

## Annex 4 Medical Report

Before returning the completed Medical Examination Form in the enclosed envelope please check that all requested test results are attached.

Antarctic Designation:                      Short Term Visitor

Tests(Please tick) :

- Complete blood count
- Blood group ABO, RH
- Kell
- Blood group antibody
- Urinalysis
- RPR or VDRL
- Hepatitis B antigen
- Hepatitis C antibodies
- HIV antibodies
- Mantoux test for TB
- ECG: Exercise stress test (required only from all personnel with significant cardiac risk factors or applicants over 60 years of age)
- Chest X-ray  
(required only when clinically indicated or as a result of a positive Mantoux test)
- Form signed *off* and GP contact details completed

Thank you for your co-operation.

MEDICAL EXAMINATION REPORT FORM

<b>Surname</b>	<b>Forenames</b>
<b>Address</b>	
<b>Present Occupation:</b>	<b>Date of Birth</b>
<b>Antarctic Designation</b> Short Term Visitor	<b>Medical Requirements</b> Short Term Medical Examination

DECLARATION

Applicant to read carefully before signing

I understand that the information collected in this Medical Examination Form will be used for two primary purposes:

1. to determine my fitness for travel and activity in Antarctica.
  2. to determine appropriate care should I require medical assistance while in Antarctica.
- I understand that submission of the information requested is voluntary, but that failure to provide any of the requested details will disqualify my application to travel to Antarctica.

**Date**

**\* Candidate's Signature**

**Date**

**Witness (Examining Doctor)**

*\* Signature to be made in the presence of Examining Doctor*

**PART A** - MEDICAL HISTORY

PLEASE ANSWER ALL QUESTIONS  
ACCURATELY

PHYSICIANS COMMENTS  
*(Required on all affirmative answers)*

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Do you currently have any illness or disability?  
YES/NO

Have you consulted a doctor in the past 12 months?  
YES/NO

Are you receiving any medical treatment at present?  
YES/NO

Are you taking any pills, tablets or medicine now (Dr or Chemist)?  
YES/NO

Have you ever had any illness lasting more than two months?  
YES/NO

Have you ever lost more than a fortnight continuously off work?  
YES/NO

Have you ever had any operations?  
YES/NO

Have you ever had any treatment for mental illness?  
YES/NO

Have you ever had an alcohol or drug problem?  
YES/NO

Have you any allergies?  
YES/NO

Do you suffer from any cold weather complaints (Chilblains etc)?  
YES/NO

***Any other significant Medical History (Including physical activities, smoking and drinking habits)***

**PART B** - MEDICAL EXAMINATION

Height: \_\_\_\_\_ cms

Weight: \_\_\_\_\_ kgs

Physique: Good/Average/Poor  
Heart Rate:

Blood Pressure:

NORMAL                      ABNORMAL

Heart Sounds:

\_\_\_\_\_

Circulation:

\_\_\_\_\_

Chest, Lungs:

\_\_\_\_\_

Vision:

Right

\_\_\_\_\_

Left

\_\_\_\_\_

Hearing, Ears General:

Right

\_\_\_\_\_

Left

\_\_\_\_\_

LABORATORY EXAMINATIONS

ALL TRACINGS AND REPORTS TO BE  
ATTACHED

Complete blood count

Blood group ABO, RH and Kell  
and blood group antibody  
screen

Urinalysis

RPR or VDRL

Hepatitis B antigen Hepatitis C antibodies

HIV antibodies

Mantoux test for TB

ECG: Exercise stress test

(Only required from personnel with significant cardiac risk factors or applicants over  
60 years of age)

Date:...../...../.....

Result: Normal / Abnormal

**PART C** - ASSESSMENT EXAMINING DOCTORS REPORT

I have thoroughly examined this candidate for travel to Antarctica and the appropriate diagnostic reports/ tracings accompany this completed form, as directed by the "Information for Examining Doctors" letter.

I REGARD \_\_\_\_\_ FIT/ UNFIT  
(Candidate's Name)

FOR TRAVEL TO ANTARCTICA

DATE:

NAME OR STAMP:  
(Please print clearly)

SIGNATURE:

CONTACT DETAILS:

PHONE:

FAX:

E-MAIL:

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REASONS FOR REJECTION OR OTHER RESERVATIONS FROM EXAMINING DOCTOR SHOULD BE RECORDED HERE: