DEPLOYMENT PAPERWORK MADE EASY
Employees
Deployment Tips:

Questions about your job should go to your Point of Contact (POC) identified in your Job Offer Letter.

What do I bring? What is the mailing address down on the ICE? Check out the "**Participant Guide**" for answers to questions like these. Go to http://www.usap.gov/travelAndDeployment/contentHandler.cfm?id=541

Medical Department –

- Make your appointments RIGHT AWAY! It takes about eight (8) weeks to complete the deployment process. You MUST be Physically Qualified (PQ'd) at least three (3) weeks before your travel date.

- When you book your dental exam, tell your Dentist that the original x-rays MUST be sent. Note that we now accept electronic media of x-rays (via e-mail or CD). This year, in order to simplify the Dental PQ process, there will be three levels of Dental PQ, dependant upon the amount of time spent on the Ice. The winter-over PQ requirements remain the same. The summer-only PQ requirements are less stringent, and a new category with fewer requirements is for participants deploying less than six weeks. It is important to realize that if you elect to use the non winter-over Dental PQ requirements that you will not be eligible to winter-over until the PQ requirements are satisfied. It may not be possible to complete the winter-over requirements while on the Ice, therefore, **when in doubt, ask your Dentist to follow the winter-over guidelines**. This will not only assure that you are in the best dental health, but will allow you to accept extended contracts and multiple cruises, etc…

- We recommend using the enclosed LabCorp kits; one is for the Medical PQ Clearance and one is for the Urine Drug Screen. When you use the provided lab kits, please ensure they are sent to LabCorp in Englewood, CO. If used, RPSC is directly billed for these expenses.

- Keep copies of EVERYTHING; the pink copies of the carbon forms are yours to keep.

- Should the Medical Department contact you with questions, it is your responsibility to follow up with them. For Medical processing and PQ updates simply contact the Medical office at: 1-800-688-8606 (prompt 3) or Medical@usap.gov.

Extra copies of these forms can be downloaded from the web at http://www.usap.gov/travelAndDeployment/contentHandler.cfm?id=765

- **$$$ Medical/Dental/Prescription Eyeglass/Prescription Safety Glasses Reimbursement $$$:** Fill out the reimbursement form provided, attach copies of all receipts and send to: RPSC Attn: Medical, 7400 South Tucson Way, Centennial CO 80112-3938. ALL reimbursement requests must be received by March 1st.

- If you are originally hired with a summer contract, and later offered a winter contract, please contact the RPSC Medical Department for additional Medical/Dental/Psych requirements: 1-800-688-8606 (prompt 3).

Which paperwork goes in which envelope?!?

ATTN: MEDICAL Envelope:

1) Personal Information Form, (NSF Form 1458)
2) Important Notice for Participants in the United States Antarctic Program, (NSF Form 1457)
3) Medical Risks for NSF-Sponsored Personnel Traveling to Antarctica, (NSF Form 1421)
4) Medical History Form, (NSF Form 1422)
5) All paperwork generated from your Doctors appointments and examinations, test results, and HIV consent form

Note: Test results can also be faxed to the RPSC Medical Department's secure fax at (303) 649-9275 or (720) 895-1090.

ATTN: DENTAL Envelope:

1) Polar Dental Examination Form, (NSF Form 1425)
2) Original X-rays or via Electronic Media, copies are not acceptable

Deployment Specialists Group –

- For flight information, hotel bookings, general questions, and more, simply contact the DSG at: 1-800-688-8606 (prompt 2); Local # 303-790-8606 (prompt 2), or deployment@usap.gov

- The Travel office will contact you approximately three (3) weeks prior to your departure to confirm your travel itinerary and your current mailing address. You will receive your tickets via Federal Express one to two weeks prior to departure.

- **Notary Services are not available on Antarctica.** You cannot count on being able to execute or revoke legal documents requiring notarization while on the Ice. Make every effort to settle outstanding legal matters before you leave for Antarctica, including a Power of Attorney.

- **DSG paperwork can be returned in either the Medical or Dental Envelopes.**

Raytheon Polar Services Company

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

REQUIRED LABS

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.

If you DID NOT receive a lab kit box, please have the following tests completed and the results sent to the RPSC Medical Department.

Lipid Panel
- Triglycerides
- Cholesterol, Total
- HDL – cholesterol
- LDL – cholesterol
- CHOL/HDLC ratio

Biochem
- Alkaline Phosphatase
- Bilirubin, Total
- Calcium
- Chloride
- Creatinine
- Glucose, Serum
  - Glucose
- Potassium
- Aspartate Transaminase
  - AST (SGOT)
- Alanine Transaminase
  - ALT (SGPT)
- Sodium
- Uric Acid

Iron, Total
Iron Binding Capacity
% Saturation

CBC with differential/platelet
Urinalysis, reflex
Hepatitis B core AB
Hepatitis C Antibody
RPR/VDRL (monitor)
ABO Group & RH type
PSA – for ages 40-49 with family history of prostate cancer; <u>all males aged 50 and up</u>

HIV – Recommended, but optional. Mandatory for winter-overs in Antarctica (February-October) and for participants in the walking blood bank
TSH - Mandatory for winter-overs 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

Raytheon

Technical Services Company LLC
Polar Services

7400 S Tucson Way
Centennial, Colorado
80112-3938 USA
303.790.8606

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

It is the responsibility of all participants to obtain a supply of their regular prescription medications to cover the time that they will be deployed. **The Stations do not have prescriptions available to support maintenance medications – our medication stock is limited to support emergent requirements, in accordance with NSF requirements.** Additionally, if any changes to your medical well-being occur after PQ, you are required to let us know so we can ensure your 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 Medical Clinic at the station where you will be deployed. 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 Human Resources at RPSC for assistance. We can coordinate with your health plan to help you obtain the sufficient quantity of your prescription to last your entire deployment.

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. You can receive your medication at the medical clinic.

McMurdo Station – RPSC
Medical Clinic, RPSC
McMurdo Station
PSC 469 Box 700
APO AP 96599-1035

South Pole Station -- RPSC
Medical Clinic
South Pole Station
PSC 468 Box 400
APO AP 96598

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 the deployment

Remember that you will have to clear customs in New Zealand to reenter the country on redeployment and the same restrictions on the quantity of medications will apply. If you have an excess amount on redeployment, mail the excess amount to yourself at home before leaving Antarctica.

If you have any questions about the procedure for transporting your prescription medications to Antarctica, contact the Medical Department at RPSC, 1.800.688.8606, option 3 on the menu.

RAYTHEON TECHNICAL SERVICES COMPANY LLC
POLAR SERVICES

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.
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.
Lab Work Lab kit Or Required Labs Form ME-CD-109	Pre-packaged Laboratory kit. Please make sure that the "Polar Profile" is marked on your lab requisition located inside the box. Any additional tests required must be marked also (see Checklist for additional tests). If no lab kit is enclosed, then present the "Required Labs" form to your Doctor.	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. _____ All test results should be mailed with your completed medical forms to RPSC Medical Department. Follow instructions regarding fasting.
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 the RPSC Medical Department.
Reimbursement Form ME-D-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 Department.
Eyewear Policy for Antarctica ME-A-119	Sunglasses are a requirement in Antarctica. This form details all requirements.	RPSC employees are eligible to be reimbursed every other year for one (1) pair of prescription sunglasses. Additionally, if required of your job position, reimbursement for one (1) pair of prescription safety glasses. You will be reimbursed up to $175.00 for each pair. You must be Physically Qualified to obtain reimbursement.
Medications ME-A-121	Participants taking prescription or over-the-counter medications are required to bring an adequate supply for the deployment duration. USAP does not provide motion sickness medication.	If you need physician-prescribed medications of any kind during your deployment, please consult your physician. You will need to obtain a prescription for the length of your deployment. Be sure to bring enough medication to allow for travel and extended time on Ice. See letter included in packet.
Immunization	Current Tetanus immunization – USAP required. Hepatitis A and B vaccines – strongly recommended for certain positions. See checklist.	Consult the Centers for Disease Control and Prevention International Traveler's Hotline re: immunization for international travel at www.CDC.gov/travel/index.html.
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.

Travel tickets will not be issued until you are medically and dentally qualified (PQ'd). You must PQ at least three (3) weeks prior to your planned departure date, this includes the return of the two release forms and personal information sheet.

Waiver Process- If you are not medically/dentally PQ'd, then a waiver packet can be requested from RPSC and submitted to the NSF by RPSC. It is your responsibility to submit necessary information to RPSC Medical for further processing with the NSF. The NSF makes the determination whether or not you deploy to Antarctica. The waiver process can take up to eight (8) weeks, so plan accordingly if you think a waiver will need to be submitted. Contact Medical for instructions.

NATIONAL SCIENCE FOUNDATION - POLAR PHYSICAL EXAMINATION (ANTARCTICA)

MEDICAL HISTORY

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

Polar Medical Staff Use Only

Reviewed/Date: _____

Polar Medical Staff Use Only

☐ PQ ☐ PQ Summer Only ☐ NPQ

Medical Conditions:

_____

_____

Restrictions and Follow-up:

_____

_____

Reason for NPQ:_____

Name: last, first, middle (must match passport)	Birth date _____ (YY/MM/DD)	Telephone (include area code) Day: Evening:
Street City State Zip		

Age	Sex ☐ F ☐ M	Nickname	E-Mail:

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

Affiliation:	**Affiliation:**	**Proposed Antarctic Season**:	**Proposed Antarctic Worksite:**
☐ NSF ☐ Science Event #_____ ☐ Official Visitor Event #_____ ☐ Technical Event #_____	☐ RPSC Job Title:_____ _____ ☐ Other Contractor Job Title:_____ _____	☐ Summer (Aug-Feb) ☐ Winter (Mar-Oct) ☐ Other _____ (dates)	☐ McMurdo Station ☐ Field Camp ☐ South Pole Station ☐ Palmer Station ☐ RV/NB Palmer ☐ RV/LM Gould ☐ USCG Icebreaker ☐ Other (specify)_____

Estimated Deployment Dates	Previous Polar (Arctic or Antarctic) Deployment?
From _____ to _____	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? Insulin Required?	☐ YES ☐ YES	☐ NO ☐ NO		Kidney Disease? Describe:	☐ YES	☐ NO	
Heart Attack? Age? _____	☐ YES	☐ NO		Cancer? Type?	☐ YES	☐ NO	
Stroke? Age? _____	☐ YES	☐ NO					
Bleeding Disorder? Describe: (Hemophilia, Clotting Factor Deficiency)_____	☐ YES	☐ NO		Stomach/GI Disease? Type? _____	☐ YES	☐ NO	
Autoimmune Disorder? Describe: (Rheumatoid Arthritis, Lupus, Other) _____	☐ YES	☐ NO		Mental Health Disorders? Describe: (i.e., Depression, Bipolar, Suicide, Schizophrenia) _____ _____	☐ YES	☐ NO	
Hemoglobin disorder? Describe: (Sickle Cell, Thalassemia, etc.) _____	☐ YES	☐ NO					

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:_____	☐ YES	☐ NO	
	Head Injury? Loss of Consciousness – Date_____ How Long_____	☐ YES	☐ NO	
2	**Headaches**?	☐ YES	☐ NO	
	Migraines? Date Diagnosed_____ Date of last Migraine_____	☐ YES	☐ NO	
3	**Vision**: Do you wear ☐ glasses? ☐ contacts?	☐ YES	☐ NO	
	Do you have unequal pupils?	☐ YES	☐ NO	
	Do you have blindness in one or both eyes?	☐ YES	☐ NO	
	Do you have Glaucoma?	☐ YES	☐ NO	
	Do you have Cataracts	☐ YES	☐ NO	
	Do you have Double Vision?	☐ YES	☐ NO	
	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:	☐ YES	☐ NO	
	Hearing Impairment?	☐ YES	☐ NO	
	Hayfever?	☐ YES	☐ NO	
	Are you currently taking allergy shots?	☐ YES	☐ NO	

NAME_____ DOB _____

PERSONAL MEDICAL HISTORY (continued)

ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR PRESENT OR PAST MEDICAL HISTORY			ADDITIONAL COMMENTS
6 **Do you have any Pulmonary Disease?**	☐ YES	☐ NO	
Chronic Obstructive Pulmonary Disease (COPD)?	☐ YES	☐ NO	
Pulmonary Embolism/Blood Clots?	☐ YES	☐ NO	
Sleep Apnea?	☐ YES	☐ NO	
Asthma? Date of last attack_____ Number of attacks in past year_____	☐ YES	☐ NO	
Emphysema or chronic Bronchitis or Bronchiectasis?	☐ YES	☐ NO	
Shortness of Breath of Difficult Breathing? Explain:	☐ YES	☐ NO	
Tuberculosis	☐ YES	☐ NO	
History of positive TB skin test	☐ YES	☐ NO	
Have you ever received BCG?	☐ YES	☐ NO	
Have you ever experienced altitude sickness? At what altitude_____ Describe treatment:	☐ YES	☐ NO	
7 **Do you have Heart Problems/Disease?**	☐ YES	☐ NO	
Previous Heart Attack?	☐ YES	☐ NO	
Angina/Chest Pain? Describe (include frequency, precipitating factors, and treatments):	☐ YES	☐ NO	
Congestive Heart Failure (CHF)?	☐ YES	☐ NO	
Supraventricular Tachycardia (SVT)? Date diagnosed_____ Frequency and treatment:	☐ YES	☐ NO	
Atrial Fibrillation? Date diagnosed_____	☐ YES	☐ NO	
Heart Murmur/Valvular Heart Disease? Date diagnosed_____ Limitations:	☐ YES	☐ NO	
☐**Angiogram** ☐**Angioplasty** ☐**Stent** ☐**Cardiac Bypass Surgery** Date_____	☐ YES	☐ NO	
Pacemaker?	☐ YES	☐ NO	
Hypertension? Date diagnosed_____	☐ YES	☐ NO	
TIA/Stroke? Date _____	☐ YES	☐ NO	
History of Deep Vein Thrombosis (DVT)/Blood Clots?	☐ YES	☐ NO	
History of Abdominal or Cerebral Aneurysm?	☐ YES	☐ NO	
8 **Do you have diabetes**? Date diagnosed:_____ Controlled by: ☐Insulin ☐Oral medication ☐Diet Last Emergency Room visit:_____	☐ YES	☐ NO	
9 **Do you have Cholesterol disorders?** Date diagnosed:_____ Controlled by: ☐Oral medication ☐Diet	☐ YES	☐ NO	
10 **Arthritis?** Type: _____	☐ YES	☐ NO	
Permanent disability?	☐ YES	☐ NO	

NAME_____ DOB _____

PERSONAL MEDICAL HISTORY (continued)

ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR PRESENT OR PAST MEDICAL HISTORY			ADDITIONAL COMMENTS
11 **Do you have Gout?** If so, describe your treatment plan	☐ YES	☐ NO	
12 **Do you have Thyroid Disease?** Explain, if Yes - include medication	☐ YES	☐ NO	
Surgery required? When?_____	☐ YES	☐ NO	
13 **Have you ever used tobacco/tobacco products?**	☐ YES	☐ NO	
Do you currently use tobacco/tobacco products? 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_____	☐ YES	☐ NO	
14 **Have you had an Exercise Stress Test/Treadmill?** If yes, when?_____	☐ YES	☐ NO	
15 **Do you have a regular exercise program?** Describe:	☐ YES	☐ NO	
16 **Have you had Stomach/Bowel Problems?**	☐ YES	☐ NO	
Anemia	☐ YES	☐ NO	
Black tarry stools	☐ YES	☐ NO	
Blood in stools	☐ YES	☐ NO	
Frequent or persistent diarrhea	☐ YES	☐ NO	
Gallbladder Problems/Stones	☐ YES	☐ NO	
Heartburn	☐ YES	☐ NO	
Hemorrhoids	☐ YES	☐ NO	
Inflammatory bowel disease (Crohns/Ulcerative Colitis)	☐ YES	☐ NO	
Ulcers Date of last flare up_____	☐ YES	☐ NO	
17 **Have you been diagnosed with liver problems?**	☐ YES	☐ NO	
Hepatitis? Type ☐A ☐B ☐C ☐Other	☐ YES	☐ NO	
18 **Do you have Kidney problems?**	☐ YES	☐ NO	
History of Kidney Stones?	☐ YES	☐ NO	
Polycystic Kidney Disease?	☐ YES	☐ NO	
Frequent Urinary Tract Infections?	☐ YES	☐ NO	
19 **Do you have a history of Hernias?** Date_____ Location_____	☐ YES	☐ NO	
20 **Have you had any sexually transmitted diseases?** When? _____ Type: ☐Herpes ☐Chlamydia ☐Gonorrhea ☐Syphillis ☐Other Specify)_____	☐ YES	☐ NO	
Treated? When? _____ Describe:	☐ YES	☐ NO	
21 **Cancer or leukemia?** Type/Location:_____ Date diagnosed_____	☐ YES	☐ NO	
Surgery	☐ YES	☐ NO	
Chemotherapy	☐ YES	☐ NO	
Radiation Therapy	☐ YES	☐ NO	
Other Treatment:_____	☐ YES	☐ NO	

NAME_____ DOB _____

PERSONAL MEDICAL HISTORY (continued)

ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR PRESENT OR PAST MEDICAL HISTORY			ADDITIONAL COMMENTS
22 **Skin rash/Disease?** Describe (include duration and treatment):	☐ YES	☐ NO	
23 **Broken bones?** Orthopedic Pins/Plates? Dislocations? Back injuries For any "YES" answers, list date, area affected and treatment:	☐ YES ☐ YES ☐ YES ☐ YES	☐ NO ☐ NO ☐ NO ☐ NO	
24 **Have you ever been or are you currently treated for?** ☐Schizophrenia ☐Depression ☐Bipolar ☐ Panic Attacks ☐Anxiety Attacks ☐Obsessive/Compulsive Disorder ☐Suicide Attempt/Thoughts ☐Eating Disorders ☐Addiction ☐Other:_____ **Have you ever been hospitalized for psychiatric treatment**? Describe with length and dates:	☐ YES ☐ YES	☐ NO ☐ NO	
25 **For Men**: History of Prostate disease including prostatitis or prostate stones? When? Describe treatment: Surgery required? Date_____	☐ YES ☐ YES ☐ YES	☐ NO ☐ NO ☐ NO ☐ NO	
26 **For Women**: Date of last period: _____ Date of last PAP Smear: _____ Results: ☐ Normal ☐ Other (describe): Are you currently taking Oral contraceptives? History of severe Menstrual Cramps/PMS? Endometriosis? Ovarian Cysts? Describe treatment:	☐ YES ☐ YES ☐ YES ☐ YES	☐ NO ☐ NO ☐ NO ☐ NO	
27 **Do you drink alcohol**? Quantity per day_____ Total per week_____ Have you ever felt you should decrease your drinking? Explain: Have you ever received a DUI or court ordered treatment? Describe circumstances: Have you ever been diagnosed as an alcoholic? If now sober, length of sobriety_____	☐ YES ☐ YES ☐ YES ☐ YES	☐ NO ☐ NO ☐ NO ☐ NO	

I certify that the information contained herein is complete and accurate to the best of my knowledge. I will inform the contractor's medical staff of ALL medical/health changes that occur after submitting this form. I understand that failure to provide any or all of the requested information may result in a denial of my application for assignment to the Polar Regions. I also understand that willfully providing false statements to a Federal agency or its representatives is a criminal offense.

_____ _____ _____

Print Name Signature Date

Raytheon Polar Services Company

7400 S Tucson Way Centennial, CO 80112-3938
Local (303) 790-8606 ~Toll free (800) 688-8606 ~ Fax (303) 649-9275

RPSC has contracted with the following physicians, dentists, and eyewear distributors to provide services for RPSC employees and individuals deploying to Antarctica under the United States Antarctic Program (USAP). These contractors are located in the Denver Metro/Boulder area. Before making an appointment, please call the Medical Office to ask that your checklist be faxed to the Doctor or Dentist. **If you currently carry insurance you are REQUIRED to give your insurance information at the time of your appointment.** Your co-pay and any costs that are not covered, or are rejected by your insurance, will be direct billed to RPSC. Please bring your insurance card with you to your appointment. ***** NOTE: This direct bill option only applies to the Doctors and Dentists listed below *****

You are free to go to the doctor or dentist of your choice; however, you are responsible for paying all fees associated with the visit. **If you currently carry insurance you are REQUIRED to give your insurance information at the time of your appointment.** Your co-pay and any costs that are not covered, or are rejected by your insurance, are eligible for reimbursement. Please submit the Medical/Dental Expense Reimbursement Form in your packet along with the itemized bill from your doctor and/or dentist. If you are currently a RPSC employee you must file online using WebTE. **Note that there is no provision for reimbursement of dental work that may be required for deployment.**

PHYSICIANS:

Dr. Gerald Katz, M.D.
Dana Coutts, P.A.
14100 East Arapahoe Rd
Englewood, CO 80112
(303) 699-3197

Dr. John Harris, M.D.
12150 E Briarwood Ave. Ste. 105
Englewood, CO 80112
(303) 790-1999

CONCENTRA MEDICAL CENTERS offer physical examinations on a walk-in basis with no appointment necessary. The Concentra facility nearest the office is located on:
Dry Creek
7150 S. Fulton St., Bldg. 200-C
Englewood, CO 80112
(303) 792-7368

DENTISTS:

Dr. Roger Anderson, D.D.S
Dr. Wellman, D.D.S
Dr. York, D.D.S
14000 E Arapahoe Rd, Ste. 200
Englewood, CO 80112
(303) 632-3638

PRESCRIPTION EYEGLASSES AND/OR SAFTEY GLASSES:
Fantasy Eyeland
8101 East Belleview Ave C-1
Denver, CO 80237
Phone 866-271-2020
Phone/Fax (303) 741-1290
E-mail: fantasyoptical@aol.com
(Prescription Eyeglasses and/or Safety Glasses)

Raytheon Polar Services Company

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

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 indicated 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.

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: The labs must be sent to the contract laboratory. A pre-paid FedEx mailer is provided in the laboratory kit. Please check appropriate boxes on lab requisition for required labs (refer to Medical/Dental Checklist). Copies of the lab results can be obtained from RPSC Medical department.

Return of Examination/Tests: Please send the original medical history and physical examination, including requested tests, to RPSC Medical in the enclosed envelope.

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. RPSC Human Resources Department can assist candidates in obtaining sufficient medications if their prescription plans limit the quantity allowed at each refill.

Payment for this Examination: The candidate is responsible for payment! This includes insurance deductible(s), payment of all charges incurred by this exam if no insurance is available, or insurance payment is denied. RPSC WILL NOT REIMBURSE HEALTH CARE PROVIDERS.

THANK YOU FOR YOUR COOPERATION WITH THIS MEDICAL EXAMINATION.

NATIONAL SCIENCE FOUNDATION

POLAR PHYSICAL EXAMINATION - ANTARCTICA

NAME:_____ DOB:_____

BLOOD TYPE: _____

COMPLETE ALL SECTIONS USING CODES WHERE APPROPRIATE

VITAL SIGNS		VISION			
		WITHOUT CORRECTION		WITH CORRECTION	
HEIGHT: _____	WEIGHT: _____	DIST	NEAR	DIST	NEAR
BP: _____	PULSE: _____	R _____	_____	R _____	_____
RESPIRATIONS: _____	TEMPERATURE: _____	L _____	_____	L _____	_____

CODES: O – Within Limits
I – Significantly Abnormal
X – Not Examined

		Code	Remarks (discuss abnormal findings in detail)
1.	General Appearance….....		
2.	Head and neck….....		
3.	Eyes….....		
4.	Ears….....		
5.	Nose….....		
6.	Mouth….....		
7.	Thyroid….....		
8.	Lymph nodes….....		
9.	Chest, Lungs, Breasts….....		
10.	Heart….....		
11.	Abdomen….....		
12.	Inguinal, include hernia….....		
13.	Genitalia….....		
14.	Anal and Rectum….....		
15.	Spine….....		
	Forward Bend, Fingers Miss Floor ___ Inches		
16.	Upper Extremities….....		
17.	Lower Extremities….....		
	Varicosities….....		
18.	Skin, Lymphadenopathy….....		
	Identify Body Marks, Scars, Tatoos….....		
19.	Peripheral Vascular….....		
20.	Neurologic Status (include Reflexes)….		
21.	Emotional Status….....		
22.	Pelvic Exam….....		
23.	Men > Age 40: Prostate Exam….....		

NAME_____ DOB _____

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

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

Raytheon Polar Services Company

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

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. **All annual cleaning/prophlylaxis, preventive and corrective procedures must be completed prior to deployment.**

All **Winter-over** participants (Feb-Oct) 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.

Candidates only deploying for the **summer** (Oct-Feb) must have an exam to verify that they will be free of dental problems for the next 12 months. All treatment or procedures that are necessary for the participant to qualify must be completed 3 weeks before the deployment date.

Candidates only deploying for **less than 6 weeks** must have an exam to verify that they will be free of dental problems for the next 6 months. All treatment or procedures that are necessary for the participant to qualify must be completed 3 weeks before the deployment date.

Please indicate on the Dental Examination Form the level of clearance (winter-over, summer, 6 weeks) that you are certifying.

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 documentation of 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;

(Over)

Raytheon Polar Services Company

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

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 **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.

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 give 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 and documentation of treatment and ORIGINAL radiographs or digital files to RPSC Medical in the envelope provided. (The digital files may be sent to medical@usap.gov)

VI. PAYMENT

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

THANK YOU FOR YOUR COOPERATION WITH THIS DENTAL EXAMINATION.

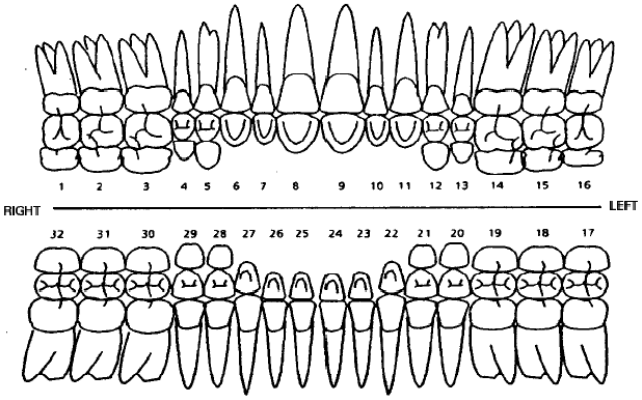
NATIONAL SCIENCE FOUNDATION

POLAR DENTAL EXAMINATION - ANTARCTICA

NAME:_____ DATE OF BIRTH _____ DAY TELEPHONE#_____

AGE:_____ YEAR PREVIOUS DEPLOYMENT:_____CURRENT DEPLOYMENT:_____TO_____

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



☐ 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

ALLERGIES:

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

DATE	DIAGNOSIS TREATMENT

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

☐ PANO OR FULL MOUTH SERIES
(Required first deployment and every 5 years)

*Date of last Pano or Full Mouth Series _____

☐ BITEWING X-RAYS, SET OF 4 MOUNTED SHOWING ALL POSTERIOR TEETH
(Required every deployment year)

I HAVE THOROUGHLY EXAMINED THIS CANDIDATE FOR TRAVEL TO ANTARCTICA. ALL NECESSARY TREATMENT HAS BEEN PERFORMED, ALL EVALUATIONS COMPLETED, AND THE APPROPRIATE DIAGNOSTIC RADIOGRAPHS WILL ACCOMPANY THIS COMPLETED FORM AS DIRECTED BY THE DEAR DENTIST LETTER.

