Australian Government
Department of Climate Change, Energy, the Environment and Water
Australian Antarctic Division

CONFIDENTIAL CHECKLIST OF MEDICAL HISTORY

All intending participants of the Australian Antarctic Program (AAP) or related programs are required to complete both sides of this checklist.

This information will allow an **initial** assessment of medical fitness by the Polar Medicine Unit, Australian Antarctic Division (AAD).

***Please use BLACK ink to complete. Please mark your choices by placing an 'X' into the corresponding checkboxes.**

Personal Details	
Surname:	Title:
Given Names:	Known as:
Age:	Date of Birth (DOB):
Town/Suburb you work in:	Mobile Phone:
Nearest Capital City:	Business Hours Phone:
Distance from your work (km):	Email:
Organisation/Affiliation:	Intended Position/Job/Role:
Project Number (if known):	

Expedition Details

- ☐ Wintering Expeditioner (8 to 18 months)
- ☐ Summer (3 to 7 months)
- ☐ Summer or Southern Ocean Voyage/s (up to 11 weeks)
- ☐ Round Trip Flight to Wilkins Runway (single trip - day trip only)
- ☐ Deep Field (e.g. Law Base, Bunger Hills)
- ☐ High Altitude (>2500m AMSL e.g. Traverse/North Patch/Dome C)
- ☐ Safety Sensitive Aviation Activity (SSAA) (including Planes/Helicopters/Drones and Remotely Piloted Aircraft)

Previous History Details

Have you had a previous AAD medical examination? ☐ No ☐ Yes (if 'Yes', which year(s)):

NOTES (please read this section and the Important Medical Note 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 may be forwarded to the relevant examining Medical Officer for inclusion with your medical records and reports.

Note 4: Health Information Communication: Email, Fax, Secure Message Delivery, SMS/Text, Telehealth may be utilised for your medical screening arrangements, referrals and healthcare. Please advise if you do NOT consent: phone +61 3 6232 3304.

Note 5: When you have read the Important Medical Note and **completed both sides** of this checklist it should be **returned by email** to: polarmedscreening@aad.gov.au

Enquiries relating to AAP medical screening please email: polarmedscreening@aad.gov.au

Any dates you are not available for AAD medical examination

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Medical History		
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 (without shoes): (cm)	
2.	Weight: (kg)	
3.	Have you any vision defect, eye disease or previous eye or lens surgery?	☐ Yes ☐ No
4.	Have you had ear discharge, perforated ear drums, or any operation on the ears?	☐ Yes ☐ No
5.	Have you ever been diagnosed with high blood pressure?	☐ Yes ☐ No
6.	Have you ever had blackouts, fainting attacks or fits/seizures?	☐ Yes ☐ No
7.	Have you ever had skin problems?	☐ Yes ☐ No
8.	Have you ever had asthma (as an adult or child) or airways disease?	☐ Yes ☐ No
9.	Have you ever had heart disease, narrowing of the arteries or valves, or heart problems?	☐ Yes ☐ No
10.	Have you ever had kidney stones or other kidney disease?	☐ Yes ☐ No
11.	Have you had any bladder, prostate (if applicable) or other urinary problems?	☐ Yes ☐ No
12.	Have you ever had any mental health concerns, depression, phobia or anxiety condition?	☐ Yes ☐ No
13.	Have you been diagnosed with a neurodevelopmental disorder (e.g. ADHD, Autism etc.)	☐ Yes ☐ No
14.	Have you ever had suspected stomach or bowel trouble, or stomach or duodenal ulcer?	☐ Yes ☐ No
15.	Have you ever had any form of hepatitis?	☐ Yes ☐ No
16.	Do you have any form of diabetes?	☐ Yes ☐ No
17.	Have you ever had gall stones, other gall bladder disease, or pancreatitis?	☐ Yes ☐ No
18.	Have you ever had migraine, recurrent headaches or any head or brain injury?	☐ Yes ☐ No
19.	Have you ever had a hernia, appendicitis or recurrent abdominal pain?	☐ Yes ☐ No
20.	Do you have any current ailment or medical condition at present requiring monitoring or treatment?	☐ Yes ☐ No
21.	Are you currently taking, or have you taken, any regular medications in the last 6 months?	☐ Yes ☐ No
22.	Are you pregnant? (if applicable)	☐ Yes ☐ No
23.	Have you ever had any gynaecological or breast problems? (if applicable)	☐ Yes ☐ No
24.	Have you ever had tuberculosis (TB), chronic bronchitis or coughed up blood?	☐ Yes ☐ No
25.	Have you had recent contact with a known case of TB or other infectious disease?	☐ Yes ☐ No
26.	Have you ever had any type of muscle or nerve condition or paralysis? (e.g. polio, MS etc.)	☐ Yes ☐ No
27.	Have you ever had any form of cancer or pre-cancer condition? (e.g. skin, bowel, blood etc.)	☐ Yes ☐ No
28.	Have you ever had any major accidents or any surgical operations?	☐ Yes ☐ No
29.	Do you suffer abnormally in cold weather, at high altitude, on ships or on aeroplanes?	☐ Yes ☐ No
30.	Have you ever had any diseases of the blood? (e.g. anaemia, abnormal bleeding etc.)	☐ Yes ☐ No
31.	Have you ever suffered from thrombosis or embolism - blood clots in the leg or elsewhere?	☐ Yes ☐ No
32.	Do you have beliefs which prohibit you agreeing to receive a blood transfusion or product if required?	☐ Yes ☐ No
33.	Is there any disease or other condition which runs in your family? (e.g. heart attack/disease, bowel or breast cancer, bleeding disorders)	☐ Yes ☐ No
34.	Do you have any allergies to drugs or medications, or a history of anaphylaxis?	☐ Yes ☐ No
35.	Do you have any food allergies or intolerances? (e.g. Coeliac Disease (gluten), peanuts, tree nuts, seafood, lactose)	☐ Yes ☐ No
	If yes, are you required to carry an emergency Epipen (adrenaline)?	☐ Yes ☐ No
Further comments to all "Yes" answers and list of all current medications:		

I certify that the information I have provided on this form relates to me and is true and correct. I have read the Important Medical Note including requirements to fully disclose to ensure my health and well-being, my safety and success, and that of the AAP (see Page 3).

