



Dear Participants:

The NSF is currently updating the medical forms. In the meantime, they still list old contact information for Angela Pagenkopp. Please mail all forms to:

CH2M HILL Polar Services
Attention: Kyli Olson
8110 Shaffer Parkway
#150
Littleton, CO 80127

CH2M HILL Polar Services suggest you get these medical and dental exams done as soon as possible. It is very important that all forms be completed and mailed **8-6 weeks prior to your deployment.**

For questions or comments please contact Kyli Olson at 303-984-1450 or Kyli@polarfield.com.

**NATIONAL SCIENCE FOUNDATION
OFFICE OF POLAR PROGRAMS
703-292-8124**

January 2002

Dear Participant:

Complete the following forms in ink and return them immediately. Medical and dental examinations WILL NOT BE REVIEWED UNTIL THESE FORMS ARE RECEIVED:

Medical Release
Medical Risk Form

Attached is a checklist which will help guide you through the medical/dental process. If, during this process, we need to contact you, we will attempt to do so by phone. If we cannot reach you via phone and you have provided an electronic mail (email) address, we may try to reach you via email. It is important that you keep the VECO point of contact informed of any changes to your telephone numbers or address.

You must be physically qualified or have received a waiver from the NSF prior to your deployment. Failure to return the forms in a timely manner may result in a delay to your deployment plans or possible cancellation of your trip.

Make your doctor and dentist appointments NOW!! The required tests are listed on the Medical Tests Checklist that you should review and then provide to your examining physician.

Medical History and Physical – Fill out the five page medical history and sign it. Take it with you to your doctor's appointment. The doctor is responsible for filling out the two-page physical examination form. Falsifying information may result in your disqualification from participation in the NSF sponsored Arctic program.

Lab Work – You are responsible for getting the appropriate lab work done as indicated on the medical checklist. The actual results of these tests must be sent to VECO along with your other medical paperwork.

Dental Exam – Fill out the TOP portion of this form completely before your appointment. All dental treatment must be completed before you will be physically qualified. Some dental procedures may require a week or two of recovery prior to your departure; so, please keep this in mind when scheduling your appointments and your deployment dates. Send in ORIGINAL radiographs. Radiographs become the property of the United States Government and are not returned to the examining dentist or the participant.

Reimbursement – You are responsible for payment of your medical and dental examinations, tests, x-rays. Consult with your VECO point of contact if you have questions regarding billing arrangements. DO NOT BILL VECO FOR THESE EXPENSES.

Prescription Glasses – We recommend that you take a spare pair of eyeglasses or contact lenses with you.

Prescription Medications – You are required to take all prescribed medications in sufficient quantities to last for the duration of your deployment. We recommend you take an additional amount beyond your actual requirements and that you not place your entire supply in one bag. Your specific prescribed medications may not be available in the arctic region to which you are traveling.

Immunizations – You are required to have a current tetanus immunization and we recommend an influenza immunization. We also recommend that you consult with the Center for Disease Control (CDC) International Traveler's Hotline regarding immunization questions for international travel.

When do I use the short form (Medical History Interval Screening, NSF Form 1422-B)?

You may use the short form if you have previously deployed and you meet all of the following criteria:

--You are under 40 years of age;

--Your last deployment was for the Arctic or Antarctic season immediately preceding the one for which you are currently being medically evaluated or your last deployment was not more than 12 months prior to your current deployment date;

*--You do not have any known medically disqualifying illness or injury;

*--You have not previously received a NSF approved waiver of your medical condition.

Dear Participant (cont'd)

January 2002

When should you mail your forms? – You should mail your forms six to eight weeks prior to your deployment. VECO may take up to one week to receive and forward your forms to the NSF. In most cases, your physicals will be processed sooner; however, there may be occasions when additional medical tests or documentation may be required. In those cases, NSF would need the additional processing time.

How many copies should you mail? You should prepare a complete set of the medical forms and make two copies. You should keep one for your own records and mail the original plus one copy. In order to protect your privacy, you should mail the forms as follows:

Original in a sealed envelope. The inside envelope should be marked "CONFIDENTIAL". The copy should be placed in a separate sealed envelope; also marked "CONFIDENTIAL". Both sealed envelopes should be placed in a third envelope and addressed to Angela Pagenkopp at the address provided on the forms.

What happens to my medical records after I redeploy? Upon receipt of the medical forms, VECO will mail the original to the National Science Foundation for a determination as to whether you are or are not physically qualified to deploy to the Arctic. VECO will retain the second envelope until after you have returned from your deployment. If you have a requirement to receive medical treatment while you are deployed, VECO will give the medical care provider the sealed envelope containing a copy of your medical examination. If you have no need for medical treatment while you are deployed, VECO will retain the sealed copy until the end of the season, at which time they will destroy the copy without opening it. NSF will retain the original copy of your medical record along with any treatment record for at least eight years, in accordance with the NSF Systems Notice.

*If either of these situations exist, you should contact the NSF Medical Director at 703-292-8124 to determine which form you should use.

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 the polar regions under the auspices of the United States meet certain medical standards. This medical screening process requires that certain medical records be generated on each individual participating in the program.

The information requested on NSF 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 the polar regions. An individual medical file will include information collected to determine whether one is qualified for assignment to the polar regions, as well as clinical files that may be generated if one receives medical treatment in any of the US sponsored medical clinics in Antarctica or in the Arctic, as well as any off-ice treatment facilities arranged by the NSF or its contractor or subcontractor.

The records are used for three primary purposes: (1) to determine the individual's fitness for assignment in the polar regions, 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 deployed; 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 including designated contractors and subcontractors involved in determining an individual's fitness for Antarctic or Arctic assignment, including individual waiver requests; (b) medical care providers during deployment including those 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.

More detail about how and where these records are maintained in accordance with the Privacy Act, 5 U.S.C. 552a, is contained in the National Science Foundation's System of Records Notice, Medical Examination Records for Service in the Polar Regions, available upon request from the NSF¹. No disclosure of information contained in your medical file will be made except as described by the NSF's System Notice or as otherwise authorized by law. You may request a copy of your records for review.

¹ For a copy of the System Notice, please contact the OPP Safety and 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.

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

Medical Risks for NSF-Sponsored Personnel Traveling to the Polar Regions

Travel to the polar regions imparts certain risks to the traveler, because of harsh environmental conditions encountered, limitations in the medical care available, and difficulties, in emergencies, of providing timely evacuation to tertiary medical care facilities in the U.S. or other countries in the polar regions. United States polar programs participants should consider these risks before deciding to deploy to the polar regions.

Greenland, the world's largest island, is located in the Arctic region and is characterized by an extreme climate. Whenever you are in an arctic area you can expect changeable weather and must be prepared for all kinds of weather. The Polar Circle crosses the country south of Sisimiut/Holsteinsborg. Therefore, a great part of Greenland has dark winters and the midnight sun in the summertime. The temperatures vary between minus 5 degrees Celsius to minus 30 degrees Celsius in the winter and plus 5 degrees Celsius to plus 15 degrees Celsius in the summer. Generally the climate is Arctic, the main temperature being zero to subzero. The maximum temperature in the warmest month is 12 degrees Celsius. The coldest months are February and March. However, the temperatures do not feel as cold as in Europe as the wind is very dry. Greenland can only be reached by airplane.

It is important that polar participants recognize these limitations in medical care while they are deployed. It is, in part, because of these limitations, that the NSF requires medical and dental screening of personnel prior to deployment to the polar regions. These medical screening examinations are necessary to determine the presence of medical conditions that could threaten the health or safety of the individual while deployed. 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 designated NSF support contractor).

Pre-deployment screening can identify existing medical conditions that may be difficult or impossible to treat effectively in the polar regions. Participants should realize that serious accidents or injuries might challenge the medical care system, as well. Therefore, individuals should recognize the limitations in the medical care system 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) of 1974 and protected against unauthorized release, as described in the appended Privacy Notice.

I have read and understand this information sheet.

Print Name

Signature and Date

NATIONAL SCIENCE FOUNDATION
4201 WILSON BOULEVARD
ARLINGTON, VIRGINIA 22230

OFFICE OF POLAR PROGRAMS

Medical Screening for Blood-borne Pathogens

The National Science Foundation requests that 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 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 Arctic 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

OFFICE OF POLAR PROGRAMS

IMPORTANT NOTICE FOR PARTICIPANTS IN NSF SPONSORED POLAR PROJECTS

Participants in polar projects sponsored under the auspices of the United States National Science Foundation 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 the polar regions require some high standards of conduct.

The potential for mishap in the polar regions 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 the polar regions. 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. U.S. citizens are also subject to the laws of the country in which they are traveling. In Greenland, penalties for possession, use, and dealing in illegal drugs are strict, and offenders can expect long periods of pretrial detention. Convicted offenders are subject to prison sentences and fines. 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 the Arctic or Antarctic 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 found in violation thereof, you are subject to prosecution in the courts of that country. Association with the United States Polar Programs 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 participation in projects sponsored by the United States National Science Foundation.

I have read and understand this information sheet.

Print Name

Signature and Date

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OFFICE OF POLAR PROGRAMS

**AUTHORIZATION FOR TREATMENT OF FIELD-TEAM
MEMBER/PARTICIPANT UNDER THE AGE OF 18 YEARS**

I am the parent or guardian of _____, who is an under age participant in one of the United States' programs in the polar regions. Should any medical/dental care be required during his or her deployment to the polar regions, I hereby give my authorization and consent to the U. S. designated medical care provider(s) for any medical care, treatment or procedures that are deemed medically necessary while he or she is in deployed to the polar regions.

Name of Parent or Guardian

Signature and Date

Address _____

Telephone Numbers: Daytime: _____

Evening: _____

MEDICAL HISTORY INTERVAL SCREENING

Complete pages 1-2 in ink	Polar Medical Staff Use Only <input type="checkbox"/> PQ <input type="checkbox"/> PQ SUMMER ONLY <input type="checkbox"/> NPQ Medical Conditions: _____ _____ Restrictions and Follow-up: _____ _____ Reason for NPQ: _____ _____
Polar Medical Staff Use Only	Reviewed/date: _____

Name: last, first, middle (must match passport)			Nickname		Telephone (include area code)	
Street			City		State Zip	
Birth date: (YYYY/MM/DD)			Sex		Age	
/ / /			<input type="checkbox"/> F <input type="checkbox"/> M		E-mail:	
Affiliation:			<input type="checkbox"/> Science Event # _____		<input type="checkbox"/> Official Visitor _____	
<input type="checkbox"/> NSF			<input type="checkbox"/> Technical Event # _____		<input type="checkbox"/> VECO	
Job Title: _____			<input type="checkbox"/> Other contractor _____		Emergency Point of Contact (name and telephone number):	

Proposed Polar Season (check one): Arctic Summer (Mar-Sep) Arctic Winter (Oct-Feb) Other

Work Site (check one):

Greenland Alaska Field Camp _____ USCG Icebreaker Other: _____

Estimated Deployment Dates	Previous Deployment?	Previous Polar Exam Without Deployment?
From _____ to _____	Date: _____	Date: _____

ARE YOU ALLERGIC TO ANY MEDICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, which ones?	DO YOU HAVE ANY OTHER KNOWN ALLERGIES? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, list and describe your reaction(s):
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THE FOLLOWING CONCERNS THE PERIOD BETWEEN THIS TIME AND YOUR LAST PHYSICAL EXAMINATION. CHECK THE APPROPRIATE COLUMN BELOW AND COMMENT ON "YES" RESPONSES ON PAGE 2.