_____
DENTIST'S NAME (PRINT)

_____
DENTIST'S SIGNATURE DATE

_____
TELEPHONE NUMBER (include area code)

_____
ADDRESS

_____
CITY STATE ZIP

ATTENTION EXAMINING DENTIST:
Please forward completed form, all documentation of treatment and all **ORIGINAL X-rays** to

RAYTHEON POLAR SERVICES COMPANY
ATTN: Medical
7400 S. Tuscon Way
Centennial, CO 80112-3839
1-800-688-8606 ext 32287

USAP USE ONLY:

PQ ☐ **WINTER REVIEW** ☐
NPQ ☐

NATIONAL SCIENCE FOUNDATION
4201 WILSON BOULEVARD
ARLINGTON, VIRGINIA 22230
OFFICE OF POLAR PROGRAMS

Medical Risks for NSF-Sponsored Personnel Traveling to Antarctica

Travel to Antarctica imparts certain risks to the traveler, because of harsh environmental conditions encountered, limitations in the medical care available in Antarctica, and difficulties, in emergencies, of providing timely evacuation to tertiary medical care facilities in New Zealand, South America, or in the United States. United States Antarctic Program (USAP) participants should consider these risks before deciding to deploy to Antarctica.

With no indigenous support infrastructure in Antarctica, virtually all medical care to USAP participants is provided through the USAP medical care system. This includes medical clinic operations at all three year-round stations (McMurdo, South Pole, and Palmer Stations), dispensary operations on the two oceanographic research vessels, and 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

NATIONAL SCIENCE FOUNDATION
4201 WILSON BOULEVARD
ARLINGTON, VIRGINIA 22230

PRIVACY NOTICE

Medical Examination Records for Service in Polar Regions

The National Science Foundation's Office of Polar Programs is responsible for ensuring that all personnel traveling to Antarctica under the auspices of the United States Antarctic Program (USAP) meet certain medical standards, as outlined in 45 Code of Federal Regulations Section 675 (62 Fed. Reg. 31521 (June 10, 1997). This medical screening process requires that certain medical records be generated on each individual participating in the USAP.

The information requested on USAP provided forms is solicited under the authority of the National Science Foundation Act of 1950, as amended, 42 U.S.C. 1870 et seq. It will be used by NSF and its contractors and subcontractors in the medical screening process to determine whether an applicant is qualified for deployment to Antarctica. An individual medical file will include information collected to determine whether one is qualified for Antarctic assignment, as well as clinical files that may be generated if one receives medical treatment in any of the USAP medical clinics in Antarctica or any off-ice treatment facilities arranged by the USAP.

The records are used for three primary purposes: (1) to determine the individual's fitness for Antarctic assignment, including individual waiver requests; (2) to assist in determining an appropriate course of medical/dental treatment should the individual seek medical care with any medical care provider while in Antarctica; and (3) to provide documentation for addressing quality of care issues associated with these medical functions.

Records contained within this system may be released to individuals involved in those three functions. Such individuals include, in addition to designated NSF employees as needed for assigned duties: (a) designated medical care practitioners and their administrative support personnel involved in determining an individual's fitness for Antarctic assignment, including individual waiver requests; (b) medical care providers in NSF-supported stations and field camps in the polar regions where the individual is assigned; and (c) medical experts advising the NSF on quality of medical care issues associated with NSF's polar research programs. In addition to these purposes, information in the medical records may be released to the individual's personal or examining physician or the individual's designated emergency point of contact when disclosure is necessary to determine initial medical clearance or to review treatment options if the individual requires medical attention while on assignment in the polar regions. The determination of whether the individual is physically qualified/not physically qualified (PQ/NPQ) may be released to representatives of the individual's sponsoring organization including academic institutions, and investigators on a grant to inform them whether an individual is approved for deployment or not.

If necessary, information may be released to Federal, state, or local agencies, or foreign governments when disclosure is necessary to obtain records in connection with an investigation by or for the NSF; and to another Federal agency, a court, or a party in litigation before a court or in an administrative proceeding if the government is a party, or when NSF determines that the litigation or anticipated litigation or proceeding is likely to affect the Agency.

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

More detail about how and where these records are maintained in accordance with the Privacy Act, 5 U.S.C. 552a, is contained in the National Science Foundation's System of Records Notice**,** Medical Examination Records for Service in the Polar Regions**,** available upon request from the NSF[1]. 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.

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[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	**TELEPHONE NUMBERS** (include area code)
PERMANENT ADDRESS (Street, City, State, Zip Code, Country)		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)

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:

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) _____

_____

Have you previously deployed to Antarctica? ☐ Yes ☐ No

Most recent year: _____

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.

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

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 and side protectors are recommended, but not required.

RPSC provides employees deploying to Antarctica with non-prescription, 100% UV protected, polarized sunglasses as part of the 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 pupiliary distance) and bring it with you when you deploy. Eyeglass prescriptions are good for two years.

Contact lenses can be worn in the Antarctic climate. However, if deploying to the South Pole, the dry climate may cause difficulties. It is suggested that you carry your lens 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 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 for one pair of prescription safety glasses if required for your job. RPSC will NOT reimburse for an eye exam. You must be both medically and Dentally Qualified before you are eligible to be reimbursed. Once you get notified by the Medical Department that you are Physically Qualified please submit your expenses on the RPSC Medical/Dental Expense Reimbursement Form. If you are within 30 days of deploying or currently an active employee you need to submit your expense report online via WebTE.

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

RAYTHEON PRESCRIPTION SAFETY GLASSES

Frame#1 650
Color: Gray or Brown Marble
Size 50-16-145
Side Shield: Clear removable

Frame #2 EC100
Color: Gray Haze
Size 1: 55-17-140
Size 2: 57-19-145
Side Shield: Clear removable

Frame #4 F4000
Color: Gray Crystal
Size: 53-18-145
Integrated Brow-Guard
Side Shield: Removable

Frame #5 Eagle
Color: Smoke
Size: 56-18 / 59-20
Adjustable Cable Temples
Brow-Guard

Fantasy Eyeland

Marina Square
8101 East Belleview Avenue Unit C-1
Denver, CO 80237
Phone/Fax: 303.741.1290 Toll Free 1.866.271.2020
Mon-Fri 10:30 - 5:30

Email: cfantasyeyeland@aol.com

Ordering your Safety Glasses

- Email your order, fax, mail, phone or in person at Fantasy Eyeland
- A sample frame kit is also on display in Raytheon's Medical Department
- **RAYTHEON WILL REIMBURSE YOU UP TO $175.00 (if required for your job), every other year, upon completed and approved PQ**
- Single vision package: **$165.00**
- Bifocal package: **$190.00**
- Trifocals, Progressive and other types of lenses are available to meet your special needs.
- **Payment is required at time of ordering!**

1. **Frame: _____ Size:_____Color :_____**
2. **Prescription & P.D.** ***(REQUIRED - contact your optician for information)***

	SPH	CYL	AXIS		
OD (right)				P.D.	
OS (left)				Add:	

***(Bifocals only)**

Name: _____

Shipping Address: _____

_____

Phone: _____**email:**_____

Deployment date: _____

Visa MasterCard AMEX or Money Order ($5 shipping)

Card # _____ **Exp.** _____

*** Billing Address of Cardholder: + Security Code,** (located on back of card)

_____* __ __ __ __

☐ **Mail** ☐ **Pick-up at Fantasy Eyeland**

FANTASY EYELAND

Marina Square · 8101 East Belleview Avenue · Denver, CO 80237
Phone/Fax 303.741.1290 · Toll Free 866.271.2020
E-mail - cfantasyeyeland@aol.com
www.fantasy-eyeland.com

RAYTHEON SUNGLASS DISCOUNT PROGRAM

Light
(Black Gloss)
Sleek Wrap Coverage
Small to Medium faces

Dolgan
Average to Large faces
☐ Black ☐ Matte Gray

Colorado
(Black Gloss)
Deep Oval Style
Large faces
Rx Limited to +/- 3.00 max

ORDERING YOUR POLARIZED SUNGLASSES

- **Mail**, **Fax**, **Email**, **Phone-in** or **visit *Fantasy Eyeland*** located in the Marina Square Shopping Center courtyard
- **RAYTHEON WILL REIMBURSE UP TO $175.00, every other year, upon completed and approved PQ**

Complete frame and lens packages

SINGLE VISION - **$210.00**
(Lenses - $140; Frame - $70)

BIFOCAL (w/line) - **$260.00**
(Lenses - $190; Frame - $70)

- Other lens types such as **Progressive** and **Polycarbonate** (thinner for higher Rx) are available. We are happy to accommodate your special needs. Please call for details.
- Non-prescription Polarized available for **$95.00**
(NO reimbursement)

PAYMENT is required at time of ordering!

Tasman
(Black Gloss)
Smooth Oval Style
Small to Medium faces

Sherpa
(Matte Black)
Angular Oval Style
Average to Large faces

Crevasse
(Black Gloss)
Aviator Style
Average to Large faces

P-17
(Matte Black)
Rectangular Wrap Coverage
Average to Large faces

P-23
(Black Gloss)
Oval Wrap Coverage
Average to Large faces
(Single Vision Only)

Please print and complete this form in its entirety. THANK YOU FOR YOUR BUSINESS!

Frame:_____ Lens Color: ☐ GRAY ☐ BROWN

Prescription & P.D. *(REQUIRED- contact your optician for info)*

	SPH	CYL	AXIS		*DON'T FORGET P.D.
OD (right)				P.D.	
OS (left)				Bifocal Add:	

☐ **MAIL** ☐ **Pick-up @ Fantasy Eyeland** ☐ **Pick-up @ Orientation**

Name:_____

Shipping Address:_____

_____

Phone:_____ **Alt Phone:**_____

Email:_____

Circle one: Money Order (preferred) · VISA · MC *(Add $5 Shipping)

Card #:_____**Exp:**_____

***Billing Address of Cardholder: + Security Code (located on back of card)**

_____ *_____

_____ **Deploy Date:**_____

EMPLOYEES:
Accessing Money Once You Arrive in Antarctica Or Embark the NBP/LMG

McMurdo Station

McMurdo Station has a Wells Fargo ATM! The Antarctic ATM is exactly like any Wells Fargo ATM you would use in the United States and DOES NOT CHARGE A FEE (but your bank may charge a fee). Employees should rely on the ATM machines. The Station Post Office will cash postal money orders and the Station Store accepts Visa and Master Card. **The Finance Representative will not cash Bank Drafts for RPSC personnel, but will cash traveler's checks.**

South Pole and Palmer Stations

There are no ATM's available at the Palmer and South Pole Stations. The Palmer Station store does accept Visa and Master Card. You may obtain cash via a Remote Cash Disbursement. Once you reach your final destination you will need to see your Finance/Human Resources Representative to select the amount to be deducted from your pay each pay period. These funds will be distributed at routine intervals while you are on Station.

R/V Nathaniel B. Palmer and R/V Laurence M. Gould

You may obtain cash via a Remote Cash Disbursement. Once you embark the vessel you will need to see the Marine Project Coordinator to select the amount to be deducted from your pay each pay period. These funds will be distributed at routine intervals while you're aboard the vessel.

General Finance Information

Travel Funds A travel fund will be issued to you at Orientation. The travel fund is provided to cover the costs an employee will incur en route to Antarctica. The amount of the travel fund will be determined by your itinerary.

Income Tax The IRS does not consider Antarctica extraterritorial, so U.S. tax laws apply. State and Federal income taxes will be withheld from all RPSC employee paychecks.

State Side Representative It can be difficult to handle financial, as well as other personal matters, from Antarctica. Before you leave, designate someone you trust as your stateside representative. **If you wish to establish a general or special Power of Attorney you will need to do so before your leave as there is no universally recognized notary service available in Antarctica.**

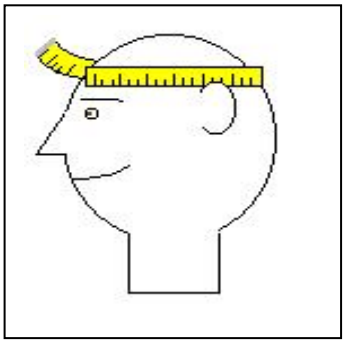
Reimbursable Expenses

TDY Temporary Duty performed in the Denver office is reimbursable at a per diem rate of $20 per day for meals, and the hotel will be direct-billed to RPSC. You will need to complete an expense report using the online expense report WebTE system to receive reimbursement. (see local Finance person for assistance).

Training Actual training costs will be reimbursed up to the government per diem rate for both meals and lodging (please retain all hotel and meal receipts), unless training is attended in conjunction with deployment. If training is attended in conjunction with deployment, you will be advised of the reimbursement amounts. For all training reimbursements you will need to complete an expense report using the online expense report WebTE system to receive reimbursement. (see local Finance person for assistance).

****ADDITIONAL INFORMATION IS PROVIDED IN THE UNITED STATES ANTARCTIC PROGRAM PARTICIPANT GUIDE****

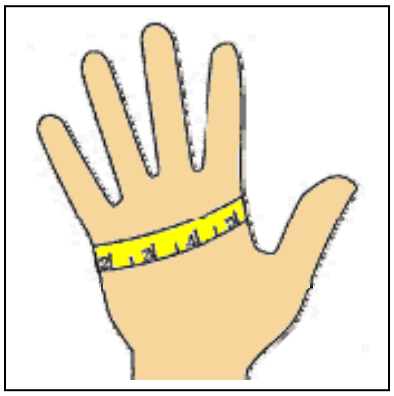
How to Measure Hat Size



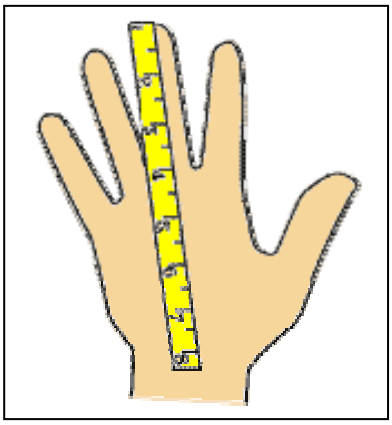
To measure hat size accurately, just wrap a tape measure (or a string from which you can take measurements while laying it flat against a ruler) around your head where you like to wear a hat. Take the number and compare it to the top entry of the table below. If your head measurement falls between two blocks, select the larger one.

Measurement	20-1/2	20-3/4	21-1/8	21-1/2	21-7/8	22-1/4	22-5/8	23	23-1/2	23-7/8	24-1/4	24-5/8
Head Size	6-1/2	6-5/8	6-3/4	6-7/8	7	7-1/8	7-1/4	7-3/8	7-1/2	7-5/8	7-3/4	7-7/8
Alpha Size	**XS**		**S**		**M**		**L**		**XL**		**XXL**	

How to Measure Glove Size



Measure (in inches) around your hand with a tape measure across your palm at the fullest part (exclude thumb). You should measure your dominant hand; the right if you are right-handed, and the left if you are left-handed. Measure from the tip of the middle finger to the base of the hand. Use the LARGEST of these two measurements for the correct size glove. The number of inches measured equals the size of the glove (example: a 7” measurement equals a size 7 glove).



GLOVE SIZES						
	XS	**S**	**M**	**L**	**XL**	**XXL**
inch	7	7½ - 8	8½ - 9	9½ - 10	10½ - 11	11½ - 12
cm	18	20	23	25	28	30

McMurdo Station, Antarctica

HOUSING REQUEST WORKSHEET

Following the McMurdo Housing Guidelines, the RPSC Housing office provides housing for all participants residing in or passing through the station. Your input will assist Housing in making room assignments. Please complete this form and return it with your deployment packet to RPSC, DSG, 7400 South Tucson Way, Centennial, CO 80112-3938.

Due dates: July 15th for WINFLY/August 15th for summer season

Name:_____ Gender: Male Female

Last First MI Nickname

Number of previous months with USAP: _____

Roommate request:* _____ Is this person your spouse/partner? Yes No

*If you are not a permanent McMurdo resident (permanent = over 30 days for RPSC employees and over 15 days for grantees), roommate requests may not be honored. **This includes spouses/significant others.**

You are a (please circle one): Grantee Full-time Employee Contract Employee Sub-Contractor

Please select Y or N for each of the following categories:

Smoker: Y N Snorer: Y N Prefer tidy room: Y N Stay up late: Y N

Non-drinker: Y N TV-watcher: Y N Quiet personality: Y N

Sensitive to perfumes/other odors: Y N Prefer cool room temperature: Y N

Please give any other information pertinent to your room assignment. *Please note that specific requests may not be honored:*

_____

_____

GRANTEES, Artists/Writers and Sub-Contractors (T- and R-Events), please fill out this section:

Are you a Principal Investigator or Co-Principal Investigator? Yes No Event number: _____

Approximate length of stay in McMurdo: _____

Please indicate approximate dates you will be away from McMurdo, if applicable:

_____

ALL OTHERS, please fill out this section:

Department and Job: _____

Contracted to work mainly at: McMurdo South Pole Field Camp

Will you be working nights? Yes No Unknown

Do you have a winter contract? Yes No

For RPSC use only:

UPT: _____ Date: _____ Initials: _____ Job Code: _____ Total Housing Points: _____

PALMER STATION, ANTARCTICA

HOUSING REQUEST WORKSHEET

The Palmer Station Manager and Admin assign housing for all RPSC employees and Grantees scheduled to reside at Palmer Station. To facilitate your housing assignment, the following information is extremely helpful.

Please understand that we cannot guarantee a specific roommate or room assignment. Also, keep in mind that rooms at Palmer are all two-person rooms and that they are fairly small.

Please complete this form and return it to RPSC, DSG, 7400 South Tucson Way, Centennial, CO 80112-3938.

Name: _____ **Gender**: Male / Female
Last First MI

Are you a Principal Investigator or co-Principal Investigator? _____ Yes _____ No

Age Range: Please Check One:
_____18-24 ____25-29 _____30-35 ____36-40 _____41+

Roommate Requested: _____
Is Roommate Your Spouse? Yes / No

Room or Building Requested (GWR or BIO): _____

If Known, Do You Snore? Yes / No _____

Are You A Smoker? Yes / No (Note: Smoking is prohibited in dorm rooms. Smoking is permitted in designated outside areas only.)

Are You Planning On Camping Long-Term In The "Backyard"? Yes / No
(Note: You must provide your own tent)

Previous Number Of Months On Ice: _____

Last Season On The Ice: _____

Please Provide Any Additional Information That You Feel May Be Helpful: (i.e., What time do you tend to go to sleep at night? Are you a light sleeper? Do you prefer a dark room? Do you like your room cold/warm? Will you have odd work hours? Are you messy/neat?)

_____

_____

_____

_____

Christchurch and Lyttelton New Zealand: Accommodation List

(New Zealand Currency Rate)

Location	Hotel Name	Address	Phone	Single	Twin	
B&B - City	Croydon House B & B	63 Armagh St	(03) 366 5111	$127.30	$163.65	**
	Devon B & B	69 Armagh St	(03) 366 0398	$125.00	$165.00	**
	Grange Guest House, The	56 Armagh Street	(03) 366 2850	$95.00	$130.00	**
	Home Lea B & B	195 Bealey Ave	(03) 379 9977	$100.00	$135.00	**
	Windsor B & B	52 Armagh St	(03) 366 1503	$80.95	$116.40	**
Backpackers - City	Akron Lodge Backpackers	85 Bealey Ave	(03) 366 1633	$35.00	$60.00	
	Base Backpackers	56 Cathedral Square	(03) 982 2225	$60.00	$60.00	
	Boulevard Backpackers	Cnr Worcester St / Latimer Square	(03) 377 0550	$60.00	$60.00	
	Charlie Bs Backpackers	268 Madras Street	(03) 379 8429	$40.00	$54.00	
	Coachman Backpackers	144 Gloucester Street	(03) 377 0908	$65.00	$75.00	
	Excelsior Backpackers	Crn Manchester and High Street's	(03) 366 7570	$45.00	$60.00	
	Living Space - The Mill	96 Lichfield Street	(03) 963-0202	$89.00	$89.00	
	Stonehurst Hotel/Backpackers	241 Gloucester St	(03) 379 4620	$60.00	$70.00	
	Thomas's Hotel	36 Hereford Street	(03) 379 9536	$80.00	$85.00	
	YHA Christchurch Central City	273 Manchester Street	(03) 379 9535	$60.00	$75.00	
	YMCA	12 Hereford St	(03) 365 0502	$48.00	$60.00	
Hotel - Airport	Copthorne Commodore Hotel	449 Memorial Ave	(03) 358 8129	$146.25	$146.25	
	Outrigger at Clearwater Resort	Clearwater Ave, Harewood	(03) 360 1000	$135.00	$135.00	
	Russley Hotel	73 Roydvale Ave	(03) 358 6500	$104.63	$104.63	
	Sudima Hotel	Cnr Memorial Ave/Orchard Road	(03) 358 3139	$121.50	$121.50	
Hotels - City	Bealey's Hotel	263 Bealey Ave	(03) 379 8660	$85.00	$85.00	
	Camelot Cathedral Square	66 Cathedral Square	(03) 365 2898	$95.00	$95.00	
	Copthorne Central	776 Colombo Street	(03) 379 5880	$146.25	$146.25	
	Copthorne Durham Street	Cnr Durham and Kilmore St	(03) 365 4699	$157.50	$157.50	
	Crowne Plaza Hotel	Cnr Durham & Kilmore Streets	(03) 365 7799	$170.00	$170.00	
	George Hotel, The	50 Park Tce	(03) 379 4560	$190.13	$190.13	
	Heritage Hotel	28-30 Cathedral Square	(03) 377 9722	$164.25	$164.25	
	Holiday Inn City Centre	Corner of Cashel and High Street	(03) 365 8888	$125.00	$125.00	
	Holiday Inn on Avon	356 Oxford Tce	(03) 379 1180	$115.00	$115.00	
	Hotel Grand Chancellor	161 Cashel Street	(03) 379 2999	$151.88	$151.88	
	Latimer Hotel	30 Latimer Square	(03) 379 6760	$123.75	$123.75	
	Millennium Hotel	14 Cathedral Square	(03) 365 1111	$174.37	$174.37	
	Quest Christchurch	Cathedral Junction, Worcester Street	(0)3) 964 6200	$139.86	$139.86	
	Rydges Hotel	Cnr Worcester St/Oxford Tce	(03) 379 4700	$151.88	$151.88	
	Warners Historic Hotel	50 Cathedral Square	(03) 366 5159	$120.00	$160.00	**
Apartments	Cashel Apartments	87 Cashel Street	(03) 365 4220	$194.63	$194.63	
	Chateau Blanc Suites	Cnr Kilmore & Montreal St	(03) 365 1600	$146.25	$146.25	
Refer to the Accommodation Link below to view individual information for "Long Stay" Rates	Fino Casementi	87-89 Kilmore St	(03) 366 8444	$198.00	$247.50	**
	Heritage Suites	28-30 Cathedral Square	(03) 377 9722	$193.50	$193.50	
	Outrigger at Clearwater Resort	Clearwater Ave, Harewood	(03) 360 1000	$205.00	$205.00	
	Poplars Apartments, The	Cnr Madras Street/Chester Street	(03) 365 4220	$171.00	$171.00	
	Quest Christchurch	Cathedral Junction, Worcester Street	(03) 964 6200	$158.84	$158.84	
	West-Fitzroy Apartments	66 Armagh Street	(03) 372 3408	$135.00	$135.00	
Hotels - Other	Chateau on the Park	189 Deans Ave. Riccarton	(03) 348 8999	$150.75	$150.75	
	Cotswold Hotel	88 Papanui Rd, St Albans	(03) 355 3535	$123.75	$123.75	
	Elms Hotel	456 Papanui Rd, Papanui	(03) 355 3577	$97.88	$97.88	
	Garden Hotel	108 Marshlands Road, Shirley	(03) 385 3132	$80.00	$85.00	
	Kingsgate Hotel Autolodge	72 Papanui Road, St Albans	(03) 355 6109	$123.75	$123.75	
	Quality Hotel Pavilions	42 Papanui Road, St Albans	(03) 355 5633	$129.38	$129.38	
	Riccarton Village Inn	110 Mandeville St, Riccarton	(03) 348 5049	$79.00	$89.00	
Motel - Airport	Aarburg Airport Motel	94-98 Roydvale Ave	(03) 358 8122	$89.00	$99.00	
	Airport Delta Motel	61 Roydvale	(03) 358 0969	$117.00	$117.00	
	Airport Gateway Motor Lodge	45 Roydvale Ave	(03) 358 7093	$115.00	$115.00	
	Airport Lodge Motel	105 Roydvale Ave	(03) 358 5119	$105.00	$105.00	
Motel - City	Akron Motel	87 Bealey Ave	(03) 366 1633	$89.00	$99.00	
	Bella Vista Motel	193 Bealey Ave	(03) 377 3363	$98.00	$120.00	
	City Centre Motel	876 Colombo Street	(03) 372 9294	$115.00	$115.00	
	Comfort Hotel Carlton Mill	19 Bealey Ave	(03) 366 1068	$89.00	$99.00	**
	Tuscana Motor Lodge	74 Bealey Ave	(03) 377 4485	$125.00	$125.00	

Motel - Other	Adelphi Motel	49 Papanui Rd, St Albans	(03) 355 6037	$95.00	$95.00	
	Alcala Motor Lodge	100 Sherborne St, St Albans	(03) 365 8180	$95.00	$120.00	
	Alexandra Court Motel	960 Colombo St, Edgeware	(03) 366 1855	$90.00	$108.00	
	Alglenn Motel	59 Papanui Road, St Albans	(03) 355 7010	$95.00	$105.00	
	City Park Lodge	22 Riccarton Rd, Riccarton	(03) 348 0909	$85.00	$89.00	
	Towers Motor Inn, The	Cnr Deans and Kilmarnock, Riccarton	(03) 348 0613	$109.00	$109.00	
Lyttelton	Dockside Accommodation	22 Sumner Road	(03) 328 7344	$100.00	$100.00	
	Empire Hotel (Backpackers)	9 London Street	(03) 328 8202	$50.00	$50.00	
	Harbour Lodge B & B	1 Selwyn Road	(03) 328 7755	$120.00	$150.00	**
	Royal Hotel (Backpackers)	34 Norwich Quay	(03) 328 7020	$40.00	$70.00	
	Tunnel Vision (Backpackers)	44 London Street	(03) 328 7576	$48.00	$48.00	

All prices are current as of 01 June 2006, in NZ dollars, including tax and are subject to change

**** Denotes Breakfast included in Rate**

TO CALL NZ, DIAL 011 643 and 7-digit HOTEL NUMBER

Punta Arenas, Chile : Accommodation List

(U.S. Currency Rate)

