name: last, first, middle (must match passport)

Birth date

\_\_\_\_\_

(YY/MM/DD)

Street City State Zip

Telephone (include area code)

Day:

Evening:

Age Sex

F M

Nickname E-Mail:

Emergency Point of Contact (Name, Address and Phone Number):

**Affiliation:**

NSF

Science Event # \_\_\_\_\_

Official Visitor Event # \_\_\_\_\_

Technical Event # \_\_\_\_\_

**Affiliation:**

RPSC

Job Title: \_\_\_\_\_

Other Contractor

Job Title: \_\_\_\_\_

**Proposed Antarctic Season:**

Summer (Aug-Feb)

Winter (Mar-Oct)

Other \_\_\_\_\_

(dates)

**Proposed Antarctic Worksite:**

McMurdo Station

Field Camp

South Pole Station

Palmer Station

RV/NB Palmer

RV/LM Gould

USCG Icebreaker

Other (specify) \_\_\_\_\_

Estimated Deployment Dates

From \_\_\_\_\_ to \_\_\_\_\_

Previous Polar (Arctic or Antarctic) Deployment?

Date: \_\_\_\_\_ Location: \_\_\_\_\_

**FAMILY PERSONAL MEDICAL HISTORY\*\*\*\*DO NOT USE FOR YOUR OWN HEALTH HISTORY\*\*\*\***

Relationship Age Status of Health, if living Age and Cause of Death

Father

Mother

Spouse

Brothers/Sisters/ Children (list below):

Family History of: Check box, If yes, who? (explain): Relationship Family History of: Check box, If yes, who? (explain):

Relationship

Diabetes? YES NO YES NO

Insulin Required? YES NO

Kidney Disease? Describe:

Heart Attack?

Age? \_\_\_\_\_

YES NO YES NO

Stroke?

Age? \_\_\_\_\_

YES NO

Cancer?

Type?

Bleeding Disorder? Describe:

(Hemophilia, Clotting Factor

Deficiency) \_\_\_\_\_

YES NO Stomach/GI Disease?

Type? \_\_\_\_\_

YES NO

Autoimmune Disorder?

Describe: (Rheumatoid Arthritis,

Lupus, Other) \_\_\_\_\_

YES NO

YES NO

Mental Health Disorders?

Describe: (i.e., Depression,

Bipolar, Suicide, Schizophrenia)

\_\_\_\_\_  
Hemoglobin disorder?

Describe: (Sickle Cell,

Thalassemia, etc.)

\_\_\_\_\_  
YES NO

NSF Form 1422 Page 1 of 5 (APR 2002) **Original:** Contractor Medical Staff **Yellow :** Contractor Medical Staff **Pink:**

Examiner/Participant

OMB CONTROL NUMBER 3145-0177: Expires SEP 2007

NAME \_\_\_\_\_ DOB \_\_\_\_\_

**PERSONAL MEDICAL HISTORY (ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR PRESENT OR PAST MEDICAL HISTORY)**

**Do you have any allergies to medications?** YES NO If yes, which?

**Do you have any other known allergies?** YES NO If yes, describe (including your reaction).

Medications: List all you take, including Over-the-Counter Medications and Vitamins:

Name of Medication Dose How Often Taken – daily, twice daily, as needed, etc.

**Surgeries/Hospitalizations** – List all surgeries and dates (include any outpatient surgery): If more space is needed, use back or add a sheet.

**ADDITIONAL COMMENTS**

**1 Seizure disorder?**

Date of Last Seizure: \_\_\_\_\_

**Head Injury?**

Loss of Consciousness – Date \_\_\_\_\_

How Long \_\_\_\_\_

YES

YES

NO

NO

**2 Headaches?**

**Migraines?**

Date Diagnosed \_\_\_\_\_

Date of last Migraine \_\_\_\_\_

YES

YES

NO

NO

**3 Vision:** Do you wear glasses? contacts?

Do you have unequal pupils?

Do you have blindness in one or both eyes?

Do you have Glaucoma?

Do you have Cataracts

Do you have Double Vision?

Do you have other vision problems?

Describe:

YES

YES

YES

YES

YES

YES

YES

NO

NO

NO

NO

NO

NO

NO

**4 Dizziness/Fainting**

Reason:

Date of occurrence: \_\_\_\_\_

YES NO

**5 Do you have ear, nose, or throat problems?**

Describe:

**Hearing Impairment?**

**Hayfever?**

Are you currently taking allergy shots?

YES

YES

YES

YES

NO

NO

NO

NO

NSF Form 1422 Page 2 of 5 (APR 2002) **Original:** Contractor Medical Staff **Yellow:** Contractor Medical Staff **Pink:**

Examiner/Participant

OMB CONTROL NUMBER 3145-0177: Expires SEP 2007

NAME \_\_\_\_\_ DOB \_\_\_\_\_

**PERSONAL MEDICAL HISTORY (continued)**

**ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR PRESENT OR PAST MEDICAL HISTORY**

**ADDITIONAL COMMENTS**

6

**Do you have any Pulmonary Disease?**

**Chronic Obstructive Pulmonary Disease (COPD)?**

**Pulmonary Embolism/Blood Clots?**

**Sleep Apnea?**

**Asthma?**

Date of last attack \_\_\_\_\_

Number of attacks in past year \_\_\_\_\_

**Emphysema or chronic Bronchitis or Bronchiectasis?**

**Shortness of Breath or Difficult Breathing?**

Explain:

**Tuberculosis**

History of positive TB skin test

Have you ever received BCG?

**Have you ever experienced altitude sickness?**

At what altitude \_\_\_\_\_

Describe treatment:

YES

YES

YES

YES

YES

YES

YES

YES

YES

YES

YES

NO

NO

NO

NO

NO

NO

NO

NO

NO

NO

NO

**7 Do you have Heart Problems/Disease?**

**Previous Heart Attack?**

**Angina/Chest Pain?**

Describe (include frequency, precipitating factors, and treatments):

**Congestive Heart Failure (CHF)?**

**Supraventricular Tachycardia (SVT)?**

Date diagnosed \_\_\_\_\_

Frequency and treatment:

**Atrial Fibrillation?**

Date diagnosed \_\_\_\_\_

**Heart Murmur/Valvular Heart Disease?**

Date diagnosed \_\_\_\_\_

Limitations:

**Angiogram Angioplasty Stent**

**Cardiac Bypass Surgery**

Date \_\_\_\_\_

**Pacemaker?**

**Hypertension?**

Date diagnosed \_\_\_\_\_

**TIA/Stroke?**

Date \_\_\_\_\_

**History of Deep Vein Thrombosis (DVT)/Blood Clots?**

**History of Abdominal or Cerebral Aneurysm?**

YES

YES

YES



YES NO

**15 Do you have a regular exercise program?**

Describe:

YES

NO

**16 Have you had Stomach/Bowel Problems?**

Anemia

Black tarry stools

Blood in stools

Frequent or persistent diarrhea

Gallbladder Problems/Stones

Heartburn

Hemorrhoids

Inflammatory bowel disease (Crohns/Ulcerative Colitis)

Ulcers

Date of last flare up\_\_\_\_\_

YES

YES

YES

YES

YES

YES

YES

YES

YES

YES

YES

NO

NO

NO

NO

NO

NO

NO

NO

NO

NO

**17 Have you been diagnosed with liver problems?**

**Hepatitis?**

Type A B C Other

YES

YES

NO

NO

**18 Do you have Kidney problems?**

History of Kidney Stones?

Polycystic Kidney Disease?

Frequent Urinary Tract Infections?

YES

YES

YES

YES

NO

NO

NO

NO

**19 Do you have a history of Hernias?**

Date\_\_\_\_\_

Location\_\_\_\_\_

YES NO

**20 Have you had any sexually transmitted diseases?**

When? \_\_\_\_\_

Type: Herpes Chlamydia Gonorrhea

Syphillis Other Specify)\_\_\_\_\_

Treated?

When? \_\_\_\_\_

Describe:

YES

YES

NO

NO

**21 Cancer or leukemia?**

Type/Location: \_\_\_\_\_

Date diagnosed \_\_\_\_\_

Surgery

Chemotherapy

Radiation Therapy

Other Treatment: \_\_\_\_\_

YES

YES

YES

YES

YES

NO

NO

NO

NO

NO

NSF Form 1422 Page 4 of 5 (APR 2002) **Original:** Contractor Medical Staff **Yellow:** Contractor Medical Staff **Pink:**

Examiner/Participant

OMB CONTROL NUMBER 3145-0177: Expires SEP 2007

NAME \_\_\_\_\_ DOB \_\_\_\_\_

**PERSONAL MEDICAL HISTORY (continued)**

**ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR PRESENT OR PAST MEDICAL HISTORY**

**ADDITIONAL COMMENTS**

**22 Skin rash/Disease?**

Describe (include duration and treatment):

YES NO

**23 Broken bones?**

Orthopedic Pins/Plates?

Dislocations?

Back injuries

For any "YES" answers, list date, area affected and treatment:

YES

YES

YES

YES

NO

NO

NO

NO

**24 Have you ever been or are you currently treated for?**

Schizophrenia Depression Bipolar Panic Attacks

Anxiety Attacks Obsessive/Compulsive Disorder

Suicide Attempt/Thoughts Eating Disorders

Addiction Other: \_\_\_\_\_

**Have you ever been hospitalized for psychiatric treatment?**

Describe with length and dates:

YES

YES

NO

NO

**25 For Men:**

History of Prostate disease including prostatitis or prostate stones?

When? Describe treatment:

Surgery required?

Date \_\_\_\_\_

YES

YES

YES

NO

NO

NO

NO

**26 For Women:**

Date of last period: \_\_\_\_\_

Date of last PAP Smear: \_\_\_\_\_

Results: Normal Other (describe):

Are you currently taking Oral contraceptives?

History of severe Menstrual Cramps/PMS?

Endometriosis?

Ovarian Cysts?

Describe treatment:

YES

YES

YES

YES

NO

NO

NO

NO

27 Do you drink alcohol?

Quantity per day \_\_\_\_\_ Total per week \_\_\_\_\_

Have you ever felt you should decrease your drinking?

Explain:

Have you ever received a DUI or court ordered treatment?

Describe circumstances:

Have you ever been diagnosed as an alcoholic?

If now sober, length of sobriety \_\_\_\_\_

YES

YES

YES

YES

NO

NO

NO

NO

**I certify that the information contained herein is complete and accurate to the best of my knowledge.**

**I will inform the**

**contractor's medical staff of ALL medical/health changes that occur after submitting this form. I**

**understand that failure to**

**provide any or all of the requested information may result in a denial of my application for**

**assignment to the Polar Regions.**

**I also understand that willfully providing false statements to a Federal agency or its representatives is a criminal offense.**

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Print Name Signature Date

NSF Form 1422 Page 5 of 5 (APR 2002) **Original:** Contractor Medical Staff **Yellow:** Contractor Medical Staff **Pink:**

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## **Raytheon Polar Services Company**

7400 S. Tucson Way, Centennial, CO 80112-3938

(303) 790-8606 (800) 688-8606 FAX (303) 649-9275

*RPSC Form ME-D-102, Medical Department, Revision #9, 7April 2007, Approved by Lynn Dormand*

*Page 1 of 2*

**Dear Doctor:**

This person is applying for a position with the United States Antarctic Program (USAP). Due to

the remoteness of the area, medical facilities have limited diagnostic and therapeutic modalities.

