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/HDL 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)

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

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.

**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.

- **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).

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**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.

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.

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:

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

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
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
Stoke?
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
NO

2 Headaches?
Migraines?
Date Diagnosed_____________
Date of last Migraine___________
YES
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
NO

4 Dizziness/Fainting
Reason:
Date of occurrence:___________________
YES
NO

5 Do you have ear, nose, or throat problems?
Describe:
Hearing Impairment?
Describe:
Hayfever?
Are you currently taking allergy shots?
YES
NO
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 of 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
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
1. **Diabetes**
   - Date diagnosed:______________
   - Controlled by: Insulin Oral medication Diet
   - Last Emergency Room visit:______________

2. **Cholesterol disorders**
   - Date diagnosed:______________
   - Controlled by: Oral medication Diet

3. **Arthritis?**
   - Type: ___________________
   - Permanent disability?
     - YES
     - NO

4. **Gout?**
   - If so, describe your treatment plan
     - YES
     - NO

5. **Thyroid Disease?**
   - Explain, if Yes - include medication
   - Surgery required?
     - WHEN?
     - YES
     - NO

6. **Tobacco Use**
   - Type of use: cigarettes cigar pipe chew
   - Packs per week?
   - Number of years of tobacco use in past ____________
   - If you've quit, last year of use ____________

7. **Exercise Stress Test/Treadmill?**
   - If yes, when? ________________
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 (Crohn's/Ulcerative Colitis)
Ulcers
Date of last flare up____________________
YES
YES
YES
YES
YES
YES
YES
NO
NO
NO
NO
NO
NO
NO
NO

17 Have you been diagnosed with liver problems?
Hepatitis?
Type A B C Other
YES
NO

18 Do you have Kidney problems?
History of Kidney Stones?
Polycystic Kidney Disease?
Frequent Urinary Tract Infections?
YES
YES
YES
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
Syphilis Other Specify)________________
Treated?
When?___________________
Describe:
YES
NO
21 Cancer or leukemia?
Type/Location: _________________________________
Date diagnosed ________________________________
Surgery
Chemotherapy
Radiation Therapy
Other Treatment: ________________________________
YES
YES
YES
YES
YES
NO
NO
NO
NO

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
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

26 For Women:
Date of last period: ____________
Date of last PAP Smear: ___________________
Results: Normal  Other (describe):
Are you currently taking Oral contraceptives?
Yes

History of severe Menstrual Cramps/PMS?
Yes

Endometriosis?
Yes

Ovarian Cysts?
No

Describe treatment:
Yes

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.

Print Name Signature Date

NSF Form 1422 Page 5 of 5 (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-102, Medical Department, Revision #9, 7 April 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, Tattoos........
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) 

Physical Examination
Guiac 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

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

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.

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
3rd 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
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 NSF1. 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.
1 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.

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
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
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.
result in your removal from the United States Antarctic Program.
I have read and understand this information sheet.

___________________________________ ____________________________
Print Name Signature and Date

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