HOTEL	ADDRESS	PHONE	FAX	SINGLE	DOUBLE	TRIPLE	SUITE
CONDOR DE PLATA	COLON AVENUE #556	247987 229809	241149	**45.-**	**55.-**	**65.-**	------
SAVOY	JOSE MENENDEZ #1073	247979	247979	**60.-**	**76.-**	**102.-**	------
TIERRA DEL FUEGO	COLON AVENUE #716	226200	226200	**70.-**	**75.-**	**80.-**	------
LOS NAVEGANTES	JOSE MENENDEZ #647	244677	247545	**70.-**	**80.-**	**100.-**	------
FINIS TERRAE	COLON AVENUE #766	228200	248124	**ST SUP** **88 -105**	 **105.-**	 **121.-**	**130.-** **145.-**
JOSE NOGUEIRA	BORIES #99	248840	248832	**67.-**	**81.-**	**------**	**123.-**
ISLA REY JORGE	21 DE MAYO #1243	248220	248220	**70.-**	**80.-**	**100.-**	**110.-**
CABO DE HORNOS	PLAZA MUÑOZ GAMERO #1025	715000	715050	**110.-**	**127.-**	**176.-**	------

HOSTAL	ADDRESS	PHONE	FAX	SINGLE	DOUBLE	TRIPLE	SUITE
CALAFATE	MAGALLANES #926	241281	241281	**S/B P/B** **24.- 36.-**	**S/B P/B** **38.- 46.-**	**S/B P/B** **43.- 63.-**	------
ORO FUEGUINO	FAGNANO #356	246677	249401	**38.-**	**46.-**	**55.-**	------
LA AVENIDA	COLON AVENUE #534	247532	247523	**50.-**	**55.-**	**60.-**	------
NENAS	BOLIVIANA #366	242411	------	USD 10 PER PERSON (NOT SINGLE ROOMS)			
O'HIGGINS	O'HIGGINS #1205	227999	------	USD 15 PER PERSON (SHARED BATHROOM)		USD 30 PER PERSON (PRIVATE BATHROOM)	
FAGNANO	FAGNANO # 561	248648	------	**25.-**	**35.-**	------	------
GUISANDE	J.M.CARRERA #1270	243295	------	USD 30 PER PERSON			
TATTY'S HOUSE	MAIPU #1070	241525	------	**29.-**	**43.-**	**54.-**	------
SOUTH PACIFIC	ERRAZURIZ # 860	09-1542969	------	USD 25 PER PERSON			

NOTES: 1) THE ABOVE PRICES ARE SPECIALLY RATED FOR AGUNSA'S PASSENGERS
2) THESE PRICES DO NOT INCLUDE 19% CHILEAN TAX. (FOREIGN PASSENGERS DO NOT PAY THIS TAX)
3) PRICES RUN FROM MARCH 06 TO SEPTEMBER 06
4) SB (SHARED BATHROOM) PB (PRIVATE BATHROOM)
5) TO CALL CHILE, COUNTRY/CITY CODES = 011 56 61 AND THEN THE HOTEL PHONE NUMBER ABOVE

NOTE: PLEASE ENTER YOUR HOTEL REQUEST ON YOUR TRAVEL PAPERWORK

YOU CAN VIEW ADDITIONAL HOTEL INFORMATION AT
http://www.usap.gov/travelanddeployment

EMPLOYEE DEPLOYMENT TRAVEL REQUEST WORKSHEET (TRW)

This form should be returned eight (8) weeks before the scheduled departure date.
All tickets will be purchased a minimum of fourteen (14) days in advance.

Please complete and return to:

Raytheon Technical Services Company
Polar Services
Attn: Deployment Specialists Group
7400 South Tucson Way
Centennial, CO 80112-3938

Fax: 303-705-0742
Phone: 800-688-8606 ext 2
303-790-8606 ext 33202
Email:
deployment@usap.gov

POC/Supervisor:_____

Today's date:_____

DSG Charge Code: R-PS60-209A32G05_ _
Other Charge Code:_____

Please print clearly

Name:_____

Name exactly as it appears on Passport

Title:_____

_____

Airport of Departure (AOD) (Airport/City/State)

DO YOU HAVE A PASSPORT? Yes ☐ No ☐
Passport expiration date: _____

Home Phone: (_____)_____

Business Phone: (_____)_____

Cell Phone: (_____)_____

E-mail Address: _____

Fed. Ex. Delivery Address (P.O. Boxes not accepted):

Is this a residential address? YES ☐ NO ☐

_____

_____

_____

Purpose of Trip/Comments:
Organization(s) to Visit:
RPSC Person(s) to Contact:

Destination Contact/Phone: _____

Contact(s) Phone No: _____

REQUESTED TRANSPORTATION ARRANGEMENTS: (YOU MUST PROVIDE RETURN DATE EVEN IF APPROXIMATE.)

From City/State and/or Airport	To City/State or Country	*Date	ETD Earliest/latest	ETA Earliest/latest	Seating Requests	Special Meal Requests
			:	:		
			:	:		
			:	:		
AA Frequent Flyer #:			:	:		

Any necessary visa should be obtained before leaving the U.S. by contacting the embassies of the countries to be visited. Failure to do so may complicate or delay your travel. The U.S. Antarctic Program does not pay for or provide assistance in obtaining visas.

Vessel Departure Date:_____

Arrival Date at McMurdo Station:_____

Arrival Date at South Pole Station**:_____

**Arrival dates must be coordinated with the South Pole Assnt Area Manager

Arrival Date at Palmer Station:_____

*Allow a minimum of four (4) days prior to requested date of departure to Antarctica for travel time from AOD to Christchurch, NZ and three (3) days prior to requested date of departure to Antarctica for travel time from AOD to Punta Arenas, Chile, or vessel departure date. All travel arrangements are made in accordance with the Federal Acquisition Regulations (FAR) and in the best interest of the U.S. Government.

HOTEL REQUESTS: (Christchurch, NZ, and Punta Arenas, Chile hotel suggestions are listed on the Hotel List: RPSC form:DS-A-100d)

Check in date _____ Check out date _____

☐ Christchurch, NZ ☐ Punta Arenas, Chile ☐ Other (include phone #)_____

☐ 1st Choice of Hotel _____ Willing to Dorm? ☐ Yes ☐ No

☐ 2nd Choice of Hotel _____ Willing to Dorm? ☐ Yes ☐ No

☐ No Hotel Preference ☐ Smoking Room ☐ NON-SMOKING Room

☐ Roommate _____(name) ☐ Single ☐ Twin Beds ☐ Double

☐ NO HOTEL REQUIRED Local contact phone number if no hotel required _____

Requested Car Reservations: Agency_____ Car Size: _____

Pick-Up and Drop-Off Location(s):_____Time/Dates (pick-up/drop-off):_____

Supervisor's Signature/Date:_____ Director's Signature/Date:_____

HOTEL REQUEST

CHRISTCHURCH, New Zealand / PUNTA ARENAS, Chile

MAIL TO: Raytheon Technical Services Company

Polar Services, Attn: DSG, 7400 South Tucson Way, Centennial, CO 80112-3938 or Fax: 303-705-0742

Accommodation requests may not be honored if this request is not received at least eight weeks prior to your scheduled deployment date. If no request is received, or if your request is late, the Christchurch/Punta Arenas office will assign accommodations to you. If you would prefer a single room or have a roommate in mind, please note below.

You will receive your hotel confirmation upon your arrival from the Christchurch/Punta Arenas office. If you do not wish to stay in the hotel that has been selected for you, please honor the first night and contact the Christchurch/Punta Arenas office to make changes to your reservations. If you do not stay at the accommodation booked for you on the first night, you will be charged by the hotel.

Name: _____ (exactly as it appears on your passport)

FedEx Delivery Address for receipt of airline tickets 2-3 weeks prior to deployment travel:

(P.O. Boxes not accepted) Is this a residential address? **YES** ☐ **NO** ☐

_____

_____

_____

Phone # at this address: _____

Phone # (where you can be reached one month prior to deployment): _____

AA Frequent Flyer #: _____

E-mail address: _____

1st Choice of Hotel _____ 2nd Choice of Hotel_____

Room Type: Single ☐ **Twin Bedded Room (2 people)** ☐ **Double** ☐

SMOKING:_____ NON-SMOKING:_____

Preferred Roommate in Christchurch/Punta Arenas:_____

NO HOTEL PREFERENCE ☐

If you will be staying with friends in Christchurch or Punta Arenas, it is imperative that you provide the DSG with a contact phone number: _____

MEDICAL/DENTAL AND PSYCHOLOGICAL EMPLOYEE EXPENSE REPORTS

While going through the rigorous physical qualification process to deploy to Antarctica, candidates often incur expenses that can be reimbursed in accordance with government, contract and company guidelines. In October of 2005 RPSC installed a new expense reporting system entitled WebTE to process employee reimbursements. WebTE is a web based expense report system that must by used by all current employees of RPSC. If you are a participant pending employment you have two options for reimbursement: 1) if you incur expenses and you can submit them at least 30 days prior to your first day of employment, you may still use the manual paper expense report form ME-A-103 or 2) you can retain your receipts and itemized bills and file from Antarctica via WebTE. WebTE reimbursements are direct deposited. No direct deposit is available for manual expense statements and reimbursement takes 4-5 weeks.

IMPORTANT TIPS FOR SUMBITTING YOUR PQ REIMBURSMENT EXPENSES:

1. When submitting for your Medical/Dental PQ expenses you will need to submit the itemized bills for all items. Receipts must reflect payment in full. **An invoice alone, showing the balance due with no indication of payment, does not satisfy the contract or audit requirement. All loose receipts should be taped to an 8 ½ x 11 piece of paper.**
2. **If you currently carry insurance you are required to give your insurance information at the time of your appointment. Your co-pay and any costs that are not covered, or are rejected by your insurance, are eligible for reimbursment from RPSC. Please wait to submit your reimbursement until you have the final claims from your insurance showing the balance due.**
3. Dental exams and dental x-rays are covered. Dental work done (including Prophylaxis or cleaning) will NOT be reimbursed. Mileage to and from medical and dental appointments as well as postage will not be reimbursed.
4. When traveling to Denver for your Psychological Test, you will be reimbursed for employee meals (actuals) up to the government per diem rate. The per diem is limited to 75% for the first and last day of travel. Per Diem's are on your Itinerary and www.gsa.gov . We recommend that you keep a log of your expenses and maintain the receipts. These receipts may be required for reimbursement. Do not highlight receipts or tape over the printing on the receipt as this may make it difficult or impossible to read. If the receipt is required, you will be faxing it in to the payment process center located in Texas. Keep all receipts until you are reimbursed.
5. If you are currently an employee or contract employee with Raytheon, you must complete your expense report on WebTE.
6. The complete WebTE expense report procedure can be found on the "I" drive, Procedures folder, Master List, Finance tab, Procedure 558. If you would like to have this procedure e-mailed to you, please contact us via e-mail at expense.reports@usap.gov .
7. You will need a charge number (WBS) for your expense report. This number typically starts with R-PS and ends with a two letter suffix. Without this number you will not be able to complete your expense report. There is a different WBS number for Medical/Dental Reimbursement vs. Psychological Travel Reimbursement. Refer to the WBS on your Itinerary for Psychological Travel. Please refer to form ME-A-103 for the Medical/Dental reimbursement WBS or contact the Medical Department at medical@usap.gov .
8. Do not incur expenses that are not authorized on your Itinerary as these may not be reimbursed.

Basic Steps in using WebTE:

1. Establish your Raytheon directory service password by calling 1-877-844-4712.
2. Convert all expenses to US dollars using www.onada.com.
3. Access WebTE at: https://webte.raytheon.com/webte.
4. Be sure you know your employee number; do not use the TS prefix.
5. Complete your WebTE profile (see Finance Procedure 558 for details).
6. Click on "Home" or "Start My Statement" to begin an expense report.
7. In the Comments Section, identify "**POLAR SERVICES Required Pre-Deployment Medical Testing for deployment to Antarctica in support of the National Science Foundation**"
8. Once your expense report is complete, you may be requested to fax in selected receipts. Be sure to print and use the fax cover page provided, along with the receipt.
9. You can view faxed documents and check on the status of your statement at the WebTE website.

NAME (last name, first name):

Raytheon Polar Services Company
7400 S. Tucson Way, Centennial CO 80112-3938
(303) 790-8606 (800) 688-8606 Fax (303) 649-9275

MEDICAL/DENTAL EXPENSE REIMBURSEMENT FORM

RPSC will reimburse Raytheon employees for out-of-pocket fees for approved medical and dental costs incurred while obtaining clearance for deployment to Antarctica. If an insurance carrier has been billed, the reimbursement amount will be the amount of the cost minus any insurance payment. All candidates are responsible for submitting the proper claims to their insurance carrier and for paying any fees/deductibles associated with the medical and dental clearances directly to their provider. You must pay bills in full and show a zero balance before you can be reimbursed. RPSC will reimburse for dental exams and x-rays, but **will not reimburse for cleanings (prophylaxis) or work done on teeth**. RPSC will reimburse employees up to $175.00 for one pair of prescription sunglasses and also up to $175 for one pair of prescription safety glasses (if required for job duties) (frames and lens combined) **every other year.** RPSC will not reimburse for eye exams or non-prescription sunglasses. RPSC will only reimburse employees for their prescription sunglasses/safety glasses after they are medically and dentally cleared for deployment and itemized receipts are attached.

Falsifying and/or fraudulent claims may result in penalties and disqualification from the United States Antarctic Program.

Do NOT have Doctor or Dentist bill RPSC!

RPSC employees should complete and submit this form along with *ITEMIZED BILLS* showing full payment from the doctor/dentist/optometrist and any corresponding insurance provider information. EXPENSE REIMBURSEMENTS MUST BE SUBMITTED BY MARCH 1st OF THE FOLLOWING CALENDAR YEAR.

