

NATIONAL SCIENCE FOUNDATION  
**POLAR PHYSICAL EXAMINATION**

Name: _____			Date of Birth: _____			Blood Type: _____			
<b>VITAL SIGNS</b>				<b>VISION</b>					
Height: _____		BP: _____/_____		Without Correction			With Correction		
Weight: _____		Pulse: _____		DIST      NEAR		DIST      NEAR			
BMI: _____				R _____	_____	R _____	_____		
				L _____	_____	L _____	_____		
<i>Finding</i>	<i>Normal</i>	<i>Abnormal</i>		<i>Finding</i>			<i>Normal</i>	<i>Abnormal</i>	
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)					
<i>Examiner – Please comment on all abnormal findings</i>									
<b>Guiaic Test (annually, age &gt; 50):</b> _____ <span style="float: right;">Result/date</span>					<b>Influenza Immunization</b> _____ (Mandatory annually for Antarctic deployment)      Date (Recommended for Arctic deployment)				
<b>TB Skin test (annually)</b> _____ <span style="float: right;">Result/date</span>					<b>Tetanus Immunization (every 10 years)</b> _____ <span style="float: right;">Date</span>				
<i>Examiner – Please comment on overall fitness and health conditions that might interfere with the applicant's ability to participate in a remote polar deployment.</i>									
Examiner's Name: _____					Examiner's Signature: _____				
					Date				
Street Address: _____					Office Phone: _____				
City: _____		State: _____		Zip Code: _____		Office Fax: _____			
<b>Please return the completed examination form and results of the requested tests to (return envelope enclosed)</b>									
<b>Raytheon Polar Services Company</b> Attention: <b>MEDICAL</b> 7400 S. Tuscon Way Centennial, CO 80112-3839 1-800-688-8606 Prompt 3 Fax: 303-649-9275									