PREVIOUS WORK SEASON:		PREVIOUS WORK Site: <input type="checkbox"/> Greenland <input type="checkbox"/> Alaska <input type="checkbox"/> Field Camp _____	
<input type="checkbox"/> Summer <input type="checkbox"/> Winter		<input type="checkbox"/> USCG Icebreaker <input type="checkbox"/> Other Arctic: _____ <input type="checkbox"/> Antarctic: _____	

1. FREQUENT HEADACHES? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. DIZZINESS/FAINTING SPELLS? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. SEIZURES? <input type="checkbox"/> YES <input type="checkbox"/> NO 4. DEPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO 5. CHANGES IN VISION? <input type="checkbox"/> YES <input type="checkbox"/> NO 6. EAR/NOSE/THROAT PROBLEMS? <input type="checkbox"/> YES <input type="checkbox"/> NO 7. EAR/SINUS BLOCK? <input type="checkbox"/> YES <input type="checkbox"/> NO 8. DIFFICULTY SWALLOWING? <input type="checkbox"/> YES <input type="checkbox"/> NO 9. FREQUENT COUGHING? <input type="checkbox"/> YES <input type="checkbox"/> NO 10. RAPID/IRREGULAR HEART BEAT? <input type="checkbox"/> YES <input type="checkbox"/> NO	11. HEARTBURN? <input type="checkbox"/> YES <input type="checkbox"/> NO 12. CHEST PAIN/PRESSURE? <input type="checkbox"/> YES <input type="checkbox"/> NO 13. SHORTNESS OF BREATH/ DIFFICULTY BREATHING? <input type="checkbox"/> YES <input type="checkbox"/> NO 14. STOMACH PAINS? <input type="checkbox"/> YES <input type="checkbox"/> NO 15. BACK PROBLEMS? <input type="checkbox"/> YES <input type="checkbox"/> NO 16. BLOOD IN STOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO 17. BLACK TARRY STOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO 18. FREQUENT DIARRHEA? <input type="checkbox"/> YES <input type="checkbox"/> NO 19. FREQUENT/PAINFUL URINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO 20. MENSTRUAL IRREGULARITY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME _____ DOB _____

**PERSONAL MEDICAL HISTORY
INTERVAL SCREENING (continued)**

21. ANY FRACTURES OR LIMITATIONS OF MOTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	26. USE OF TOBACCO? <input type="checkbox"/> YES <input type="checkbox"/> NO PACKS/DIPS PER DAY? _____
22. PAIN IN YOUR JOINTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	27. USE OF ALCOHOL? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW MANY DRINKS/BEERS/WEEK? _____
23. GOUT? <input type="checkbox"/> YES <input type="checkbox"/> NO	DIAGNOSED WITH ALCOHOLISM? <input type="checkbox"/> YES <input type="checkbox"/> NO
24. MUSCLE ACHES? <input type="checkbox"/> YES <input type="checkbox"/> NO	28. Have you ever received a DUI or court ordered treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO
25. NERVOUSNESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ANY OTHER SIGNIFICANT MEDICAL HISTORY? (e.g., surgery, injuries, hospitalizations, fractures)? If "yes" note specifics including date, surgery, etc. Yes No

LIST ALL MEDICATIONS YOU ARE CURRENTLY USING (include prescription and non-prescription medications):

LIST ANY CHANGES IN YOUR HEALTH SINCE YOUR LAST PHYSICAL EXAMINATION (i.e., surgery, injuries, illness, hospitalization, etc.): (Use this space for "yes" responses to questions 1-26.)

Females:

Date of Last Period: _____ Date of Last Pap Smear: _____
Results: Normal Positive

TB Skin Test Results/date (Required Annually)

I certify that the above statements are true and to the best of my knowledge my physical status is unchanged from my last physical exam except as noted above. I will inform the contractor's medical staff of **ANY** changes in my health that occur after I submit this form. I understand that incomplete or false information may result in disqualification for deployment or assignment to the Polar regions. I also understand that willfully providing false statements to a Federal agency or its representatives is a criminal offense.

SIGNATURE OF APPLICANT DATE

PLEASE RETURN **COMPLETED FORM** IN THE ENCLOSED PREPAID ENVELOPE TO :

VECO Polar Resources
Attention: **Kyli Olson**
8110 Shaffer Parkway, Suite 150
Littleton, CO 80127
303-984-1450 x 210 (VOICE) 303-984-1445 (FAX)