Medical	Amount	Dental	Amount
Physical Exam (Including EKG – 12 Lead)		Dental Examination	
Labs		Bitewing X-rays	
Tetanus Immunization Tuberculin Skin Test		Panographic or Full Mouth X-rays	
Exercise Stress Test/Echo		Periodontal Probing	
HIV Test		PA X-ray(s)	
Chest X-ray		Dental Misc. (list):	
Mammogram			
Gyn Exam (w/ Pap Smear)			
Drug Screen		**DENTAL TOTAL**	
Gallbladder U.S.			
EKG			
Medical Misc. (list):			
MEDICAL TOTAL			
Rx Sunglasses		**Rx Safety Glasses**	
Frames		Frames	
Lenses		Lenses	
SUNGLASS TOTAL		**SAFETY GLASS TOTAL**	

Mailing address to send check:_____

SIGNATURE (Required):_____

For RPSC use only:	Amount	Approver	Date
Total Reimbursement Due to Participant:			

Charge Codes: **R-PS60-210A40G03BD** **Employee #: _____** **GL#: 521099**

United States Antarctic Program
Information Security Awareness

User Information Booklet

Prepared for the National Science Foundation / Office of Polar Programs
by
Raytheon Polar Services Company
7400 South Tucson Way
Centennial, CO 80112

RPSC-05-500
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Posted 01/23/2006

Welcome to the United States Antarctic Program (USAP),

This booklet includes a summary of the USAP Information Security Awareness Program and a copy of the USAP Enterprise Rules of Behavior (EntROB) that govern personal behavior when using USAP information systems.

In accordance with Federal law, the National Science Foundation (NSF) is required to ensure that all USAP participants receive, understand, and acknowledge training on USAP policies related to Information Security. This material is designed to meet these requirements while providing you the required information in a succinct format to maximize the efficient use of your time while in the USAP.

For more detailed information, USAP-specific policies and guidelines can be reviewed by visiting the Information Security section within the USAP website (http://www.usap.gov/technology).

If you have any questions about the enclosed information, or desire additional copies of the booklet, please contact the USAP Help Desk at 720-568-2001 or helpdesk@usap.gov.

Thank you for your participation.

National Science Foundation
Office of Polar Programs

NSF Perspective on Information Security

Telecommunications and network access at all USAP stations is provided by the National Science Foundation (NSF), an agency of the United States Federal Government.

As a government agency, NSF's Information Systems Security Program must comply with all applicable laws, OMB circulars, Presidential Decisions Directives, and other regulations and guidance related to Federal Information Systems security. A key requirement is ensuring that NSF's Information Systems Security Program complies with all Federal Information Security Management Act (FISMA) requirements.

FISMA requires an agency implement an agency-wide information security program that includes "security awareness training to inform personnel, including contractors and other users of information systems that support operations and assets of the agency, of information security risks associated with their activities; and their responsibilities in complying with agency policies and procedures designed to reduce these risks."[1]

This Information Systems Security briefing is designed to meet the FISMA requirement for users of National Science Foundation information systems.

[1] Section 301 FISMA 3544 (b) (4)

Why Is Information Security Awareness Important?

The United States Federal government requires mandatory periodic security awareness briefings for all Federal Information Technology (IT) system users, including contractor personnel, military personnel, and science grantees.

Information Security is a responsibility of and affects all users of the USAP infrastructure, not just the IT staff. Annual awareness briefings, supplemented by periodic reminders, keep all users cognizant of major security issues.

What is Information Security?

Information Security is much more than keeping hackers and viruses out of your computer. There are three key elements of Information Security known as the Information Security Triad:

Element	Focus	Example
Confidentiality	Ensuring information is protected from unauthorized access or disclosure.	Privacy Act and medical information collected when participants go through medical screenings for deployment.
Integrity	Ensuring information is protected from being changed inadvertently or by unauthorized individuals.	Science grant information collected to support a grantee on the Ice.
Availability	Ensuring information resources are protected so they can be utilized when needed.	Fully operational email and ensured availability of bandwidth.

What is your role in Information Security?

As a user of USAP IT resources, you play a critical role in ensuring that information resources are protected to meet the elements of the Information Security Triad. During your day-to-day operations, you can best meet these duties by doing the following:

- *Be proactive:* Adopt good security best practices as described later in this booklet.
- *Be a learner:* Understand security threats that affect your environment.
- *Seek help and advice:* Utilize Information Security representatives to fully understand how you can help maintain a secure environment.
- *Report Incidents*: Immediately report actual or suspected information security incidents, or any incidents of suspected fraud, waste, or misuse to your local on-Ice or vessel IT support function, or the USAP Help Desk at helpdesk@usap.gov and 720-568-2001. The USAP Help Desk will forward it to the appropriate information security staff.

REMEMBER A security program is only as strong as its weakest link.

Threats to Information Resources

There are many types of information resources that Information Security practices are designed to protect. Some of these resources include bandwidth, medical records and reports, as well as science and personal information. The threats to these resources are very diverse.

What threats does Information Security protect against?

Information Security protects against internal and external threats.

Internal Threats	External Threats
▪ Accidental / intentional loss or change of data ▪ Fraud, waste and abuse ▪ Disgruntled users ▪ Unethical behavior	▪ Natural disasters (flood, storm damage, fire) ▪ Criminal events (robbery, arson) ▪ Information-focused attacks (hackers)

Besides hacking, how are threats manifested?

You should be aware that external threats can take can on methods much more cunning than pure network or computer hacking. Today there are increasing reports of identity theft, phishing, and social engineering. Each of these threats is defined below:

Threat	Focus	Example
Identity Theft	Theft of identity information that could be used to compromise personal financial resources (bank accounts, credit cards, stock brokerage accounts, etc).	Spyware loaded on a user's computer that captures a user's SSN or bank account number transaction.
Phishing	The act of sending an email to a user and falsely claiming to be an established legitimate enterprise in an attempt to deceive the user into surrendering private information that will be used for identity theft.	Email imitating the appearance of an official email from the user's bank and asking the user to verify his account information by clicking on the URL provided in the email.
Social Engineering	The acquisition of sensitive information or inappropriate access privileges by an outsider, based upon the building of an inappropriate trust relationship with insiders.	A user getting a phone call from someone representing themselves as calling from the local IT department and asking for the user to provide his password in order to conduct a test.

Acceptable Uses of USAP Resources

USAP Policy 5000.6, *Acceptable Use of USAP Information Resources*, provides guidance on acceptable and prohibited uses of USAP resources and should be referred to when determining if a practice is acceptable or prohibited.

What are the acceptable uses of USAP IT resources?

The following list includes examples of acceptable uses of USAP resources. All uses are subject to risk assessments and NSF rules.

- **Personal email** – Not to interfere with mission.
- **Personal Internet** – Not to interfere with mission.
- **Recreational web browsing** – Not to interfere with mission; no downloads of prohibited material.
- **Instant messaging** – Not to interfere with mission and subject to controls to prevent bandwidth congestion and the introduction of harmful viruses.
- **Personal encryption** – Users may employ available encryption methods at their own expense on their non-USAP system when using the government's information infrastructure. Encrypted communications are still subject to monitoring and other authorized auditing actions. As a condition of use, users may be required to surrender their encryption key to appropriate NSF or law enforcement officials to assist in authorized investigative activities.
- **Third party software** – Subject to management approval, users may install third party software, including freeware and shareware, when the software is required to support their work responsibilities. Users must possess a valid license for all third party software installed on government information systems assigned for their use. Prior to installation, users must use antivirus tools to ensure the software is free of viruses. If the third party software is discovered to be the cause of system errors or other problems, it will be removed.
- **Personal business** such as online banking, shopping, etc. that does not interfere with mission.

Prohibited Uses of USAP Resources

What are the prohibited uses of USAP IT resources?

Users **will not** engage in prohibited activities. Network and share drives are monitored for violations. IT Station Managers have the authority to further restrict non-mission activities that have an impact on the infrastructure. Prohibited activities include:

- **No illegal activities**
- **No activities that can harm the infrastructure**
- **No classified information**
- **No downloading pornographic, sexist, racist or threatening material**
- **No email chains or email broadcasts**
- **No personal servers for email, web, ftp, telnet, or similar applications. All servers, science project or operational program participants, must be in Research Support Plan and/or be approved by established USAP Configuration Management processes and the NSF**
- **No chat room or newsgroup hosting inside USAP network**
- **No political campaigning**
- **No network gaming activities**
- **No hosting of personal e-commerce or non-program business activities**
- **No network monitoring tools**
- **No unauthorized wireless access points**
  - **Wireless access points, wireless routers, switches/hubs, and other network infrastructure are not authorized for personal use.**
  - **Wireless access points, wireless routers, switches/hubs and other network infrastructure for official business use must be approved by established Configuration Management processes and the NSF.**
- **No violation of U.S. or international copyright laws, particularly digital media**
- **No peer-to-peer (P2P) applications, unless it is essential for official business purposes and has been approved by USAP Configuration Management processes and the NSF**

Why Peer-To-Peer Applications Are Prohibited

What is Peer-To-Peer (P2P)?

Peer-To-Peer (P2P) is a method of exchanging files between computers without the use of a centralized server. P2P allows users who want access to files and information to interact directly with each other and to share information without the intervention of a server. It is commonly used to anonymously exchange media and software. Examples include KaZaA, BearShare, LimeWire, and Morpheus.

What are the dangers and risks of P2P?

Peer-To-Peer undermines network security by circumventing firewalls, intrusion detection systems, and perimeter-based antivirus software. Certain NSF systems are allowed to use P2P but *only* under controlled and approved configurations.

Specific risks associated with P2P include:

- High bandwidth consumption
- Lawsuits by Recording Industry Association of America (RIAA), Business Software Alliance, etc. over copyright violations
- Copying and sharing of inappropriate or copyrighted material
- Viruses, SpyWare, Trojan horses

What is not P2P?

Instant Messaging (e.g., MSN Messenger, AOL Instant Messenger) and Group meeting software (e.g., WebEx, Centra, MS NetMeeting) are **not** considered P2P.

What should I do if P2P applications are installed on my computer?

P2P applications are difficult to remove, as they modify registry values and have many associated “adware” programs. Local IT technicians at USAP locations will assist with removal of P2P applications and can be requested by sending an email to helpdesk@usap.gov.

Copyright Infringement

Federal law prohibits the unauthorized copying, sharing, or distribution of copyrighted materials (music, video, software, etc.) and these activities are strictly prohibited on USAP resources.

What are examples of strictly prohibited activities?

Strictly prohibited activities include:

- Illegal MP3 copying, sharing, or distribution
- Illegal DVD copying, sharing, or distribution
- Illegal video copying, sharing, or distribution
- Illegal music CD copying, sharing, or distribution
- Illegal software copying, sharing, or distribution

This policy is not intended to prohibit the legal purchasing of music or video entertainment (within bandwidth restrictions).

Am I accountable if I conduct these activities?

In the past, some USAP participants have illegally copied, shared, or distributed music, video, software, etc. using USAP IT resources. This will not be tolerated, and persons found in violation of federal and international copyright laws will be held accountable. *USAP network and share drives are periodically monitored for violations*.

By signing the *NSF/OPP Information Security Acknowledgement* form and accepting the USAP network logon, you acknowledge your accountability to comply with copyright laws. The Enterprise Rules of Behavior (EntROB) also require that all copyright laws must be followed while using USAP infrastructure or equipment.

WARNING **Violation of copyright laws will not be tolerated.**

An Important Note on Bandwidth Usage

Bandwidth is an extremely scarce and expensive resource at each of the USAP stations in Antarctica.

The prohibitions listed above are intended to ensure bandwidth is available for scientific uses and is not congested with inappropriate activities.

Please note that at certain times approved applications may also cause bandwidth congestion, and users may be required to limit their activities if bandwidth congestion becomes an issue.

General USAP IT Best Practices

Password Protection

Protection of your personal password constitutes an important “first layer” in the total Information Security protection architecture.

Password requirements include:

- Minimum of eight alphanumeric characters in length
- Does not contain your account or full name
- Expires every 90 days and not reused for one year

Password/Pass-phrase Tips:

- Change password regularly
- Use strong passwords (8 characters, mixed-case, special characters)
- Make it easy to remember and hard to guess
- Protect your password – DO NOT share passwords or write it down
- Examples of strong passwords include:
  - “D@rkg066Le$” (Dark goggles)
  - “th1Kpant$ (Thick pants)

It is also important to ensure an operating system is installed that provides password protection capabilities. For example, Windows 95/98/ME do not provide password protection.

Antivirus Protection

To provide protection from malicious code, all computers connected to the USAP network are required to have some form of active and up-to-date antivirus software in operation. All participants must ensure that the antivirus definition files are kept current, preferably by enabling the auto-update function.

There may be rare exceptions to this policy such as when grantee instrumentation computer system software may be incompatible with anti-viral software. These systems should be identified in the Research Support Plan.

IT technicians at operating USAP locations can provide antivirus updates for McAfee and Norton users. All other antivirus software users must ensure proper updates are installed prior to deployment.

It is also important to ensure all patches for operating system and software applications are up-to-date prior to deployment.

General USAP IT Best Practices (continued)

Physical Security

Theft of laptops is a recurring threat, especially while traveling. Always maintain physical contact with your laptop, PDA, etc. and never check-in a laptop, PDA, etc. with luggage.

Report loss or theft or any computer equipment, personal or US Government, as soon as possible to a local IT specialist and/or IT Help Desk.

Encryption of Personal Communications

Users may employ available encryption methods at their own expense on their non-USAP system when using the government's information infrastructure. Encrypted communications are still subject to monitoring and other authorized auditing actions. As a condition of use, users may be required to surrender their encryption key to appropriate NSF or law enforcement officials to assist in authorized investigative activities.

