

NATIONAL SCIENCE FOUNDATION
OFFICE OF POLAR PROGRAMS
4201 WILSON BOULEVARD, SUITE 755-S
ARLINGTON, VA 22230

ELECTRONIC SUBMISSION OF MEDICAL FORMS

Notice to all participants in the US Antarctic Program

PLEASE **DO NOT SUBMIT** YOUR COMPLETED MEDICAL FORMS OR OTHER DOCUMENTS THAT CONTAIN PERSONALLY IDENTIFIABLE INFORMATION BY **EMAIL**. YOU MUST PRINT THE FORMS, **MANUALLY SIGN THEM AND MAIL OR FAX THEM** TO ASC Medical at the University of Texas Medical Branch at Galveston, TX

Explanation:

The NSF is bound by the requirements of the Privacy Act of 1974 and its amendments. All information collected for the purpose of determining your physical qualifications for deploying to Antarctica, is considered confidential. The NSF and its contractors that are in receipt of your medical and personal information are required to maintain your confidentiality and secure your information. The NSF currently has no way to secure the data as it is electronically transmitted and therefore cannot protect your confidentiality if you transmit the data over unsecured lines.

In order to ensure that we do not violate the Privacy Act or any other federal law pertaining to confidential or personally identifiable information, Antarctic Support Contract Medical has been instructed not to accept any electronically submitted medical forms.

Any medical forms received by email will be disposed of without action.

If you have any questions regarding NSF privacy rules or procedures, please contact the NSF Office of the General Counsel at 703-292-8060.

**NATIONAL SCIENCE FONDATION
4201 WILSON BOULEVARD
ARLINGTON, VA 22230**

OFFICE OF POLAR PROGRAMS

IMPORTANT INSURANCE NOTICE FOR GRANTEES

NSF does not provide insurance for grantee personnel while en route or in Antarctica, and it does not fund acquisition of this insurance as a direct cost in its research grants.

Emergency medical care for U.S. Antarctic Program participants in Antarctica is provided in clinics at the year-round stations. Persons who need hospital care will be transported to the nearest accessible health care facilities, normally in New Zealand or South America, but other locations might be used for participants on research vessels, who need urgent care, at which point they or their sponsors will be responsible for medical costs.

Persons traveling to Antarctica under the award are expected to have insurance appropriate to their situations and to ensure that all such insurance provides coverage in foreign countries and during transit between their home institutions and the port of embarkation for Antarctica so that any needed medical care, compensation for property loss, worker's compensation, or survivor benefits will be covered. The awardee should ensure that all team members, including but not limited to non-employees such as graduate students and volunteers, have appropriate insurance.

Check your insurance policies to be sure that flights aboard scheduled military aircraft and work on research vessels are covered.

All team members (paid or volunteer) traveling to Antarctica should be affiliated in some manner with your organization(s), so that any worker's compensation issues arising from injuries sustained while deployed can be addressed by your organization.



UTMB Health Center for Polar Medical Operations
 Levin Hall, 5th Floor, Suite 5.527, Route 1004
 301 University Blvd.
 Galveston, TX 77555-1004
 Phone 855.300.9704
 Fax 409.772.3600

MEDICAL AND DENTAL –INSTRUCTION GUIDE

FORM	PURPOSE	ACTION	SEND TO ASC MEDICAL
Checklist Form MA-FRM-0009	Completed by ASC Medical for each candidate, based upon age, gender, 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 (MA-FRM-0002) and have required tests completed. <i>Falsifying and/or non-disclosure of information may result in permanent disqualification from the United States Antarctic Program.</i>	Nothing.
NSF Form 1421	"Medical Risks for NSF-Sponsored Personnel Traveling to Antarctica".	Participants WILL NOT be cleared for deployment until ASC Medical receives this form.	Read, sign and date this form. Return to ASC Medical.
Medical History NSF Form 1422	Five page medical history (long form).	Long form - Complete and take with you to your Doctor's appointment.	Return completed long form to ASC Medical.
Polar Physical Examination NSF Form 1423	Two page examination form.	This is for your Doctor to complete during your appointment.	Return completed form to ASC Medical.
Lab Work Required Required Labs Form MA-FRM-0001	Provides a list of required laboratory tests. Please follow the instructions on your checklist.	Take this form with you to your doctor's appointment. All lab results should be faxed to the ASC Medical Department. Labs must be done within 6 months of deployment. You must fast for 10-12 hours prior to the blood draw.	Fax lab results to ASC Medical.
HIV Consent NSF Form 1424	Explains the walking blood bank procedure and the need for HIV testing.	Take it with you to your Doctor's appointment.	Read, sign and date this form. Return to ASC Medical.
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 (MA-FRM-0003).	Complete the top portion of the Dental Examination form BEFORE your appointment. Take the “Dear Dentist” letter to your Dentist.	Return the exam form and ORIGINAL radiographs.
Eyewear Policy for Antarctica Form MA-FRM-0005	Sunglasses are a requirement in Antarctica for ASC employees. Form (MA-FRM-0005) details all requirements.	ASC employees are eligible to be reimbursed every other year for one (1) pair of <i>prescription sunglasses</i> . You will be reimbursed up to \$175.00 for each pair. You must be Physically Qualified to obtain reimbursement.	Once Physically Qualified, submit expenses to your ASC organization using their established process.
Medications Form MA-FRM-0008	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.	Nothing.
Immunizations	Current Tetanus immunization -USAP required. Influenza Vaccination – USAP required (MA-FRM-0010). Hepatitis A & B vaccines are 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 http://wwwn.cdc.gov/travel/default.aspx	Read, sign and date Influenza Form (MA-FRM-0005) and Return to ASC Medical.
Psychological Screening - Winter Over Participants	Required for candidates deploying to either McMurdo or the South Pole during the austral winter (March-October).	Call ASC Medical at 855-300-9704 to arrange an appointment. Evaluations can be conducted in Denver, CO, and Galveston, TX.	Nothing



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Fax 409.772.3600

CHANGE NOTICES

Dear USAP Participant,

- You are required to report any changes in your health status that occurs after your physical examination to ASC Medical.
- If you recently married or had a name change, please provide both of your names.
- If you need medical care in New Zealand, please contact the PAE NZ Medical Coordinator, Leeann Stringer, RN at (720) 568-2886 or email leeann.stringer.contractor@usap.gov who will assist you with arranging medical/dental appointments.
There will be a charge for your visit to the doctor/dentist.
- If you require health care on your travel through Chile, you may contact the following individuals at your local DAMCO office for assistance in making appointments:
In Santiago: Carlos Maturana – carlos.maturana@damco.com ph: 569-9885-7884
In Punta Arenas: Gonzalo Aviles – gonzalo.aviles@damco.com ph: 569-7548-3942
Secondary contact: Joe Salinas horacio.salinas@damco.com ph: 569-7988-4013
- Be prepared to pay for services at your appointment.

Report ALL changes to:

ASC Medical
UTMB Health Center for Polar Medical Operations Levin Hall,
5th Floor, Suite 5.527, Route 1004
301 University Blvd.
Galveston, TX 77555-1004
Phone (855) 300-9704 / Fax (409) 772-3600

Regards,

ASC Medical

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

PERSONAL INFORMATION

NAME (Last, First, Middle)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	TELEPHONE NUMBERS (include area code)
PERMANENT ADDRESS (Street, City, State, Zip Code, Country)		RESIDENCE: _____ WORK: _____

PARENT ORGANIZATION

NSF OFFICIAL VISITOR EVENT NUMBER _____ ASC ASC 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)
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U. S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	NATIONALITY (if not a U.S. Citizen)
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NAME OF PERSON TO BE NOTIFIED IN CASE OF ACCIDENT/DEATH	RELATIONSHIP
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ADDRESS	TELEPHONE NUMBER(S)
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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)

<p align="center">CLOTHING INFORMATION</p> <p>HEIGHT: _____ WEIGHT: _____</p> <p>COAT SIZE: _____ CHEST SIZE: _____</p> <p>SHIRT SIZE (check one): <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRA-LARGE</p> <p>WAIST: _____ HIP: _____ (women)</p> <p>INSEAM: _____ (men) SHOE SIZE: _____</p> <p>HAT SIZE: _____ GLOVE SIZE: _____</p> <p>Additional Requirements:</p>	<p align="center">WORK SITE INFORMATION</p> <p>Check all that apply. For multiple sites, note dates next to site.</p> <p>CONTINENTAL SYSTEM</p> <p><input type="checkbox"/> MCMURDO STATION</p> <p><input type="checkbox"/> DRY VALLEY CAMP _____</p> <p><input type="checkbox"/> SOUTH POLE</p> <p><input type="checkbox"/> OTHER _____</p> <p>PENINSULA SYSTEM</p> <p><input type="checkbox"/> PALMER STATION</p> <p><input type="checkbox"/> R/V NATHANIEL B. PALMER</p> <p><input type="checkbox"/> R/V L.M. GOULD</p> <p><input type="checkbox"/> OTHER (describe) _____</p> <hr/> <p>Have you previously deployed to Antarctica? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Most recent year: _____</p>
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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.

MEDICAL HISTORY

<p><i>Complete pages 1-5 in ink prior to Dr.'s exam</i></p>	<p>Polar Medical Staff Use Only</p> <p>Date: _____ <input type="checkbox"/> PQ <input type="checkbox"/> PQ Summer Only <input type="checkbox"/> NPQ</p> <p>Medical Condition(s):</p> <p>_____</p> <p>_____</p>			
<p>Polar Medical Staff Use Only</p> <p>Reviewed by: _____</p> <p>Date: _____</p>	<p>Restrictions and Follow-up:</p> <p>_____</p> <p>_____</p> <p><i>Reason for NPQ:</i></p> <p>_____</p> <p>_____</p>			
Name: last, first, middle (must match passport)		Age:	Birth date (MM/DD/YY):	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Nickname (aka)		Maiden Name:	Previous Name or Other Legal Name:	
Street		City	State	Zip
Telephone (include area code):				
Day:	Evening:	Mobile:	E-Mail:	
Emergency Point of Contact (Name, Address and Phone Number):				
Job Title:	Current Deployment Dates: From _____ to _____		Previous Polar (Arctic or Antarctic) Deployment? Dates: _____ Location: _____	
<p>Affiliation: <input type="checkbox"/> NSF</p> <p><input type="checkbox"/> Science Event # _____</p> <p><input type="checkbox"/> Technical Event # _____</p> <p><input type="checkbox"/> ASC (_____)</p> <p><input type="checkbox"/> CH2M HILL</p> <p><input type="checkbox"/> Other: _____</p>		<p>Proposed Antarctic Season and Worksite:</p> <p><input type="checkbox"/> Summer (Sep-Feb)</p> <p><input type="checkbox"/> Winter (Mar-Oct)</p> <p><input type="checkbox"/> Winfly _____ (dates)</p> <p><input type="checkbox"/> McMurdo Station</p> <p><input type="checkbox"/> South Pole Station</p> <p><input type="checkbox"/> Palmer Station</p> <p><input type="checkbox"/> RV/NB Palmer</p> <p><input type="checkbox"/> RV/LM Gould</p> <p><input type="checkbox"/> Field Camp _____</p> <p><input type="checkbox"/> Other (specify): _____</p>		<p>Proposed Arctic Season and Worksite:</p> <p><input type="checkbox"/> Summer (Mar-Sep)</p> <p><input type="checkbox"/> Winter (Oct-Feb)</p> <p><input type="checkbox"/> Summit</p> <p><input type="checkbox"/> USCGC Healy</p> <p><input type="checkbox"/> Field Camp _____</p> <p><input type="checkbox"/> Other: _____</p>

NAME _____

DOB _____

CURRENT MEDICATIONS						
Name	Dose	Frequency		Name	Dose	Frequency
ALLERGIES						
Name	TYPE OF REACTION			Name	TYPE OF REACTION	
PAST HOSPITALIZATIONS						
Condition		Date		Condition		Date
PAST SURGERIES						
Condition		Date		Condition		Date
MEDICAL TESTING/PROCEDURES IN PREVIOUS 3 YEARS						
Type (specify body location)	Date	<i>Describe: reason for test procedure and result</i>				
MRI						
CT						
Ultrasound						
Angiogram						
Biopsy						
Other						
IMMUNIZATION HISTORY						
	Date – most recent immunization			Dates of immunization		
Influenza				Hepatitis A		
DT				Hepatitis B		
DPT				Other (specify)		
Pneumococcus						
SOCIAL HISTORY						
Tobacco		yes	no	Describe: Packs/week Total yrs. Year last		
Do you currently use tobacco products?						
Have you used tobacco products in the past?						
Alcohol				Describe:		
Do you drink alcohol?						
If abstinent, please enter date of your last alcoholic beverage:						

NAME _____

DOB _____

Have you ever felt you should decrease your alcohol consumption?			Describe:
Have you ever received a DUI, DWAI or court ordered treatment for alcohol?			
Have you been diagnosed as an alcoholic?			
Exercise and conditioning	yes	no	Describe: Date of last treadmill:
Do you have a regular exercise program?			
Have you had a cardiovascular stress test?			

GENERAL MEDICAL HISTORY

New Government regulations require that we inform you of the following:

“The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. ‘Genetic information’ as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.”

Therefore, you should not forward any information related to your family’s medical history and only submit answers to these questions regarding your own personal/individual history.

ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR PRESENT OR PAST MEDICAL HISTORY

<i>Condition</i>		<i>Yes</i>	<i>No</i>	<i>Condition</i>		<i>Yes</i>	<i>No</i>
1	Neurology			2D	Congestive heart failure		
1A	Cerebrovascular accident (CVA)			2E	Coronary angioplasty/stent/bypass		
1B	Concussion			2F	Coronary artery disease		
1C	Dizziness/Loss of Consciousness			2G	Heart murmur/valvular heart disease		
1D	Headaches (Migraine)			2H	Hypertension (high blood pressure)		
1E	Headaches (Other)			2I	Myocardial Infarction (MI)		
1F	Multiple sclerosis			2J	Supraventricular tachycardia (SVT)		
1G	Peripheral neuropathy			2K	Other cardiac condition		
1H	Seizures			3	Vascular disease		
1I	Transient ischemic attack (TIA)			3A	Abdominal aneurysm		
1J	Traumatic brain injury (TBI)			3B	Arterial emboli		
1K	Other neurological disorder			3C	Cerebral aneurysm		
2	Cardiology			3D	Deep venous thrombosis (DVT)		
2A	Angina/chest pain			3E	Venous stasis ulcers		
2B	Atrial fibrillation			3F	Other vascular condition		
2C	Cardiac pacemaker/defibrillator						

For all “yes” answers, please provide details to include age of onset, frequency of event, date of last episode, current medications, other therapies and status of the condition.

