

NATIONAL SCIENCE FOUNDATION  
**POLAR PHYSICAL EXAMINATION**

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

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

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

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

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

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

***Examiner – Please comment on all abnormal findings***

**POLAR PHYSICAL EXAMINATION (CONT'D)**

NAME \_\_\_\_\_ DOB \_\_\_\_\_

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

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

**Examiner's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Examiner Street Address:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Office Fax:** \_\_\_\_\_

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

NATIONAL SCIENCE FOUNDATION  
4201 WILSON BOULEVARD  
ARLINGTON, VIRGINIA 22230

OFFICE OF POLAR PROGRAMS

**Medical Screening for Blood-borne Pathogens**

United States Antarctic Program (USAP) medical clinics at the three U.S. research stations do not maintain supplies of frozen blood. NSF research stations in the Arctic do not have readily available blood supplies. In the event of the need for a transfusion, other individuals at the research station with matching blood types would be asked to donate fresh whole blood for the patient. In order to maintain a viable donor pool, the National Science Foundation requests that USAP and Arctic participants during the austral summer season voluntarily submit to testing for Human Immunodeficiency Virus (HIV) along with the required Hepatitis virus B and C as part of their medical screening process. Please note that HIV testing is required for candidates intending to spend the winter in Antarctica or in the Arctic.

**Consent for HIV Antibody Blood Test**

I have been informed that my blood will be tested for Human Immunodeficiency Virus (HIV) antibodies, the causative agent of Acquired Immune Deficiency Syndrome (AIDS). I understand that the testing involves the withdrawal of a small amount of my blood by venipuncture and subsequent testing of that blood sample via ELISA and Western Blot methods.

I understand that if I have any questions regarding the testing procedure or interpretation of results, I should discuss them with my health care provider. I understand that my examining physician will receive a copy of these test results and may be required, under State law, to report positive test results to State Health Department authorities and I consent to these disclosures.

I understand that the results of this blood test will be incorporated into my USAP medical file. All information in that file is maintained in accordance with the Privacy Act (5 USC 552a) and protected against unauthorized release, as described in the appended Privacy Notice.

Having read and understood the above statements, I hereby give my consent to the collection and testing of my blood to determine the presence of HIV antibodies.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature and Date

**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<sup>1</sup>. 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.

---

<sup>1</sup> For a copy of the System Notice, please contact the OPP Safety and Occupational Health Manager at NSF at (703) 292-7438, or write to Safety and Occupational Health Manager, Office of Polar Programs, National Science Foundation, 4201 Wilson Blvd., Suite 755, Arlington, VA 22230.