Protect Your System from Unsolicited Email

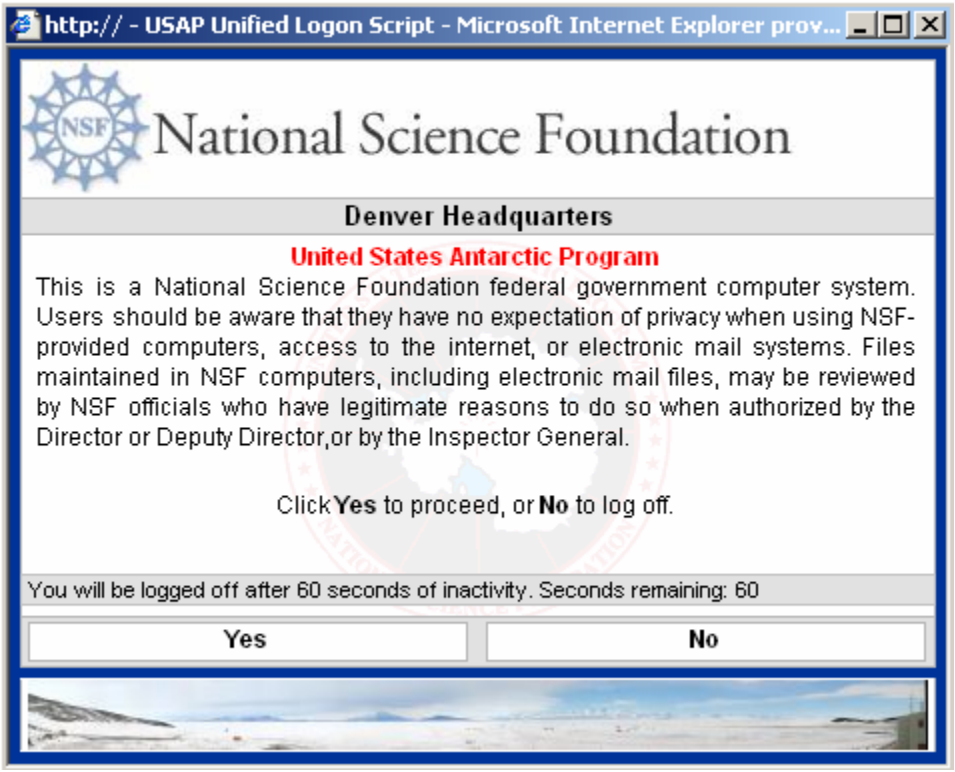
Unsolicited or unwanted email is sometimes referred to as "SPAM" or electronic junk mail. The following tips are recommended steps in protecting your system from SPAM:

- Never respond or try to "unsubscribe"
- Never send a "flame" response
- Delete, without review, all suspicious or unexpected email traffic
- Forward SPAM email to SPAMSuspect@usap.gov

Expectation of Privacy

The USAP Logon Banner is displayed on all USAP information systems within the USAP infrastructure. The deployment and display of this banner brought USAP into compliance with Federal and NSF directives.

It is important that users read and understand this banner and are aware that they have no expectation of privacy when using NSF owned or provided information systems, which includes computers and access to the internet. Monitoring of USAP resources does occur in order to maintain the proper operational, maintenance, and security posture of the enterprise information systems.



NSF provided email systems (i.e., the Microsoft Exchange mail service and local LAN Microsoft Outlook mail client mail stores) are the property of the US Government and NSF. If users prefer to not have their personal communications subject to the NSF disclosure policy (described above and on the NSF Security Acknowledgement Form), then users should use their own web-based mail service and avoid storing their messages on the USAP network or desktop storage systems.

The National Science Foundation
Office of Polar Programs
United States Antarctic Program

Information System Rules of Behavior
USAP Enterprise Information Infrastructure

EFFECTIVE DATE: 1 AUGUST 2004

1. ACCEPTABLE USES OF USAP INFORMATION RESOURCES

The following activities are considered acceptable uses of the USAP Information Infrastructure. All users are reminded that USAP mission activities always take precedence over any personal activity. The NSF reserves the right to restrict or otherwise limit personal use based on resource availability, conflict with official business, and unacceptable information security risks.

Personal Telephone and Facsimile Use. Users may make personal telephone calls (including use of facsimile machines and voice mail), provided such use complies with these Rules and other USAP policies and procedures, and involves only a minimal cost to the government. The user is responsible for charges incurred when using the infrastructure for personal use.

Personal Use of Electronic Mail. Some limited personal use of the government's electronic mail services is permitted, provided it does not interfere with the participant's work or the work of others. Typical authorized limited personal use of email includes emergency communications and personal communications with family members, health care professionals, or teachers.

Personal Use of the Internet. Some limited personal use of Internet services is permitted, provided it does not interfere with the participant's work or the work of others. Extreme care must be taken regarding content matter. Typical authorized limited personal Internet use includes:

- Accessing travel information, forms or information on the Intranet or Internet
- Accessing parent organization information and online resources
- Accessing state and local government agencies on personal matters etc.
- Work-related events, such as technical symposiums, classes, and presentations
- Activities sponsored by the program, such as station recreational activities
- Events and activities specific to a particular USAP station or organization
- Program-sanctioned activities, such as blood drives, sanctioned clubs, and organizations
- Communications of reasonable duration using instant messaging applications
- Recreational web-browsing of a reasonable duration, during off-duty hours, that does not violate other elements of this policy and does not conflict with mission activities

Encryption of Personal Communications. Users may employ available encryption methods at their own expense on their non-USAP system when using the government's information infrastructure. Encrypted communications are still subject to monitoring and other authorized auditing actions. As a condition of use, users may be required to surrender their encryption key to appropriate NSF or law enforcement officials to assist in authorized investigative activities.

Third Party Software, Freeware and Shareware. Subject to management approval, users may install third party software, including freeware and shareware, when the software is required to support their work responsibilities. Users must possess a valid license for all third party software installed on government information systems assigned for their use. Prior to installation, users must use antivirus tools to ensure the software is free of viruses. If the third party software is discovered to be the cause of system errors or other problems, it will be removed.

Mailing Lists. Users are permitted to subscribe to mailing lists required to support their work responsibilities or grant tasks. While deployed to the Antarctic research stations or vessels, users must provide the local site

IT staff with appropriate unsubscribe information so the lists may be cancelled upon their departure. The NSF reserves the right to restrict or deny mailing list subscriptions and traffic to meet mission requirements.

Personal Business or Commercial Uses. While deployed, users may conduct limited personal business matters using government information resources, such as when a sub-contractor needs to communicate with their home organization. Additionally, NSF may authorize the use of information resources to support the one-time disposal of personal items, such as normally occurs during the transition of personnel at the Antarctic research stations.

Election Material. It is acceptable to use the USAP information infrastructure to disseminate information regarding the process to participate in U.S. federal, state and local elections. For example, information about absentee ballot procedures is allowed. Information advocating a position for or against a candidate, an issue, or other element of an election is not allowed.

2. PROHIBITED USES OF USAP INFORMATION RESOURCES

The following activities are prohibited uses of the USAP Information Infrastructure.

Illegal Activities. All illegal activities are forbidden.

Adverse Activities. Any activity that could embarrass the NSF, adversely affect its interests, interfere with the performance of the USAP mission, or exceed allocated resources is prohibited.

No processing of classified information. The storage, processing or transmission of government classified information on unclassified computer systems, networks or via the Intranet and Internet is prohibited. All USAP information resources are to be considered unclassified and are not accredited for processing or transmitting classified information.

Hostile Environment. Under no circumstances is it permissible to access or download material that would create a hostile or offensive work environment, such as racist or sexually explicit material. This prohibition includes, but is not limited to, the following activities: accessing or transmitting sexual images, messages, jokes or cartoons; hate speech, or material that ridicules others on the basis of race, creed, religion, color, sex, disability, age, national origin, or sexual orientation or is otherwise defamatory or derogatory; content prohibited by law and/or regulation.

Prohibited Email Activities. Allowing others to use an assigned email account is prohibited. Placing others on a mailing list, subscription list, chat room list, or other list service without their consent is prohibited. Creating, originating, distributing or circulating “chain” or “pyramid” transmissions, mass mailings, hoaxes, or harassing messages is prohibited. "All employee" or broadcast messages disseminated using USAP information resources must be business related and approved in advance by the applicable manager. Using large distribution lots for non-business-related purposes, or sending large, memory intensive files or applications which may impede or disturb network operation is prohibited. Using email to proselytize or solicit for personal commercial ventures, religious or political causes, or outside organizations is prohibited.

Personal Information Services. Due to resource constraints, personal servers of any type are prohibited. In the case of approved science activities, all web services, file transfer services, and telnet/SSH services required for project support must be listed in the support requirements section of the user’s science proposal, SIP, or ORW, and must be approved by NSF.

Chat Room and News Group Participation. Use of USAP information resources to participate in chat rooms, news groups, or similar activities where the public will view the posting is prohibited because such postings make use of the NSF’s usap.gov domain. Use of the USAP Internet address of "usap.gov" is a representation of the National Science Foundation, analogous to the use of NSF letterhead in which the opinions expressed reflect on NSF.

Political Activities. Use of USAP information systems to support organized political activities, such as an election campaign or an organized lobbying activity is prohibited.

Gaming. Use of USAP information resources to participate in Internet-based gaming activities is prohibited due to the large consumption of bandwidth such activities incur. Gaming activities using local network resources may be permitted at the discretion of station managers.

Prohibited Business and Commercial uses. Conducting non-program business activities is prohibited. Using USAP resources to advertise commercial goods or services for sale for monetary or personal gain is prohibited.

Using USAP resources to conduct non-program commercial activities is prohibited. Users may not establish on maintain a web-based business at a USAP operating location.

Prohibited Network Activities. Knowingly downloading, installing, storing or using malicious software, viruses, “cracking,” keystroke monitoring software, or other actions that may be disruptive or counter-productive to business operations is prohibited. The introduction or use of packet sniffing software or any software intended to capture passwords is prohibited except when explicitly authorized for contract or

business purposes and coordinated in advance with NSF. Monitoring network traffic (e.g., run a sniffer); accessing IT resources; or copying data, files, or software without prior authorization is prohibited

3. EXPECTATIONS OF PRIVACY WHILE USING USAP INFORMATION RESOURCES

Users of USAP information resources have no expectation of privacy with respect to any information residing on government information systems or transmitted over government information networks, other than the regular expectations associated with information governed by the Privacy Act of 1974, as amended. The NSF considers user information placed on USAP information systems or transmitted across the USAP information infrastructure to be entrusted information, which is not normally released for public viewing without the user's authorization.

The NSF will release user information found on USAP information resources to appropriate law enforcement agencies when asked to do so as part of an official investigation or other sanctioned activity. The NSF will, to the best of its ability, protect information within the USAP information infrastructure from unauthorized access. However, users make use of the government's information resources at their own risk. The NSF is not liable to the user for damages caused by unauthorized uses of the USAP infrastructure. Systems and Network administrators are authorized to access information located on USAP information resources or transmitted across the USAP information infrastructure when conducting their official duties. If such access occurs, the information will not be released for public viewing or to unauthorized persons.

4. . GUIDING PRINCIPLES FOR THE USE OF USAP INFORMATION RESOURCES

In establishing these Rules of Behavior, the NSF has applied these guiding principles:

- USAP information resources, especially at the Antarctic research stations and aboard the research vessels, may be used for certain personal uses, in a manner that does not interfere with the program's mission. All mission activities take precedence over personal activities at all times.
- Personal communications, such as email or phone calls, that do not involve USAP business, will be considered entrusted communications, and not normally monitored or shared without the consent of the participating parties. Exceptions to this principle include requirements to make such communications available to support lawful investigations, to ensure proper operations and maintenance of the USAP infrastructure, or to correct or prevent damage to the USAP information infrastructure.
- Systems and network administrators, and others who may be exposed to a participant's personal communications as a part of their normal duties, are in a position of trust and will be held accountable for violations of that trust on their part.
- The National Science Foundation is not a common carrier, and does not possess the requisite infrastructure and resources necessary to guarantee the privacy of information processed or stored on USAP information systems or networks. Users of USAP systems agree that the government and its representatives are not responsible for the loss of personal information, or for the disclosure of personal information as a result of unauthorized activity by participants or by others outside the program.

Participants and their leaders are expected to use good judgment in appropriate use of program assets consistent with the purposes of these Rules. However, the final determination regarding what constitutes appropriate use consistent with these Rules is reserved to NSF management in coordination with the participant's organization.

5. ADDITIONAL GUIDANCE FOR USERS

User Responsibilities. When using the USAP information infrastructure you will be held accountable for your actions related to the information resources entrusted to you. USAP information resource users have the following responsibilities:

- Comply with these Rules of Behavior and all other USAP, OPP and NSF policies and procedures, as well as the policies and procedures of their sponsoring organization
- Protect sensitive information from disclosure to unauthorized individuals or groups. Disclosure of information is not at the users discretion, only when authorized by the NSF
- Ensure information security through effective use of user IDs and passwords
- Protect hardware, software, and information from damage, abuse, and unauthorized use
- Report security violations and vulnerabilities to the proper authorities. The Help Desk is the first point of contact for all reports
- Users shall not access, modify, duplicate, destroy, or disclose any information or software on a network or a computing system, unless so authorized
- Users shall not leave an active system unattended, thereby allowing an unauthorized person to gain access to a network or a computing system through the user's login session

• Users are responsible to ensure the integrity, availability, and confidentiality of all work-related data on systems assigned for their use. It is recommended that critical data on a hard disk be backed up periodically

Authorization for Access. Portions of the USAP information infrastructure are restricted to authorized users that have been granted special access permissions by the National Science Foundation or its authorized delegates. These areas are identified by warnings posted at their entry point or by the system's interactive request for authentication. You shall access only those areas for which you have been granted authorization to access.