The clinics in Antarctica can comfortably manage primary care problems.

Emergency situations

requiring hospitalization or sophisticated diagnostic procedures require evacuation to New

Zealand or the South American continent. Under optimal conditions, medical evacuation can be

performed in no less than twelve hours. At Palmer Station evacuation is only available by sea and may take several days. At McMurdo and the South Pole Stations, weather conditions can delay flights in and out of Antarctica for several days in the summer. Winter evacuations are virtually impossible. Consequently, common clinical situations in urban communities such as evaluating atypical chest pain, acute abdominal pain or treating renal calculi can present a major dilemma.

Antarctica is the highest, driest and coldest continent on earth. Temperatures at McMurdo Station are frequently well below freezing in the summer. South Pole temperatures average –30F degrees in the summer with wind chills commonly –60F degrees. Employees live in a confined space during the unrelenting six-month summer daylight or winter darkness. The South Pole is at a physiological altitude greater than 10,000 feet and has virtually no humidity. Altitude sickness is very common and must be differentiated from other serious causes of dyspnea, dizziness and chest pain. Accordingly, it is vitally important to thoroughly screen individuals to identify risk factors for cardiopulmonary and psychological conditions. Your comments on the overall health of the applicant are valuable in contributing to the success of the Program and the safety of the participant. The USAP has medical examination requirements for summer and winter deployment as discussed below:

**Summer Deployment (August-February)**

Medical Examination/Testing:

All tests and labs to be performed on this candidate can be found on the “**Medical/Dental**

**Checklist for Deployment Clearance to Antarctica.**” Additional tests and exams may be required based on this information. Please review the candidate’s checklist, five-page Medical History Form, and perform a physical examination. **A comment on all positive findings in the history and examination is required to help in expediting the medical clearance process.**

**All sections of the medical exam must be performed.** The lab testing must be done within 6

months of deployment.

**Blood typing** is required for all applicants. Personnel are requested to contribute to the

USAP's walking blood bank. You may ask the participant if they are able to contribute blood. If

the candidate indicates his/her willingness, please note the answer next to the blood type on the

Physical Examination Form. This is not a requirement of you or the candidate and will not affect

deployment clearance. **If the applicant does not wish to be a recipient of the walking blood**

**bank, please identify in the COMMENTS section of the exam – otherwise consent is**

**implied.**

## **Raytheon Polar Services Company**

7400 S. Tucson Way, Centennial, CO 80112-3938

(303) 790-8606 (800) 688-8606 FAX (303) 649-9275

*RPSC Form ME-D-102, Medical Department, Revision #9, 7April 2007, Approved by Lynn Dormand*

*Page 2 of 2*

### **Summer Deployment (October to February)**

- All tests required for summer deployment – see Medical and Dental checklist

### **Winter Deployment (February to October)**

- All tests required for summer deployment, plus the following:
  - TSH
  - HIV Testing
  - Chest X-ray – send report only
  - Psychological testing for McMurdo and South Pole stations

### **Administrative Information**

**Lab Results:** Please follow the instruction in the deployment e-mail for utilizing Lab Corp.

If there is no LabCorp near you, your personal physician or any other lab facility can perform the

tests. Please refer to form ME-A-109 in the Deployment packet. If you receive an actual lab kit

box, please use and follow the lab instructions found inside the box. **Labs to be completed no**

**earlier than 6 months prior to deployment.** Copies of the lab results can be obtained from the

RPSC Medical department.

**Return of Examination/Tests:** Please send the original medical history and physical

examination, including requested tests, to RPSC Medical.

**Other Requirements:** Prescription medications (type and quantity) are limited at all Antarctic

medical facilities. Candidates are required to bring a sufficient supply of their own medication

for the duration of their deployment. Please refer to form ME-A-121 or ME-A-121a in the deployment packet. RPSC Medical can assist candidates in obtaining sufficient medications if their prescription plans limit the quantity allowed at each refill.

**Payment for this Examination: The candidate is responsible for payment!**

**This includes**

**insurance deductible(s), payment of all charges incurred by this exam if no insurance is**

**available, or insurance payment is denied. RPSC WILL NOT REIMBURSE**

**HEALTH CARE**

**PROVIDERS.**

## **THANK YOU FOR YOUR COOPERATION WITH THIS MEDICAL EXAMINATION.**

NATIONAL SCIENCE FOUNDATION

### **POLAR PHYSICAL EXAMINATION - ANTARCTICA**

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

**BLOOD TYPE:** \_\_\_\_\_

COMPLETE ALL SECTIONS USING CODES WHERE APPROPRIATE

#### **VITAL SIGNS VISION**

WITHOUT CORRECTION WITH CORRECTION

HEIGHT: WEIGHT: DIST NEAR DIST NEAR

BP: PULSE: R R

RESPIRATIONS: TEMPERATURE: L L

CODES: O – Within Limits

I – Significantly Abnormal

X – Not Examined

Code

Remarks (discuss abnormal findings in detail)

1. General Appearance.....

2. Head and neck.....

3. Eyes.....

4. Ears.....

5. Nose.....

6. Mouth.....

7. Thyroid.....

8. Lymph nodes.....

9. Chest, Lungs, Breasts.....

10. Heart.....

11. Abdomen.....

12. Inguinal, include hernia.....

13. Genitalia.....

14. Anal and Rectum.....

15. Spine.....

Forward Bend, Fingers Miss Floor \_\_\_ Inches

16. Upper Extremities.....

17. Lower Extremities.....

Varicosities.....

18. Skin, Lymphadenopathy.....

Identify Body Marks, Scars, Tatoos.....

19. Peripheral Vascular.....

20. Neurologic Status (include Reflexes)....

- 21. Emotional Status.....
- 22. Pelvic Exam.....
- 23. Men > Age 40: Prostate Exam.....

