



CONFIDENTIAL CHECKLIST OF MEDICAL HISTORY

Sensitive:Personal

AAD January 2022

(when any part completed)

All intending participants of the AAP or related programs are required to answer the questions on both sides of this form. This information will allow an initial assessment of medical fitness by the Polar Medicine Unit, Australian Antarctic Division.

PERSONAL DETAILS

| | | | |
|--|-------|---------------|-----------------------|
| Surname/Family name | | | Title |
| Given names | | | Known as |
| Age | (yrs) | Date of Birth | / / |
| Town/suburb you work in | | | Mobile Phone |
| Nearest capital city | | | Business Hours Phone |
| Distance from your work (km) | | | Email |
| Organisation /Affiliation & Project No. (if known) | | | Intended position/job |

EXPEDITION DETAILS

| | | | |
|--|--|--|--|
| Intended time to be spent in Antarctica, subantarctic or Southern Ocean (Please tick if known) | | | |
| <input type="radio"/> Winter 8-18 months | <input type="radio"/> Summer 3-7 mths | <input type="radio"/> Summer or Southern Ocean Voyage (up to 11 wks) | <input type="radio"/> Single Round Trip Flight to Wilkins Runway (day trip only) |
| Intended Destination | <input type="radio"/> Deep Field (eg Amery/Bunger) | <input type="radio"/> High Altitude (>2500m) | <input type="radio"/> Aviation Safety Sensitive Role (SSAA) |

PREVIOUS HISTORY DETAILS

| |
|---|
| Have you had a previous AAD medical examination? <input type="radio"/> YES <input type="radio"/> NO If YES which year(s)? |
|---|

NOTES (please read this section and all three pages carefully — for your information and guidance)

| | |
|---------|---|
| Note 1: | The information you provide on this form will be used only for the purpose of assessing your medical fitness for service with the AAP or related programs and will not be forwarded to any other organisation with the exceptions noted below. |
| Note 2: | If it is decided that you do not meet the AAD medical standards on the basis of this initial assessment you will be advised. That decision may be transmitted to relevant program supervisors, or those administering the program(s), but the reasons for the decision will remain medical-in-confidence. |
| Note 3: | Should your participation proceed you will be required to undertake a comprehensive medical examination to determine medical fitness for Antarctic service and this form will be forwarded to the relevant examining Medical Officer for inclusion with your medical records and reports. |
| Note 4: | When you have completed both sides of this form it should be returned with your application form, or if forwarded separately, to Medical Screening, Polar Medicine Unit, Australian Antarctic Division, PO Box 385, Kingston, Tasmania 7050. Email: polarmedscreening@aad.gov.au or Confidential Fax 03 6232 3310 Intl +61 3 6232 3310 |

ANY DATES YOU ARE NOT AVAILABLE FOR AAD MEDICAL EXAMINATION

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When any part completed, this document contains 'protected information' as defined under the Privacy Act 1988(Cth).

Please enter height and weight and then answer the questions: YES or NO.

If any question is answered 'YES' explanatory details MUST be given under 'FURTHER COMMENTS' below.

| | | | |
|-----|---|------|----|
| 1. | Height (in bare feet) | (m) | |
| 2. | Weight | (kg) | |
| | | YES | NO |
| 3. | Have you any visual defect or eye disease? | | |
| 4. | Have you had ear discharge, perforated ear drums, or any operation on the ears? | | |
| 5. | Have you ever had high blood pressure? | | |
| 6. | Have you ever had blackouts, fainting attacks or fits/seizures? | | |
| 7. | Have you ever had skin problems? | | |
| 8. | Have you ever had asthma? | | |
| 9. | Have you ever had heart disease or heart problems? | | |
| 10. | Have you ever had kidney stones or other kidney disease? | | |
| 11. | Have you had any bladder, prostate or other urinary problems? | | |
| 12. | Have you ever had any mental health concerns, depression, phobia or anxiety condition? | | |
| 13. | Have you ever had suspected stomach or bowel trouble, or stomach or duodenal ulcer? | | |
| 14. | Have you ever had any form of hepatitis? | | |
| 15. | Do you have any form of diabetes? | | |
| 16. | Have you ever had gall stones, other gall bladder disease, or pancreatitis? | | |
| 17. | Have you ever had migraine, recurrent headaches or any head injury? | | |
| 18. | Have you ever had a hernia, appendicitis or recurrent abdominal pain? | | |
| 19. | Do you have any ailment at present OR are you taking any medication? | | |
| 20. | If female-Are you pregnant? | | |
| 21. | If female -Have you ever had any gynaecological or breast problems? | | |
| 22. | Have you ever had tuberculosis (TB), chronic bronchitis or coughed up blood? | | |
| 23. | Have you had recent contact with a known case of TB or other infectious disease? | | |
| 24. | Have you ever had any type of muscle or nerve condition or paralysis? (eg poliomyelitis) | | |
| 25. | Have you ever had any form of cancer or pre-cancer condition? (incl. skin, bowel etc) | | |
| 26. | Have you ever had any major accidents or any surgical operations? | | |
| 27. | Do you suffer abnormally in cold weather, at high altitude, on ships or on aeroplanes? | | |
| 28. | Have you ever had any diseases of the blood? (eg anaemia, abnormal bleeding etc) | | |
| 29. | Have you ever suffered from thrombosis or embolism—blood clots in the leg or elsewhere? | | |
| 30. | Do you have beliefs which prohibit your agreeing to receive a blood transfusion or product? | | |
| 31. | Is there any disease or other condition which runs in your family? (eg heart disease, bowel or breast cancer, bleeding disorders etc) | | |
| 32. | Do you have any allergies to drugs or medications, or a history of anaphylaxis, or are required to carry emergency EpiPen (adrenaline)? | | |
| 33. | Do you have any food allergies or intolerances ? (eg Coeliac Disease(gluten), peanuts, tree nuts, seafood, lactose etc) | | |

FURTHER COMMENTS ON ANY 'YES' ANSWER (please attach separate page if necessary)

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I certify that the information I have provided on this form relates to me and is true and correct and that I have read the Important Medical Note (Page 3 of this document). (Penalties apply)

..... (signature)(date)

Print Name.....D.O.B.....