Copyright and Intellectual Property Issues. All users of USAP information resources must comply with U.S. and international laws regarding copyrights and other intellectual property. Users must comply with copyright licenses associated with the USAP information resource they are using. Users shall not make copies of licensed software for other microcomputers users or personal use. The presentation or display of digital media such as software, pictures, literary works and songs must comply with existing laws.

Alternative Workplace. When working at home or an alternative workplace, USAP information resources users must establish security standards at their alternate workplace sufficient to protect hardware, software, and information. This includes having only those resources employees really need and have authority to use; establishing a thorough understanding and agreement with supervisors as to what employees' security responsibilities are; using software according to licensing agreements; ensuring that confidentially-sensitive information downloaded is secure; being alert for anomalies and vulnerabilities; and reporting these anomalies to proper officials and seeking advice when necessary.

Personal File Storage. Each user is typically assigned a 'home' directory on their primary network which is usually accessible from any computer. This drive is provided for the storage of personal files. Files stored in this directory are not considered private, but will be afforded some measure of confidentiality against unauthorized access and disclosure.

Common File Storage. At each operating location, one or more directories are established for common use, and are accessible to all users. A temporary directory is provided for temporary (less than one week) use by users. Users have full rights to this directory and may add or delete files and directories as needed. All files and directories in the temporary directory are deleted automatically once a week, on a schedule determined by the station IT staff. A permanent common area is intended for operational storage and use. Users typically have read-only rights to this directory.

Departmental File Storage. Within each station network, directories are established for the various functional departments and participant organizations. Management of the allocated space is the responsibility of that department, with the assistance of the contractor IT department. User privileges for their department directories are set at the discretion and with the approval of the department manager.

Laptop Computers and other portable devices. Laptops and other portable computing devices, such as Personal Digital Assistants, must be evaluated for compatible software and up-to-date antivirus protection before they are used on the USAP network.

Official Business. Official business broadly includes any information processing that is required as part of an individual's work responsibilities. Official business includes, but is not limited to, the performance of USAP work-related duties in position descriptions, professional training and class work, work covered under grant agreements with the NSF, tasks directed via NSF contracts, agreements with international partners, and support activities related to NSF contract tasking.

Ownership of Information. All information located on a government information system is the property of the government, unless otherwise identified as belonging to another entity as a result of a contract or a grant agreement with the government.

Personal Use. Personal use broadly includes any information processing that is conducted in support of activities that do not constitute official business. A personal use activity is typically one in which the individual user, or a non-USAP entity is the primary beneficiary. Participants who use program assets for personal purposes are responsible for any and all liability that may arise from such personal use to include any violation of law, regulation or policy during such use.

Use of Antivirus Applications. All users of USAP information resources must also comply with USAP policies regarding the use of antivirus software.

Sensitive Information. The USAP information infrastructure can be publicly accessed. Do not place any of the following types of information on a USAP information system unless you are specifically authorized or instructed to do so: Medical Information; Government Acquisition Information; Operational Security Information; Proprietary Information; any other information considered sensitive. Where applicable; USAP information resource users must acquire and use sensitive information only in accordance with established policies and procedures. This includes properly safeguarding sensitive information contained in hardcopy or

softcopy; and ensuring sensitive information is accurate, timely, complete, and relevant for the purpose which it is collected, provided, and used.

Reporting Violations. Users shall immediately report any known or suspected violations of these Rules or other Information Security policies or procedures. Please contact the USAP Help Desk at 720-568-2001 or helpdesk@usap.gov. Additional information may be found at http://www.usap.gov.

6. ADDITIONAL GUIDANCE FOR CONTENT PROVIDERS AND SYSTEMS ADMINISTRATORS

Auditing of Information Systems. Where applicable; system administrators or security administrators will regularly review telecommunications logs and phone records, and conduct spot-checks to determine if Users are complying with controls placed on the use of USAP information resources.

Protection of Personal Information. During the course of their duties, Content Providers and Systems Administrators may have access to information of a personal nature. This information is considered entrusted and is not to be disclosed unless authorized or directed to do so as part of a lawful investigation, or as directed by NSF management.

7. GUIDANCE ON PASSWORDS

Users shall follow the guidance below when creating or using their passwords:

- Passwords are considered operationally sensitive information and shall not be disclosed to co-workers; written down; or displayed anywhere that might allow others to copy or memorize them.
- Users shall avoid using passwords containing obvious items or information, such as names, initials, important numbers, etc.
- Passwords should not be trivial, predictable, or obvious.
- Passwords should be at least eight characters long and should contain a combination of alphabetic (upper and lower case), numeric, and special characters. Never use all numeric passwords.
- Avoid using words or permutations of words found in a dictionary.
- Avoid using names of family members or pets, hobbies, dates, or other familiar or easily guessed information about yourself.
- Change your password frequently (if the system(s) does not automatically.)
- Passwords must be changed when they expire, or are compromised.
- Any unauthorized use of an account or improper distribution of a password may warrant the immediate termination of the account.

8. GENERAL INFORMATION

The National Science Foundation provides information systems for the purpose of transacting official business of the U.S. Antarctic Program. The NSF establishes Rules of Behavior for the proper use of these systems. Any non-program use of USAP information resources must be authorized by NSF management. The National Science Foundation has created these Rules of Behavior to guide users, content providers and system administrators in the appropriate and acceptable use of USAP information resources. This document applies to all information resources that comprise the USAP Enterprise information infrastructure and to all users of these information resources. In this document, the term ”you” or “your” refers to the User. The term “User” also includes Content Providers and Systems Administrators.

The USAP information infrastructure is a federal government information system composed of several interrelated information systems owned by, and operated for, the National Science Foundation. A significant portion of USAP program activities take place at remote or isolated locations managed by the U.S. government. Private sector support infrastructure is not available for the personal use of program participants at these locations. Consistent with federal guidelines for agency management of agency resources (5 USC 1103(a)(3)), USAP information systems may be used for morale and welfare purposes as deemed appropriate by program management.

Information maintained in NSF systems, including electronic mail files, may be reviewed by NSF officials who have a legitimate reason to do so when authorized by the Director or Deputy Director, or by the Inspector General. Unauthorized attempts to modify any information stored on this system, to defeat or circumvent security features, or to use this system for other than its intended purposes are illegal and may result in disciplinary action, criminal prosecution, or both.

Where applicable; USAP information resource users must comply with NSF policies and procedures, as well as your own organization’s policies and procedures governing the personal use of NSF government

equipment. In the event of a conflict, the NSF policies and procedures, including these Rules of Behavior, take precedence. NSF specific policies and guidelines can be reviewed by going to the NSF web site (http://www.nsf.gov/) and selecting “Policies.”

These Rules of Behavior apply to all users of the USAP information infrastructure whether you are an NSF employee or not. USAP information resource users must comply with these Rules of Behavior. Because written guidance cannot cover every contingency, you are asked to go beyond the stated rules, using your best judgment and highest ethical standards to guide your actions. These Rules are based on Federal laws and regulations and agency directives. As such, there are consequences for non-compliance. Depending on the severity of the violation, at the discretion of management and through due process of the law, consequences can include: suspension of access privileges, reprimand, suspension, demotion, removal (dismissal), and criminal and civil penalties.

Your acknowledgement of these Rules of Behavior and your continued use of the system constitute your acceptance of these Rules of Behavior and of other relevant rules and regulations of the federal government and the National Science Foundation. Acknowledgement is accomplished by selecting the agreement button when prompted to do so, or by signing a copy of this document as part of your account processing.

If you have any questions about these Rules, please contact the USAP Help Desk at 720-568-2001 or helpdesk@usap.gov. The responsible NSF point of contact for these Rules of Behavior is Mr. Patrick D. Smith, NSF Office of Polar Programs, 4201 Wilson Blvd, Suite 755, Arlington, VA 22230, 703.292.8032. NSF specific policies and guidelines can be reviewed by going to the NSF web site (http://www.nsf.gov/) and selecting “Policies.”

9. ACKNOWLEDGEMENT OF THESE RULES OF BEHAVIOR

Your acknowledgement of these Rules of Behavior and your continued use of the system constitute your acceptance of these Rules of Behavior and of other relevant rules and regulations of the federal government and the National Science Foundation. Clicking “Yes” in the USAP Logon prompt is an indication of your acknowledgement and acceptance of the EntROB.

Required Action for Acknowledgement

Sign and return the *NSF/OPP Information Security Acknowledgement* form to acknowledge the Enterprise Rules of Behavior (EntROB) and Information Security Awareness Program.

NATIONAL SCIENCE FOUNDATION
4201 WILSON BOULEVARD
ARLINGTON, VIRGINIA 22230

Acknowledgement of Information Security Policies
&
Permission for Use of National Science Foundation/United States Antarctic Program Information Systems and Services

Scope of Authorization

Permission for use of National Science Foundation/United States Antarctic Program (NSF/USAP) information systems and services is restricted to authorized participants in the United States Antarctic Program, designated contractors and U.S. Government employees, official visitors, or individuals otherwise having an authorized purpose for gaining access to, and utilizing the services of, NSF/USAP owned, operated, or provided information systems and services. USAP information systems and services include, but are not limited to, those located at the support contractor's headquarters and at USAP facilities in Port Hueneme, CA; Christchurch, NZ; Punta Arenas, Chile; Antarctic stations and research vessels.

Agreement Provisions

Permission for use of NSF/USAP information systems and services requires the following acknowledgements:

1. Government owned system. The information systems of the United States Antarctic Program are National Science Foundation federal government owned information systems. When attaching or otherwise interconnecting personally or privately owned information systems with government systems, the NSF reserves the right to extend its information security policies, Rules of Behavior, procedures, and guidance to these systems in order to ensure the integrity of NSF/USAP systems.
2. Mandatory awareness training. Individuals using NSF/USAP information systems and services must receive information security awareness training no less than once annually. Awareness training is a prerequisite for gaining permission to use NSF/USAP information systems and services and may be provided by verbal briefings, written reference materials, and/or on-line training systems. Permission to use NSF/USAP information systems and services may be suspended, revoked or denied, as appropriate, for individuals who have not fulfilled the mandatory awareness training requirement.
3. Only authorized use is permitted. Individuals using NSF/USAP information systems and services without authority, or in excess of their assigned authority, are subject to revocation of access privileges, in part or in whole. Further, access for purposes beyond authorization or assigned authority may be a violation of federal law. Penalties for misuse may include, but are not limited to, appropriate administrative sanctions, civil liability or criminal prosecution.
4. No expectation of privacy. Individuals using NSF/USAP information systems and services should be aware that they have no expectation of privacy. Files maintained in NSF/USAP information systems, including electronic mail files, may be reviewed by NSF officials who have legitimate reasons to do so when authorized by the Director or Deputy Director, or by the Inspector General. Individuals should be aware that NSF reserves the right to conduct work-related investigations for the purpose of investigating work-related misconduct, such as violations of the acceptable use policy.
5. Common Authority and Consent to be Monitored. In the course of conducting routine and corrective systems maintenance and administration, NSF designated systems technical personnel have legitimate work-related needs for access to files, contents of files, configuration data, and system log information, as well as monitoring of user activities. This extends to any personally or privately owned information systems attached to, or otherwise interconnected with, NSF/USAP systems such that the electronic exchange of information between the two is possible. If such work-related activities reveal possible evidence of criminal wrongdoing, NSF authorizes system personnel to provide the information gained from such activity to NSF officials for administrative action, with referral of such matters to law enforcement officials when appropriate.

_____/_____
Initials Date

(over)

6. Prohibition on tampering. Unless explicitly authorized by NSF designated personnel, individuals using NSF/USAP information systems and services do not have permission to physically access, modify, or alter configuration settings or in any way change or disrupt any information system or network infrastructure (data centers, servers, embedded systems, telephone systems, wiring closets, frame rooms, cable plant other than accessing designated outlets, etc.). Individuals found to be in violation of this prohibition may be subject to appropriate administrative sanctions, civil liability or criminal prosecution.
7. Protection of sensitive information. Individuals granted access to NSF/USAP information systems and services may, in the course of their official duties, have access to information designated by NSF as sensitive, or protected by federal law including, but not limited to, personal information, procurement information, trade secrets, and other information types. Individuals in such circumstances agree that the confidentiality, integrity, and availability of this information must be protected from unauthorized disclosure, loss, or corruption. Individuals found to be in violation of this prohibition may be subject to appropriate administrative sanctions, civil liability or criminal prosecution.

Limit of Access Authority

Permission to access or otherwise utilize NSF/USAP information systems and services shall be terminated upon separation from the United States Antarctic Program to include, but not limited to, termination of grant or grant extensions, termination of employment in support organizations, termination of Government employment, termination of guest/visitor status, determinations by NSF designated authorities to restrict or terminate access, etc. Continued use of NSF/USAP information systems and services, once access authority has terminated is a violation of federal law.

Acknowledgement

I, the undersigned, understand that I am authorized to access NSF/USAP information systems and services, as defined under the provisions of this Agreement. I acknowledge that I have received the required information security awareness briefing and my responsibility to abide by all information security policies, Rules of Behavior, procedures, and guidance issued by the National Science Foundation as applied to the United States Antarctic Program information systems and services, either directly or through its duly designated support organizations. I further acknowledge that I have read and understood the terms of this Agreement and agree to abide by them.

Printed Full Name:	Date:
Signature:	
Organizational Affiliation:	
Sponsoring Organization:	