NAME _____

DOB _____

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

<i>Condition</i>		<i>Yes</i>	<i>No</i>	<i>Condition</i>		<i>Yes</i>	<i>No</i>
4	Rheumatologic disease			8L	Peptic ulcer disease		
4A	Fibromyalgia			8M	Ulcerative colitis		
4B	Osteoarthritis			8N	Other gastrointestinal disease		
4C	Rheumatoid arthritis			9	Dermatology		
4D	Systemic Lupus erythematosus			9A	Dermatitis		
4E	Other rheumatologic condition			9B	Melanoma		
5	Ears Nose and Throat			9C	Psoriasis/Eczema		
5A	Hearing impairment			9D	Skin cancer		
5B	Nosebleeds			9E	Other skin condition		
5C	Seasonal Allergies			10	Orthopedic		
6	Ophthalmology			10A	Cervical spine injury		
6A	Glaucoma			10B	Chronic pain		
6B	Visual impairment			10C	Dislocation		
6C	Other eye condition			10D	Fractures		
7	Pulmonary			10E	Low back injury		
7A	Altitude sickness			10F	Orthopedic pins/plates		
7B	Asthma			10G	Other orthopedic condition		
7C	Chronic bronchitis/bronchiectasis			11	Metabolic		
7D	Chronic obstructive pulmonary disease			11A	Adrenal insufficiency		
7E	Dyspnea (shortness of breath)			11B	Diabetes Type I		
7F	Obstructive sleep apnea			11C	Diabetes Type II		
7G	Pulmonary embolism			11D	Gout		
7H	BCG Vaccine or Positive TB Test			11E	Hypercholesterolemia		
7I	Other pulmonary condition			11F	Hyperthyroidism		
8	Gastrointestinal disease			11G	Hypothyroidism		
8A	Black tarry stools			11H	Pituitary insufficiency		
8B	Blood in stool			11I	Other hormonal disorder		
8C	Cholelithiasis (gallstones)			12	Gynecology-female		
8D	Crohn's disease			12A	Menstrual period in past 30 days		
8E	Frequent or persistent diarrhea			12B	Date of last PAP smear		
8F	Gastroesophageal reflux (GERD)			12C	Premenstrual syndrome (PMS)		
8G	Hemorrhoids			12D	Endometriosis		
8H	Hepatitis (describe type)			12E	Severe menstrual cramps		
8I	Hernia			12F	Ovarian cysts		
8J	Irritable bowel syndrome (IBS)			12G	Sexually transmitted disease		
8K	Pancreatitis			12H	Other gynecological conditions		

For all "yes" answers, please provide details to include age of onset, frequency of event, date of last episode, current medications, other therapies and status of the condition.

NAME _____

DOB _____

GENERAL MEDICAL HISTORY

ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR PRESENT OR PAST MEDICAL HISTORY

<i>Condition</i>		<i>Yes</i>	<i>No</i>	<i>Condition</i>		<i>Yes</i>	<i>No</i>
13	Psychiatric			15	Hematology/Oncology		
13A	Addiction			15A	Anemia		
13B	Anxiety/panic attacks			15B	Cancer (describe type)		
13C	Attention deficit disorder			15C	Leukemia		
13D	Bipolar			15D	Lymphoma - Hodgkins		
13E	Depression			15E	Lymphoma – non Hodgkins		
13F	Eating disorder (bulimia/anorexia)			15F	Platelet disorder		
13G	Hospitalization for psych condition			15G	Other hematologic/oncologic		
13H	Post traumatic stress disorder			16	Genitourinary - male		
13I	Schizophrenia			16A	Prostate disease		
13J	Suicidal thoughts or attempts			16B	Sexually transmitted disease		
13K	Other psychiatric condition			16C	Testicular abnormality		
14	Renal disease			16D	Other genitourinary condition		
14A	Chronic Renal Disease						
14B	Frequent urinary tract infections						
14C	Hematuria (blood in urine)						
14D	Kidney stones						
14E	Other kidney condition						

For all “yes” answers, please provide details to include age of onset, frequency of event, date of last episode, current medications, other therapies and status of the condition.

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, including medications 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



UTMB Health Center for Polar Medical Operations
Levin Hall, 5th Floor, Suite 5.527, Route 1004
301 University Blvd.
Galveston, TX 77555-1004
Phone 855.300.9704
Fax 409.772.3600

Dear Doctor:

This person is applying for a position with the United States Antarctic Program (USAP). Because of 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 (from McMurdo and South Pole Stations). 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 on average are -30F degrees in the summer with wind chill commonly -60F degrees. Employees live in close quarters 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 safety of the participant. The USAP has medical examination requirements for summer and winter deployment as discussed below:

Winfly/Summer Deployment (August to 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 (MA-FRM-0009)**. 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 expedite the medical clearance process. All sections of the medical exam must be performed.** Required medical exams and testing must be done within 6 months of deployment (patient can provide approximate deployment date).

Blood typing is required for all applicants. Only medically qualified personnel are requested to contribute to the USAP's walking blood bank. You may ask the participant if they would like to contribute to the walking blood bank. If the candidate indicates his/her willingness, please note

the answer next to the blood type on the Physical Examination Form. Discussion of or participation in the walking blood bank is not a requirement of you or the candidate and will not affect deployment clearance. **If the applicant does not wish to be a participant of the walking blood bank, or is not medically qualified, please identify in the COMMENTS section of the exam – otherwise consent is implied.**

Summer Deployment (September to February)

All tests required for Winfly/Summer deployment – see Medical and Dental checklist

Winter Deployment (March to August)

All tests required for summer deployment, plus the following mandatory tests:

- TSH
- HIV Testing
- Chest X-ray – send report only
- Psychological testing for McMurdo and South Pole stations

Administrative Information

1. Lab Results: Labs to be completed no earlier than 6 months prior to deployment.

Please follow the instructions in the Medical Deployment E-mail and Medical Deployment Packet for completing laboratory requirements. Additionally, the requirements are listed on the individual medical/dental checklist.

Should you be completing your laboratory requirements outside the United States, please refer to form MA-FRM-0001 (Required Laboratory Tests) in the Medical Deployment Packet. Lab results are to be forwarded to ASC Medical at the address provided in the letterhead.

2. Return of Examination/Tests:

Please send the completed original medical history and physical examination form, including requested test results, to ASC Medical.

3. 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. 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. ASC MEDICAL WILL NOT REIMBURSE HEALTH CARE PROVIDERS.

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

Regards,

ASC Medical

NATIONAL SCIENCE FOUNDATION
POLAR PHYSICAL EXAMINATION

Name: _____	Date of Birth: _____	Blood Type: _____
-------------	----------------------	-------------------

VITAL SIGNS	VISION			
Height: _____ Weight: _____	Without Correction		With Correction	
BP: _____ / _____ Pulse: _____	DIST	NEAR	DIST	NEAR
BMI: _____	R _____	_____	R _____	_____
	L _____	_____	L _____	_____

New Government regulations require that we inform you of the following:

“The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. ‘Genetic information’ as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.”

Therefore, you should not forward any information related to the patient’s family’s medical history and only submit answers to those questions regarding this patient’s personal/individual history.

Finding	Normal	Abnormal	Finding	Normal	Abnormal
General appearance			Inguinal, include hernia		
Head and neck			Genitalia		
Eyes			Anal Rectum		
Ears			Spine		
Nose			Upper extremities		
Mouth			Lower extremities		
Thyroid			Skin (include body marks/tattoos)		
Lymph nodes			Vascular		
Chest and lungs			Neurologic		
Breasts			Emotional Status		
Heart			Pelvic exam		
Abdomen			Prostate exam (age > 40)		

Examiner – Please comment on all abnormal findings

POLAR PHYSICAL EXAMINATION (CONT'D)

NAME _____ DOB _____

Guiaac Test (annually, age > 50): _____ Result/date	Influenza Immunization (annually) _____ (Mandatory for Antarctic deployment) Date (Recommended for Arctic deployment)
TB Skin test (annually) _____ Result/date	Tetanus Immunization (every 10 years) _____ Date

Examiner – Please comment on overall fitness and health conditions that might interfere with the applicants ability to participate in a remote polar deployment.

Examiner's Name: _____ **Signature:** _____ **Date** _____

Examiner Street Address: _____ **Office Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Office Fax:** _____

Please return the completed examination form and results of the requested tests to:
ANTARCTIC SUPPORT CONTRACT - MEDICAL
UTMB Health Center for Polar Medical Operations Levin Hall
5th Floor, Suite 5.527, Route 1004
301 University Blvd.
Galveston, TX 77555-1004
1-855-300-9704 toll free number
1-409 772-3600 fax number



UTMB Health Center for Polar Medical Operations
Levin Hall, 5th Floor, Suite 5.527, Route 1004
301 University Blvd.
Galveston, TX 77555-1004
Phone 855.300.9704
Fax 409.772.3600

PERSONAL PRESCRIPTION MEDICINES

Dear USAP Participant:

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 medicine available to support personal prescription medications. Per NSF direction, the clinic stocks are limited to support emergent requirements.