Full Name:	DOB:
Signature:	Date:

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IMPORTANT MEDICAL NOTE

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

Participants in the AAP, or related programs, may engage in extreme physical activity at equivalent altitudes that may exceed 3500 metres, may experience temperatures as low as -40℃, and may make flights in unpressurised aircraft to 3000 metres. All must be sufficiently agile and physically fit to enable them to climb ladders 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 audible and visible emergency alarms and advice is a requirement.

Participants 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. It is therefore mandatory that applicants be in good physical condition, free from disability or impairment which could adversely affect their health, restrict their activities, create a burden for others on the expedition, or impact the success of the AAP. Participants planning on visiting subantarctic islands require a high level of physical fitness, mobility and ability to carry heavy loads on difficult terrain.

AAP participants 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 includes a clinical examination (clothing, but usually not underwear, may need to be removed), a chest x-ray and an electrocardiograph (ECG) (both at least five yearly till 45 years of age then two yearly), cardiovascular risk assessment (two yearly if 45 years or over, or if at increased risk), exercise stress ECG (yearly if 55 years or over, or if at increased risk), hearing test (repeat testing maybe required), eye and vision examination, a blood (or skin) test for tuberculosis, urine and blood tests and blood donor screening tests (blood groups and types; antibody screening; and tests for syphilis, HIV, HTLV, and Hepatitis A/B/C).

Please request a chaperone or interpreting services at any medical examination if this is required. A Cervical Screening Test (CST) and a breast screening examination and mammogram will also be required for wintering applicants (if applicable) to meet National screening guidelines, or if clinically indicated. These examinations are usually undertaken by your GP or specialist. Applicants **must** advise PMU and the examining doctor(s), if they could be pregnant prior to undergoing any chest or breast x-ray screening to prevent risk of radiation exposure.

Additional occupational and role specific health assessment, vaccinations and monitoring (including alcohol & drug testing, exercise stress and respiratory testing, vaccination and fitness for role requirements) may be requested for roles including Safety Sensitive Aviation Activities (incl. Planes/Helicopters/Drones/Remotely Piloted Aircraft), and as per AAD DAMP and Drug & Alcohol policies, Deep Field and specific role requirements.

Please advise if your intended expedition has additional environmental and occupational risks or unusual destinations (e.g. high altitude, diving, aviation or other safety sensitive roles etc.) or includes travel with other National Antarctic Programs (NAPs) or vessel or program operators. Your personal details and medical information may be shared with these programs.

Due to AAP Infectious disease risks we strongly recommend currency in vaccinations including Seasonal Influenza, COVID-19, Hepatitis A and B, Diphtheria, Tetanus, Pertussis and Measles to ensure your health and well-being in austere medical environments and protection and success of your colleagues. These and other vaccinations may be **required** for occupation/specific roles, destinations and your approval for participation in the AAP.

Reports may be requested from, and you may be referred to, specialists, allied health and your general practitioner. These requirements can cause delays in finalising your assessment. Your assistance in timely access to your medical advisers, your health records and your attention to completing the screening, and any repeat testing, at the earliest is requested. SMS text and email communications will facilitate assessment.

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

The examining doctor will pay particular attention to weight, abdominal girth, agility and general fitness. Body Mass Index (BMI) must be less than 35 to minimise risk. Excessive abdominal obesity may be disqualifying because of restriction and challenges in diagnosis, anaesthetic and surgical management in austere medical care environments, in addition to well-known heart, metabolic, mobility and slips, trips & falls risks.

It is imperative that all past, recent and current medical conditions be disclosed. Many conditions may not appear significant, but a history of some illnesses and conditions may be disqualifying or need further assessment on a case-by-case basis.

Disqualifying conditions include but are not limited to:

- epilepsy (fits/seizures)
- asthma (current)
- stomach or duodenal ulcers
- inflammatory bowel disease
- brain conditions or surgery
- diabetes mellitus
- kidney stones (current)
- significant sleep apnoea
- cancers (malignancies)
- significant heart conditions
- significant high blood pressure
- significant coronary artery disease
- significant psychiatric or mental health conditions
- significant multiple co-morbidities or conditions
- specialist medical monitoring requirements

Applicants whose continued good health is dependent on medication, multiple medications, or therapy devices, are generally not acceptable. All medications, prescribed or non-prescribed, must be declared to PMU and your supervisor, given potential safety and supply implications.

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/providers.

AAP participants may be asked to volunteer to donate blood for transfusion. Blood donor screening tests as described above are 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 prior to donation. 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.

Dental check, x-rays and certificate of dental fitness are required of all successful wintering applicants. It is strongly recommended that ALL AAP participants, including summer, 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 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. Thank you for your cooperation.

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