NSF Form 1423 Page 1 of 2 (APR 2002) **Original:** Contractor Medical Staff **Yellow:** Contractor Medical Staff **Pink:** Examiner/Participant

OMB CONTROL NUMBER 3145-0177: Expires SEP 2007

NAME \_\_\_\_\_ DOB \_\_\_\_\_

**Physical Examination**

Guiaac Test Tetanus Immunization Date TB Skin Test (Required Annually)  
(Required annually for age 50 and up) (Update every 10 years)

Results Date Date Results Date

**Examiner's Diagnoses and Comments:**

(Please ask the candidate if there is any other medical information not already obtained which should be known prior to deployment.)

I have thoroughly examined this candidate for travel to the Polar regions. I have reviewed the participant's history with him/her, including

ALL positive responses, and commented appropriately. I have performed all diagnostic tests as requested.

Examiner's Name (Type or Print):

ADDRESS

CITY STATE ZIP

PHONE #: \_\_\_\_\_

Examiner's Signature DATE

I have been informed regarding the medical examination findings herein (signature optional).

PATIENT'S SIGNATURE DATE

Return the completed examination form and results of the requested tests to (return envelope enclosed):

**Raytheon Polar Services Company**

Attention: **MEDICAL**

7400 S. Tuscon Way

Centennial, CO 80112-3839

1-800-688-8606 ext 32287 Fax: 303-649-9275

NSF Form 1423 Page 2 of 2 (APR 2002) **Original:** Contractor Medical Staff **Yellow:** Contractor Medical Staff **Pink:** Examiner/Participant

OMB CONTROL NUMBER 3145-0177: Expires SEP 2007

*RPSC Form ME-A-124, Medical Department, Revision #0, 3 April 2006, Approved by Lynn Dormand*

**IMPORTANT NOTICE TO THOSE SIGNING  
THE MEDICAL SCREENING FOR BLOOD  
BORNE PATHOGENS/HIV CONSENT FORM**

Please be advised that a signature on the medical screening form, Blood Borne Pathogens/NSF Form 1424, does not

ensure that an HIV test will be done. **You must specify on the lab requisition by marking the**

## **HIV box if you want the test done.**

If you are a Grantee and have chosen to use an outside laboratory, please note that you must request to have this test drawn.

If you choose to have this test, please sign the consent form and return it with your medical paperwork.

Screening for HIV is a requirement for participants who are wintering or who would like to participate in the walking blood bank.

If you have any questions, please contact RPSC Medical at 1-800-688-8606 option 3.

**NATIONAL SCIENCE FOUNDATION**  
4201 WILSON BOULEVARD  
ARLINGTON, VIRGINIA 22230

### **OFFICE OF POLAR PROGRAMS**

#### **Medical Screening for Blood-borne Pathogens**

United States Antarctic Program (USAP) medical clinics at the three U.S. research stations do not maintain supplies of frozen blood. In the event of the need for a transfusion, other individuals at the research station with matching blood types would be asked to donate fresh whole blood for the patient. In order to maintain a viable donor pool, the National Science Foundation requests that USAP participants during the austral summer season voluntarily submit to testing for Human Immunodeficiency Virus (HIV) along with the required Hepatitis virus B and C as part of their medical screening process. Please note that HIV testing is required for candidates intending to spend the winter in Antarctica.

#### **Consent for HIV Antibody Blood Test**

I have been informed that my blood will be tested for Human Immunodeficiency Virus (HIV) antibodies, the causative agent of Acquired Immune Deficiency Syndrome (AIDS). I understand that the testing involves the withdrawal of a small amount of my blood by venipuncture and subsequent testing of that blood sample via ELISA and Western Blot methods.

I understand that if I have any questions regarding the testing procedure or interpretation of results, I should discuss them with my health care provider. I understand that my examining physician will receive a copy of

these test results and may be required, under State law, to report positive test results to State Health Department authorities and I consent to these disclosures. I understand that the results of this blood test will be incorporated into my USAP medical file. All information in that file is maintained in accordance with the Privacy Act (5 USC 552a) and protected against unauthorized release, as described in the appended Privacy Notice. Having read and understood the above statements, I hereby give my consent to the collection and testing of my blood to determine the presence of HIV antibodies.

---

Print Name Signature and Date

NSF Form 1424 Page 1 of 1 (APR 2002) **Original:** Contractor Medical Staff **Yellow:** Contractor Medical Staff **Pink:** Examiner/Participant

OMB CONTROL NUMBER 3145-0177: Expires SEP 2007

## Raytheon Polar Services Company

7400 S. Tucson Way, Centennial, CO 80112-3938  
(303) 790-8606 (800) 688-8606 FAX (303) 649-9275

*RPSC Form ME-D-106, Medical Department, Revision #9, 20 March 2007, Approved by Lynn Dordand*

Dear Dentist:

This person is being considered for participation in the United States Antarctic Program (USAP). Antarctica is isolated and lacks dental facilities, therefore the state of the dental health of the candidates is important and **all preventive and corrective procedures must be completed before deployment.**

All participants must be free of dental disease and all treatment must be completed three weeks prior to deployment. This means there must be no caries, active periodontal disease, potential endodontic disease, prosthetic deficiencies, potentially symptomatic wisdom teeth or any uncompleted treatment. Additional treatment or procedures may be required before this person can deploy to Antarctica. All dental work must be completed, documented and sent to RPSC Medical for review in order for the candidate to be dentally qualified for deployment.

**All Candidates are required to:**

### **I. DOCUMENTATION OF DENTAL EXAMINATION**

Please chart all existing restorations, missing teeth and endodontically treated teeth only on the Dental Examination Form. The treating Dentist must sign the Dental Examination Form and document all completed work.

### **II. THIRD MOLARS**

To qualify for deployment to Antarctica with the USAP, treatment must be completed three weeks prior to deployment in order for the dental condition to stabilize before deployment.

Third molars must be extracted if they are symptomatic or any of the following are present:

1. Periodontal probe can contact the crown of an erupted third molar;
2. Bleeding or poor hygiene is evident in the third molar area;
3. Pseudo pockets, bony pockets are present;
4. Soft tissue extends onto the occlusal surface of the third molar;

### **III. RADIOGRAPHS**

**ORIGINAL MOUNTED RADIOGRAPHS** must be included with the Dental Examination

Form. **Copies or poor quality radiographs will not be accepted.** Digital radiographs

can be sent in high-resolution JPEG format or printed in high resolution on glossy photographic paper. Radiographs become a part of the candidate's USAP record and

**WILL NOT BE RETURNED** to you or the candidate, so you may wish to use a double film

pack to retain original radiographs for yourself. Necessary radiographs include:

1. Set of four **ORIGINAL** bitewing x-rays **mounted** - showing crestal bone and all posterior teeth and **contacts clearly**. These films must be taken within 6 months of

the deployment date and must accompany the completed examination form.

2. Panoramic and/or mounted full mouth survey - Must have been taken within 5 years

of deployment date and updated every five years.

3. A periapical (PA) film of all endodontic work, crowns, and extensive restorations.

## **Raytheon Polar Services Company**

7400 S. Tucson Way, Centennial, CO 80112-3938  
(303) 790-8606 (800) 688-8606 FAX (303) 649-9275

*RPSC Form ME-D-106, Medical Department, Revision #9, 20 March 2007, Approved by Lynn Dormand*

### **IV. ORTHODONTICS**

Candidates with fixed orthodontic appliances or undergoing any active treatment may be

considered for short deployments, only with written approval from the attending provider

and approval from the RPSC Dental Reviewer.

1. Unrestricted Clearance – Fixed or removable orthodontic retainer only, with no active appliance.

2. Restricted Clearance for deployments up to six months – Candidates undergoing

orthodontic treatment who do not require treatment for the period of deployment and

who have not had active treatment for two months prior to deployment.

In view of the fact that there will be no orthodontic care, and in most cases, no dental care available, consideration should be given to placing the candidate in passive appliances or passive retention for the period of deployment.

**V. SUBMISSION OF DENTAL FORM AND RADIOGRAPHS**

Send the signed, completed examination form, documentation of treatment, and ORIGINAL radiographs or digital files to RPSC Medical. (Digital files may be sent to medical@usap.gov)

**VI. PAYMENT**

Insurance submission and payment of out-of-pocket fees/deductibles for all dental work, including exam, radiographs, and any necessary treatment **IS THE RESPONSIBILITY OF THE CANDIDATE.**

**THANK YOU FOR YOUR COOPERATION WITH THIS DENTAL EXAMINATION.**

NATIONAL SCIENCE FOUNDATION

**POLAR DENTAL EXAMINATION - ANTARCTICA**

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ DAY

TELEPHONE# \_\_\_\_\_

AGE: \_\_\_\_\_ YEAR PREVIOUS DEPLOYMENT: \_\_\_\_\_ CURRENT

DEPLOYMENT: \_\_\_\_\_ TO \_\_\_\_\_

NSF S-Event/Group # \_\_\_\_\_

RPSC T-Event # \_\_\_\_\_

VECO Official Visitor-Event # \_\_\_\_\_

McMurdo RVIB NB Palmer

South Pole Station RVIB LM Gould

Palmer Station Alaska

Greenland Other \_\_\_\_\_

**PERIODONTAL EVALUATION**

PROBINGS > 5 mm YES NO

ACTIVE DISEASE NOTED YES NO

**THIRD MOLAR EVALUATION**

3<sup>rd</sup> MOLARS PRESENT YES NO

POTENTIALLY SYMPTOMATIC YES NO

**Chart existing restorations, missing teeth and endodontically treated teeth only:**

**ALLERGIES:**

**Documentation of all treatment identified and rendered and original radiographs must accompany this form.**

DATE DIAGNOSIS TREATMENT

Attach the following **ORIGINALS** to this exam:

PANO OR FULL MOUTH SERIES

**(Required first deployment and every 5 years)**

\*Date of last Pano or Full Mouth Series \_\_\_\_\_

BITEWING X-RAYS, SET OF 4 MOUNTED

SHOWING ALL POSTERIOR TEETH

**(Required every deployment year)**

I HAVE THOROUGHLY EXAMINED THIS CANDIDATE FOR TRAVEL TO ANTARCTICA. ALL NECESSARY

TREATMENT HAS BEEN PERFORMED, ALL EVALUATIONS COMPLETED, AND THE APPROPRIATE DIAGNOSTIC

RADIOGRAPHS WILL ACCOMPANY THIS COMPLETED FORM AS DIRECTED BY THE DEAR DENTIST LETTER.

---

**DENTIST'S NAME (PRINT) DENTIST'S SIGNATURE DATE**

---

**TELEPHONE NUMBER** (include area code) **ADDRESS**

ATTENTION EXAMINING DENTIST: \_\_\_\_\_

Please forward completed form, all documentation **CITY STATE ZIP**

of treatment and all **ORIGINAL X-rays** to

NSF Form 1425 Page 1 of 1 (APR 2002) Original: NSF Contractor Yellow: NSF Contractor

OMB CONTROL NUMBER 3145-0177: Expires SEP 2007

**RAYTHEON POLAR SERVICES COMPANY**

**ATTN: Medical**

**7400 S. Tuscon Way**

**Centennial, CO 80112-3839**

**1-800-688-8606 ext 32287**

**USAP USE ONLY:**

**PQ WINTER REVIEW**

**NPQ**

NATIONAL SCIENCE FOUNDATION

4201 WILSON BOULEVARD

ARLINGTON, VIRGINIA 22230

**OFFICE OF POLAR PROGRAMS**

**Medical Risks for NSF-Sponsored Personnel Traveling to Antarctica**

Travel to Antarctica imparts certain risks to the traveler, because of harsh environmental conditions encountered,

limitations in the medical care available in Antarctica, and difficulties, in emergencies, of providing timely evacuation to

tertiary medical care facilities in New Zealand, South America, or in the United States. United States Antarctic Program

(USAP) participants should consider these risks before deciding to deploy to Antarctica.