Deployment to McMurdo and South Pole Stations:

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 yourself from an approved source (see next paragraph) through the APO mail system.

The U.S. Postal Regulations (DMM 601.12.11) states that "Prescription drugs are licensed medicines that require a written order by a medical doctor or pharmacist before they can be obtained. Prescription drugs, including those that contain controlled substances, may be mailed by drug manufacturers or their registered agents, pharmacies, or other authorized dispensers as permitted by 21 CFR 1307.12 or in compliance with any regulation of the Food and Drug Administration or other applicable law.

The addresses to use by the authorized sender is

McMurdo Station – Grantee
[Participant's Name]
McMurdo Station
Project [insert your #]
PSC 469 Box 800
APO AP 96599-1035

McMurdo Station -- ASC
[Participant's Name], ASC
McMurdo Station
PSC 469 Box 700
APO AP 96599-1035

South Pole Station -- Grantee and ASC
[Participant's Name, Project # or ASC]
South Pole Station
PSC 468 Box 400
APO AP 96598

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. Most health plans only allow one month of medication to be dispensed at a time. If you have difficulty in getting the amount that you need for your deployment, contact ASC Medical for assistance. We can coordinate with your health plan to help you obtain the sufficient quantity of your prescription to last your entire deployment.

Deployment to Palmer Station:

Participants will not be allowed to winter-over unless they have enough of their regular medications to last through the winter season. 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.

Most health plans only allow one month of medication to be dispensed at a time. If you have difficulty in getting the amount that you need for your deployment, contact ASC Medical for assistance. We can coordinate with your health plan to help you obtain the sufficient quantity of your prescription to last your entire deployment.

Questions?

If you have any questions about the procedure for transporting your prescription medications to Antarctica, please contact the ASC Medical Department, polmedpq@utmb.edu (preferred), or leave a voicemail at 1.855.300.9704.

Regards,

ASC Medical

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. NSF research stations in the Arctic do not have readily available blood supplies. 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 and Arctic 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 or in the Arctic.

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



UTMB Health Center for Polar Medical Operations
Levin Hall, 5th Floor, Suite 5.527, Route 1004
301 University Blvd.
Galveston, TX 77555-1004
Phone 855.300.9704
Fax 409.772.3600

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.

**If you would like the HIV test please advise your doctor or lab
at the time your blood is drawn. Please contact ASC Medical
at
1-855-300-9704 if you need assistance.**

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 ASC Medical at:
1-855-300-9704.



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REQUIRED LABS FOR PHYSICAL QUALIFICATION

Dear USAP Participant,

Please follow the instructions in your Deployment E-mail and Deployment Packet. Present the below list of required labs to your medical provider. Please complete the following tests and send results to ASC Medical at the UTMB address listed in the header.

Labs shall be done no earlier than six months prior to deployment.

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

Lab Tests

- | | |
|--|---|
| <ul style="list-style-type: none">• Lipid Panel T<ul style="list-style-type: none">Cholesterol, TotalLDL – cholesterol• Biochemistry Panel<ul style="list-style-type: none">Bilirubin, TotalChlorideGlucose, SerumAspartate Transaminase - AST (SGOT)SodiumHgA1c required for all DiabeticsTriglyceridesHDL – cholesterolCHOL/HDLC ratioAlkaline PhosphataseCalciumCreatininePotassiumAlanine Transaminase - ALT (SGPT)Uric Acid | <ul style="list-style-type: none">• Iron, Total• Iron Binding Capacity• % Saturation• CBC with differential/platelet• Urinalysis, reflex• Hepatitis B core AB total• Hepatitis C Antibody• RPR/VDRL (monitor) A• BO Group & RH type• PSA: all males age 50 and up
• HIV: Recommended, but optional, for Summer deployment (September to February). Mandatory for winter-over in Antarctica (March to August) and for participants in the walking blood bank
• TSH: Mandatory for Participants with a Thyroid Disorder or winter-over in Antarctica (March to August) |
|--|---|

Regards,

ASC Medical

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 Occupational Health Manager at NSF at (703) 292-7438, or write to Safety and Occupational Health Manager, Office of Polar Programs, National Science Foundation, 4201 Wilson Blvd., Suite 755, Arlington, VA 22230.

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 first-aid/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



UTMB Health Center for Polar Medical Operations
Levin Hall, 5th Floor, Suite 5.527, Route 1004
301 University Blvd.
Galveston, TX 77555-1004
Phone 855.300.9704
Fax 409.772.3600

Influenza Immunization

Dear USAP Participant:

Please READ!