IMPORTANT MEDICAL NOTE

All applicants for the Australian Antarctic Program (AAP) and related programs must read the following note before completing the AAD *Confidential Checklist of Medical History*.

Persons participating in the AAP or related programs may engage in extreme physical activity at equivalent altitudes that may well exceed 3500 metres, may experience temperatures as low as -40°C, and may make flights in unpressurised aircraft to 3000 metres. All must be sufficiently agile and physically fit to enable them to climb ladders and nets on the sides of ships and climb into and out of ship's boats and inflatable craft which move considerably in heavy swells. Ability to respond independently to emergency alarms and advice is a requirement.

Personnel may be in the field (off station) for periods up to 3 months, isolated on stations for up to 9 months, or on marine science voyages of long duration. The stress of isolation, environmental conditions and extreme remoteness from major medical facilities are important considerations and it is therefore mandatory that applicants be in good physical condition and free from any disability or impairment which could adversely affect their health, restrict their activities or create a burden for others on the expedition. Participants planning on visiting subantarctic islands require a high level of physical fitness and ability to carry heavy loads on difficult terrain.

Expeditioners must be **certified fit for Antarctic service** by medical officers of the Australian Antarctic Division's Polar Medicine Unit after an examination by an AAD approved medical advisor.

This assessment process includes a **clinical examination** (clothing, but usually not underwear, may need to be removed), a chest X-Ray (at least two-yearly), an electrocardiograph (at least two-yearly) (exercise stress electrocardiograph if over 55 years of age at the time of examination or at increased risk of heart disease), audiogram (hearing test), a skin or blood test for tuberculosis, urine and blood tests and blood donor screening tests (blood groups; antibody screening; and tests for syphilis, HIV/AIDS, HTLV, and hepatitis A/B/C).

Please feel free to request a **chaperone or translation services** at any medical examination if this is required.

A Cervical Screening Test will also be required for wintering female applicants, and a breast screening mammogram will be required if indicated. These examinations are usually undertaken by your GP or specialist. Female applicants **must** advise the PMU and the examining doctor(s), if they could be pregnant prior to undergoing any chest or breast x-ray screening to prevent radiation exposure with x-rays.

Additional occupational specific health assessment and monitoring (including alcohol and drug testing, vaccination requirements) may be requested by the Polar Medicine Unit or examining medical officer for various roles including Safety Sensitive Aviation Activities. Please advise if your intended expedition includes travel with other Antarctic programs or has additional environmental and occupational risks or unusual destinations (eg. high altitude, diving, aviation safety sensitive roles etc). Your personal details and medical information may be shared with these programs.

Reports may be requested from, and you may be referred to, both specialists and your general practitioner and these requirements can cause delays in finalizing your medical assessment. **Your assistance in timely access** to your medical advisers, your health records and your attention to completing the medical screening at the earliest possible opportunity is requested. SMS and email communications will facilitate assessment.

Current medical clearance is required for each Antarctic season and is usually undertaken between February and October for Austral summer season departures.

The examining doctor will pay particular attention to **weight, agility and general fitness**.

There is a weight limit: Body Mass Index (BMI) must be **less than 35**.

$$BMI = \frac{Weight (kg)}{Height (m)^2}$$

Excessive abdominal obesity (abdominal girth) may be disqualifying because of possible difficulties in the diagnosis, anaesthetic and surgical management in austere medical care environments, in addition to well-known heart, metabolic and mobility risks.

It is imperative that **all past and present** medical conditions be disclosed. Many conditions may not be significant but a history of some illnesses and conditions may be disqualifying. **Disqualifying conditions** include but are not limited to:

- epilepsy (fits/seizures)
- brain surgery
- coronary artery disease
- asthma
- diabetes mellitus
- cancers (malignancies)
- uncured stomach or duodenal ulcers
- kidney stones
- high blood pressure dependent on medication

Applicants whose continued good health is dependent on any medication are generally not acceptable.

It should be noted that **AAP medical facilities** are necessarily limited; evacuations are NOT the first line of management and are not routine for personnel with non life-threatening injuries or illnesses. During the summer shipping and aviation seasons changes may be made to AAP and related shipping and flight schedules or aid may be enlisted from other nations, if possible, to accomplish the evacuation of a patient with a life-threatening condition. To facilitate your medical care, clinical and personal information may be shared with relevant national programs.

Owing to these circumstances, participants may be asked to donate blood for transfusion, if called for by the expedition medical officer. **Blood donor screening** tests as described above are therefore carried out as part of the screening medical tests. Following routine practice in Blood Transfusion Services, questions will be asked of you concerning the risk of passing on infections from the use of your blood. Please note that the giving of false or misleading statements in relation to the donation of blood is an offence under various laws that apply in Tasmania and in the Australian Antarctic Territory.

Please note that although a dental check and **certificate of dental fitness** is required of successful wintering applicants it is strongly recommended that **ALL** expeditioners, including summerers, marine science, ship's crew and round trippers, consult with their dentist to ensure their good dental health well prior to departure. The expeditions do **NOT** have access to dentists, although the station wintering medical officer has received some training in emergency dental care. Shipboard dental care is extremely limited. Dental conditions can cause significant pain and infection and seriously impact the success of your individual work program and the success of the expedition or voyage as a whole.