With no indigenous support infrastructure in Antarctica, virtually all medical care to USAP participants is provided

through the USAP medical care system. This includes medical clinic operations at all three year-round stations

(McMurdo, South Pole, and Palmer Stations), dispensary operations on the two oceanographic research vessels, and firstaid/

first responder support in the larger seasonal remote field camps. The three clinics are comparable to a small

community hospital emergency room and ambulatory care facility, but without secondary or tertiary care facilities nearby

for patient referral or specialist support. Radiography (X-rays) and selected laboratory tests are available in the clinics,

but more sophisticated imaging procedures and diagnostic tests are not. Typical operating room surgical suites are not

available at the stations, although each clinic has a triage/trauma room. The USAP does not maintain a frozen blood

supply at each station, relying instead on a "walking blood bank" concept (where individual donors could provide fresh

blood if transfusions were needed and blood types matched). The evacuation of critically ill or injured patients from

Antarctic sites to sophisticated medical care off the continent (to New Zealand, South America, or the United States) is difficult during the austral summer and may be impossible during the austral winter (February through August).

It is important that USAP participants recognize these limitations in medical care while they are in Antarctica. It is, in part, because of these limitations, that the NSF requires medical and dental screening of personnel prior to deployment to

Antarctica. These medical screening examinations are necessary to determine the presence of medical conditions that could threaten the health or safety of the individual while in Antarctica. They are also necessary to determine whether

medical conditions exist that cannot be effectively treated while the individual is in Antarctica. Persons who fail to meet

these medical/dental screening criteria will be notified of the specific reason(s) for their disqualification. Disqualified

individuals may request reconsideration by completing a waiver request package (obtained from the NSF's support contractor).

Pre-deployment screening can identify existing medical conditions that may be difficult or impossible to treat effectively

in Antarctica. USAP participants should realize that serious accidents or injuries might challenge the medical care

system in Antarctica as well. Therefore, individuals should recognize the limitations in the medical care system in

Antarctica before they engage in any risk-taking behaviors (whether on-the-job or during recreational pursuits) that may result in accidents or injuries.

Data collected as a result of this medical screening requirement are maintained in accordance with the Privacy Act (5

USC 552a) and protected against unauthorized release, as described in the appended Privacy Notice. The collection of

this information must display a currently valid OMB control number. You are not required to respond to the collection of

this information unless it displays a currently valid OMB control number.

I have read and understand this information sheet.

---

Print Name Signature and Date

NSF Form 1421 Page 1 of 1 (APR 2002) **Original:** Contractor Medical Staff **Yellow :** Contractor Medical Staff **Pink:** Participant

OMB CONTROL NUMBER 3145-0177: Expires SEP 2007

**NATIONAL SCIENCE FOUNDATION**

4201 WILSON BOULEVARD

ARLINGTON, VIRGINIA 22230

**PRIVACY NOTICE**

**Medical Examination Records for Service in Polar Regions**

The National Science Foundation's Office of Polar Programs is responsible for ensuring that all personnel traveling to

Antarctica under the auspices of the United States Antarctic Program (USAP) meet certain medical standards, as outlined in 45

Code of Federal Regulations Section 675 (62 Fed. Reg. 31521 (June 10, 1997)). This medical screening process requires that

certain medical records be generated on each individual participating in the USAP. The information requested on USAP provided forms is solicited under the authority of the National Science Foundation Act of 1950, as amended, 42 U.S.C. 1870 et seq. It will be used by NSF and its contractors and subcontractors in the medical screening process to determine whether an applicant is qualified for deployment to Antarctica. An individual medical file will include information collected to determine whether one is qualified for Antarctic assignment, as well as clinical files that may be generated if one receives medical treatment in any of the USAP medical clinics in Antarctica or any off-ice treatment facilities arranged by the USAP. The records are used for three primary purposes: (1) to determine the individual's fitness for Antarctic assignment, including individual waiver requests; (2) to assist in determining an appropriate course of medical/dental treatment should the individual seek medical care with any medical care provider while in Antarctica; and (3) to provide documentation for addressing quality of care issues associated with these medical functions. Records contained within this system may be released to individuals involved in those three functions. Such individuals include, in addition to designated NSF employees as needed for assigned duties: (a) designated medical care practitioners and their administrative support personnel involved in determining an individual's fitness for Antarctic assignment, including individual waiver requests; (b) medical care providers in NSF-supported stations and field camps in the polar regions where the individual is assigned; and (c) medical experts advising the NSF on quality of medical care issues associated with NSF's polar research programs. In addition to these purposes, information in the medical records may be released to the individual's personal or examining physician or the individual's designated emergency point of contact when disclosure is necessary to determine initial medical clearance or to review treatment options if the individual requires medical attention while on assignment in the polar regions. The determination of whether the individual is physically qualified/not physically qualified (PQ/NPQ) may be released to representatives of the individual's sponsoring organization including academic institutions, and investigators on a grant to inform them whether an individual is approved for deployment or not. If necessary, information may be released to Federal, state, or local agencies, or foreign governments when disclosure is necessary to obtain records in connection with an investigation by or for the NSF; and to another Federal agency, a court, or a party in litigation before a court or in an administrative proceeding if the government is a party, or when NSF determines that the litigation or anticipated litigation or proceeding is likely to affect the Agency. Submission of the information requested is voluntary. However, if you fail to provide any of the requested information, NSF or its contractor may be unable to process or to approve your application for polar deployment through the USAP. More detail about how and where these records are maintained in accordance with the Privacy Act, 5 U.S.C. 552a, is contained

in the National Science Foundation's System of Records Notice, Medical Examination Records for Service in the Polar Regions, available upon request from the NSF<sup>1</sup>. No disclosure of information contained in your medical file will be made except as described by the NSF's System Notice or as otherwise authorized by law. You may request a copy of your records for review.

<sup>1</sup> For a copy of the System Notice, please contact the OPP Safety and Health Officer at NSF at (703) 292-7438, or write to Safety and Health Officer, Office of Polar Programs, National Science Foundation, 4201 Wilson Blvd., Suite 755, Arlington, VA 22230.

*RPSC Form ME-D-114, Medical Department, Revision #6 20 March 2007, All Locations, Approved by Lynn Dorman*

## **Need a Copy of Your Medical/Dental/Lab Results?**

**Please send this form back with your medical packet, or by e-mail or fax**

**E-mail: [medical@usap.gov](mailto:medical@usap.gov)**

**Fax: 303-649-9275**

**(Please allow up to 30 days to process request)**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Last First MI

What information do you require: Lab results Medical records

Dental records (Note: x-rays cannot be reproduced)

Year(s) Requested \_\_\_\_\_

How do you want the records sent to you?

Direct Handed directly to participant

E-mail E-Mail Address: \_\_\_\_\_

Fax Fax Number: \_\_\_\_\_

U.S. Mail Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize Raytheon Polar Services Medical Department to release copies of my records as indicated above.

\_\_\_\_\_  
Signature Date

### **PERSONAL INFORMATION**

**NAME** (Last, First, Middle) SEX

M F

**PERMANENT ADDRESS** (Street, City, State, Zip Code, Country)

### **TELEPHONE NUMBERS**

(include area code)

RESIDENCE: \_\_\_\_\_

WORK: \_\_\_\_\_

### **PARENT ORGANIZATION**

NSF OFFICIAL VISITOR EVENT NUMBER \_\_\_\_\_ RPSC-FULL-TIME RPSC-CONTRACTOR

SCIENCE GROUP MEMBER EVENT NUMBER \_\_\_\_\_ TECHNICAL EVENT

NUMBER \_\_\_\_\_

Principal Investigator \_\_\_\_\_ Company

Name \_\_\_\_\_

OTHER \_\_\_\_\_ JOB  
TITLE \_\_\_\_\_

(All participants complete for appropriate gear)

DATE OF BIRTH (month, day, year)

PLACE OF BIRTH (city, state, country)

U. S. CITIZEN

YES NO

NATIONALITY (if not a U.S. Citizen)

NAME OF PERSON TO BE NOTIFIED IN CASE OF ACCIDENT/DEATH

RELATIONSHIP

ADDRESS

TELEPHONE NUMBER(S)

**TRAVEL INFORMATION**

U.S. Departure Date (Estimated) \_\_\_\_\_

Dates in Antarctica (Estimated) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SEASON: WINFLY (August deployment) SUMMER (Sep thru Feb) WINTER (March thru August)

**WORK SITE INFORMATION**

Check all that apply. For multiple sites, note dates next to site.

CONTINENTAL SYSTEM

MCMURDO STATION

DRY VALLEYS

SOUTH POLE

OTHER \_\_\_\_\_

PENINSULA SYSTEM

PALMER STATION

R/V NATHANIEL B. PALMER

R/V L.M. GOULD

OTHER (describe) \_\_\_\_\_

**CLOTHING INFORMATION**

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

COAT SIZE: \_\_\_\_\_ CHEST SIZE: \_\_\_\_\_

SHIRT SIZE (check one):

SMALL MEDIUM LARGE EXTRA-LARGE

WAIST: \_\_\_\_\_ HIP: \_\_\_\_\_ (women)

INSEAM: \_\_\_\_\_ (men) SHOE SIZE: \_\_\_\_\_

HAT SIZE: \_\_\_\_\_ GLOVE SIZE: \_\_\_\_\_

Additional Requirements:

Have you previously deployed to Antarctica? Yes No

Most recent year: \_\_\_\_\_

NSF Form 1458 Page 1 of 2 (FEB 2005) **Original:** NSF Contractor **Yellow:** NSF Contractor **Pink:** Participant

**NATIONAL SCIENCE FOUNDATION**

4201 WILSON BOULEVARD

ARLINGTON, VIRGINIA 22230

**PRIVACY NOTICE**

**PERSONAL INFORMATION FOR DEPLOYMENT TO AND FROM  
ANTARCTICA**

The National Science Foundation's Office of Polar Programs provides transport and logistical support for individuals traveling to and working in Antarctica under the auspices of the United States Antarctic Program

(USAP). The NSF and its contractors and subcontractors will use the information collected on this form to facilitate deployment or redeployment of individuals participating in the USAP. The information requested is solicited under the authority of the National Science Foundation Act of 1950, as amended, 42 U.S.C. 1870; 16 U.S.C. § 3101. It may be disclosed to Office of Polar Programs civilian contractors and their subcontractors in connection with their responsibilities for coordinating the administrative processing and tracking of persons deploying to Antarctica. These responsibilities include proper outfitting for deployment, facilitating medical clearances, coordinating cargo handling and tracking, and maintaining emergency contacts. It may also be disclosed to: Air National Guard medical personnel to track medical clearances; family members, or other persons designated by the deploying or deployed individual, in instances of emergency; other Federal agencies providing transport, search and rescue, and other logistical assistance to and from Antarctica, including manifest information for pilots or crew transporting individuals to and from Antarctica; other Federal agencies and academic or other organizations when the records are relevant to an agency decision with regard to disciplinary or other administrative actions concerning an employee; another Federal agency, a court, or a party, or when NSF determines that the litigation or anticipated litigation or proceeding is likely to affect the Agency; Federal, state, or local agencies, or foreign governments, when disclosure is necessary to obtain records in connection with an investigation by or for the NSF; and representatives of the New Zealand government or other foreign governments when deployment involves travel through, or use of, New Zealand or other foreign government facilities, and the information is necessary to ensure safe and efficient deployment, including compliance with immigration requirements.