Every deploying USAP participant is required to receive an influenza vaccination prior to deployment. Participants should obtain a flu shot from their medical provider at least two weeks prior to deployment and submit the supporting documentation to ASC Medical. In the event that participants were unable to obtain a flu vaccine, one will be administered in Christchurch prior to departing for Antarctica, or upon arrival at Palmer Station.

Receiving the vaccination is a condition of your deployment. Exemptions based on medical reasons will be considered on an individual basis.

To learn more about the flu vaccine, contact the Centers for Disease Control and Prevention (CDC):

Call 1-800-232-4636 (1-800-CDC-INFO) or Visit CDC's website at www.cdc.gov/flu

Influenza Vaccination - Important Notice

Effective 14 July 2008, every deploying USAP participant is required to receive an influenza vaccination prior to deployment. The National Science Foundation concluded that influenza resulted in a significant impact to 2007-2008 operations and therefore, going forward, all deploying personnel must receive a flu shot.

Obtaining Flu Shots:

1.) Participants should obtain a flu shot from their medical provider during the PQ process and submit the supporting documentation to ASC Medical. Please note it is recommended that you receive the flu shot at least two weeks prior to deployment to maximize its protective benefits.

OR

2.) Participants will be given flu shots in Christchurch prior to leaving for Antarctica, or upon arrival at Palmer Station.

Below you will find Frequently Asked Questions (FAQs) regarding the Influenza Vaccination program. Once you have reviewed all of the information, please contact your hiring manager or the Human Resources department for questions relating to your employment. For medical-based inquiries, please contact the Medical department at 1-855-300-9704.

FAQs

Q: Why do we have to take the flu shot to go to Antarctica?

A: A panel of medical consultants to the National Science Foundation recently reviewed health care in Antarctica. The report included the summary of two outbreaks of influenza at McMurdo during the 2007-2008 summer season. There was a very significant impact on productivity and health care costs. The medical experts recommended that the vaccine should be given in order to prevent the likelihood of similar outbreaks in the future. The NSF accepted the recommendation and issued a directive making the immunizations mandatory. Success of this initiative was recognized throughout the 2008-2009 summer season with only two positive flu tests.

Q: Will having the shot prevent me from getting the flu?

A: Not always. The vaccine is made up of multiple strains of influenza virus. There are many strains of “flu” viruses. Reports from all over the world are studied each year to predict the strains most likely to cause flu epidemics across different regions. The vaccine is 90% effective in protecting healthy young adults from illness when the vaccine strain is similar to the infecting strain. It is important for everyone to keep their immune systems healthy through regular exercise and good nutrition because the vaccine is less effective in preventing illness in older people and those that have diseases that reduce immunity. The “PQ” examinations are intended to prevent deployment of unhealthy people.

Q: How will I get the shot?

A: Ideally, you would get the shot from your personal physician as part of the “PQ” exam. However, the vaccine may not be available in the United States until late September, after many are on their way to Antarctica. The vaccine will also be given at Christchurch or Palmer Station in these circumstances. As for winter-over employees, theirs will be available in McMurdo. Note: There is a one-two week period after getting the shot before full protection has developed, so the earlier in the deployment cycle it can be given, the better for you and your contacts.

Q: What if I’m allergic? Will I have a localized reaction?

A: If you have had a severe reaction to a flu shot in the past (severe reaction is throat, mouth or airway swelling, difficulty breathing, rash or hives), then submit documentation from the treating physician or emergency room. If you have a proven severe reaction to egg protein (same symptoms as above), then submit the report from your physician or allergist. People with previous severe reactions to the shot or to egg protein should not receive the shot. With proper documentation, you will be excused from the requirement. Localized reactions associated with

the flu shot may include mild problems such as soreness, redness or swelling where the shot was given. They are generally not serious and do not justify exemption from the annual requirement for receiving the immunization.

Q: How can I learn more about the shots?

A: To learn more about the flu vaccine, related benefits, risks, and precautions contact the Centers for Disease Control and Prevention (CDC)

-Call 1-800-232-4636 (1-800-CDC-INFO)

-Visit CDC's website at www.cdc.gov/flu



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Fax 409.772.3600

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 candidate 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 (the patient should know the approximate deployment date). 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 ASC Medical for review in order for the candidate to be dentally qualified for deployment.

Following the dental exam, the candidate should provide documentation of:

I. DENTAL EXAMINATION

Please chart all existing restorations, missing teeth and endodontically treated teeth only on the **Dental Examination Form [NSF Form-1425]**. 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 **only** if they are symptomatic **or** any of the following are present:

1. Periodontal probe can contact the crown of an unerupted 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 5 years.
3. A periapical (PA) film of all endodontic work, crowns, and extensive restorations.

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 ASC 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 ASC Medical.