Submission of the information requested is voluntary. However, if you fail to provide any of the requested information, NSF or its contractor may be unable to process or to approve your application for deployment through the USAP.

Public reporting burden for this collection of information is estimated to average less than one-quarter hour per response. Send comments regarding this burden estimate and any other aspect of this collection of information,

including suggestions for reducing this burden to: Ms. Suzanne Plimpton, Reports Clearance Officer, Division

of Administrative Services, National Science Foundation, Arlington, VA 22230.

NSF Form 1458 Page 2 of 2 (FEB 2005)

NSF Form 1457 Page 1 of 1 (FEB 2005)

**NATIONAL SCIENCE FOUNDATION**

**4201 WILSON BOULEVARD**

**ARLINGTON, VIRGINIA 22230**

**OFFICE OF POLAR PROGRAMS**

**IMPORTANT NOTICE FOR PARTICIPANTS IN THE UNITED STATES ANTARCTIC PROGRAM**

Participants in the United States Antarctic Program are expected to present themselves in such

a manner that their activities and demeanor reflect credit on themselves and their sponsoring

organizations. The special circumstances and conditions prevailing in Antarctica require some

high standards of conduct.

The potential for mishap in Antarctica is a constant threat. Your ability to deal effectively with a

mishap is reduced if you are under the influence of alcohol or other drugs. The National Science Foundation will not condone abuse of alcohol or controlled substances in Antarctica.

Unauthorized use or use in excess of such substances will not be tolerated.

The laws of the United States prohibit the possession, shipping or mailing of illegal drugs. In

addition, governments in New Zealand and South American countries have strict laws forbidding

the possession or transportation through their country of firearms, knives, pornographic materials, marijuana or nonprescription dangerous drugs. These laws are strictly enforced and

penalties for violation are severe. For example, in New Zealand the importation of illegal drugs,

including marijuana, is punishable by up to fourteen years imprisonment. Letter mail, parcels,

and cargo being sent to Antarctica are subject to examination and opening by United States and

foreign authorities. For example, all incoming and outgoing mail for McMurdo station transits

New Zealand and is subject to interdiction by New Zealand Customs Service through the use of

narcotics detection dogs and other direct inspection procedures. Like any traveler, you must

abide by local foreign law. If you are found in violation thereof, you are subject to prosecution in

the courts of that country. Association with the United States Antarctic Program affords neither

preferential treatment nor immunity from prosecution. The New Zealand and Chilean Governments have expressly stated their intention to vigorously prosecute violators.

Conviction for any criminal action under the laws of the United States, or foreign countries may

result in your removal from the United States Antarctic Program.

I  
have read and understand this information sheet.

---

Print Name Signature and Date

*RPSC Form ME-A-119, Medical Department, Revision #6 27 July 2007, All Locations, Approved by Lynn Dormand*

## **EYEWEAR POLICY FOR ANTARCTICA**

Everyone in Antarctica is required to wear sunglasses! You are traveling to a part of the

world where scientists have documented increased ultraviolet radiation due to depletion in

the ozone layer. Snow and ice reflect 85% of Ultraviolet Radiation (UVR) and can cause a

serious, painful and disabling condition known as snow blindness. Sunglasses are

especially important on windy days to protect against volcanic ash particles and blowing

snow in the eyes.

***The type of sunglasses you wear while you are in Antarctica is very important.***

Sunglasses must block 100% of the sun's Ultraviolet Rays. Some dark glasses do not

block UVR and cause the iris to widen and admit more light that can cause damage to the

eye. Frames must be non-metal to avoid injury to the skin from the cold.

Retaining straps

are mandatory. Side protectors are recommended, but not required.

RPSC provides employees deploying to Antarctica with non-prescription, 100% UV

protected, polarized sunglasses as part of ECW clothing issue. You may bring your own

sunglasses, but they must meet the above criteria.

### **Prescription Eyewear:**

If you wear prescription eyewear and choose to wear prescription sunglasses during your

deployment, the sunglasses must meet the above criteria. Please obtain a current

prescription from your ophthalmologist/optometrist (including pupillary distance) and bring

it with you when you deploy. Eyeglass prescriptions are good for two years.

Contact lenses can be worn in Antarctica. At the South Pole, however, the dry climate can

cause difficulties. It is suggested that you carry your lenses on your person to avoid

possible damage and/or freezing. Limited lens cleaning supplies are available at the

McMurdo, Palmer, and South Pole stores (heat-type is NOT available.)

RPSC will reimburse deploying employees up to \$175.00 for one pair of prescription sunglasses (frames and lenses combined) every other year. RPSC will also reimburse employees up to \$175.00 for one pair of prescription safety glasses if required for your job. RPSC will NOT reimburse you for the eye exam. You must be both medically and dentally qualified before you are eligible to be reimbursed. Once you are notified by the Medical Department that you are Physically Qualified, please submit your expenses on the RPSC Medical/Dental Expense Reimbursement Form (ME-A-103). If you are within 30 days of deploying or are currently an active employee, you must submit your expense report online via WebTE.

**Please bring two pair of glasses, prescription or non-prescription, in case of damage or loss.**

*RPSC Form DS-A-1001, Deployment Specialists Group, Revision #3, 3 May 2005, All Locations, Approved by Lynn Dormand*