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

NAME: _____ DATE OF BIRTH: _____ AGE: _____

DAY TELEPHONE#: _____ EMAIL ADDRESS: _____

YEAR OF PREVIOUS DEPLOYMENT: _____ CURRENT DEPLOYMENT DATES: FROM: _____ TO: _____

AFFILIATION:
 NSF S-Event or Group # _____ ASC CH2MHILL Other _____

ANTARCTIC DEPLOYMENT STATION:
 McMurdo South Pole Palmer
 Field Camp _____
 RVIB NB Palmer RVIB LM Gould

ARCTIC DEPLOYMENT STATION:
 Summit Alaska Thule
 Other : _____

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

PERIODONTAL EVALUATION
 PROBINGS > 5 mm YES NO
 ACTIVE DISEASE NOTED YES NO

THIRD MOLAR EVALUATION
 3rd MOLARS PRESENT YES NO
 POTENTIALLY SYMPTOMATIC YES NO

ALLERGIES:

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

DATES	DIAGNOSES and TREATMENTS

Attach the following **ORIGINALS** to this exam:
 PANO OR FULL MOUTH SERIES
 (Required first deployment and every 5 years after)
 *Date of last Pano or Full Mouth Series: _____

BITEWING X-RAYS, SET OF 4 MOUNTED SHOWING ALL POSTERIOR TEETH
 (Required annually – within six months of deployment)

I have thoroughly examined this candidate for travel to the Polar Regions. All necessary treatment has been performed; all evaluations completed; and the appropriate diagnostic radiographs will accompany this completed form as requested 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 of treatment and all **ORIGINAL X-rays** to:
UTMB Health Center for Polar Medical Operations Levin Hall
 5th Floor, Suite 5.527, Route 1004
 301 University Blvd., Galveston, TX 77555-1004
 Tel: 1-855-300-9704 Fax: 1-409 772-3600

CITY	STATE	ZIP
MEDICAL STAFF USE ONLY:		
PQ <input type="checkbox"/>	WINTER REVIEW <input type="checkbox"/>	
NPQ <input type="checkbox"/>		



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Levin Hall, 5th Floor, Suite 5.527, Route 1004
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HIGH-ALTITUDE AWARENESS – SOUTH POLE STATION FAQ

Dear USAP Participant,

In the upcoming season, you will be traveling to not only one of the coldest climates on earth, but also 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 affects of high altitude on your body and the efforts you can make before and during 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 Physical Qualification (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 there is no gradual ascent to altitude as with a gradual climb to a mountain peak; instead, residents are flown directly from sea level to approximately 10,000 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 at 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 that suppress the drive to breathe – such as alcohol and sleeping medications – can worsen the affects 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. AMS normally occurs within days 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, a low-salt diet, and doing no heavy physical exertion for the first two to four days at altitude reduces 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 fluid leaks into the lungs from blood vessels because of blood vessel spasms and back pressure. 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 when 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 spasms of blood vessels in 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 South Pole Stations can best assist you on the advisability of using any of the other medications in addition to, or in place of, Diamox.
- **High Altitude Cerebral Edema (HACE):** HACE is brain swelling, resulting from the body's chemical reactions to the low-oxygen environment, 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 or stumbling 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 should be briefed on altitude-related illness and obtain Diamox at McMurdo Station Medical before you go to Pole at any time during the season. If you are going to Pole directly, a member of the McMurdo medical team will meet you upon arrival in Antarctica, provide a briefing about altitude illness and offer 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 the medical clinics at McMurdo or South Pole Stations, or speak to your own doctor before you deploy. A good web site to read more about altitude illnesses is: www.basecampmd.com.

**Remember: Do not over exert! Stay well hydrated! Keep warm!
Take acetazolamide (Diamox)!**



UTMB Health Center for Polar Medical Operations
Levin Hall, 5th Floor, Suite 5.527, Route 1004
301 University Blvd.
Galveston, TX 77555-1004
Phone 855.300.9704
Fax 409.772.3600

EYEWEAR POLICY FOR ANTARCTICA

Dear USAP Participant,

Everyone in Antarctica is required to wear sunglasses or other protective eyewear (e.g. goggles)! You are traveling to a part of the world where scientists have documented increased ultraviolet radiation because of 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. Appropriate protective eyewear is especially important on windy days to protect against volcanic ash particles and snow blowing in the eyes.

The type of sunglasses or eye protection 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.

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, in the event you need replacement eyewear while deployed. 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.)

ASC will reimburse its deploying employees up to \$175.00 for one pair of prescription sunglasses (frames and lenses combined) every other year. ASC will NOT reimburse you for the eye exam. **You must be both medically and dentally qualified before you are eligible to be reimbursed for prescription sunglasses.** Once you are notified by the ASC Medical Department that you are Physically Qualified, please submit your expenses to your respective ASC organization using their established process. USAP participants not employed by the ASC or one of its contractors must check with their employing organizations to learn what, if any, reimbursement options for prescription sunglasses are available to them.

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

Regards,

ASC Medical

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