

## Medical Questionnaire

**Medical Service – Werksarztzentrum Fischereihafen**

**Am Lunedeich 115, 27572 Bremerhaven, Tel.: 0471-986931-00, Fax: 0471-986931-01**

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### **Information on Medical Examination for Expeditions of the Alfred-Wegener-Institute**

#### **General information for all expedition participants**

The detailed investigation into the medical case history (personal anamnesis) is intended to give the examining physician an overall picture of the state of health of the expedition participant that is as comprehensive as possible. The exact knowledge of any previous illnesses not only serves to ascertain the actual medical prerequisites for participation in the expedition but in particular also to avoid possible health risks during the expedition. We therefore ask you to complete pages 1-6 of this investigation form conscientiously before your visit to the doctor.\*

All questions answered with “yes“ require a detailed explanation in the field indicated. Should there have been any alteration in your state of health in the period following the medical examination, please inform the Medical Service of the Alfred-Wegener-Institute in good time before the start of the expedition. Expedition participants suffering from chronic diseases should please send in a copy of pages 1-6 of the completed investigation form to the Medical Service of the Alfred-Wegener-Institute within one week after receipt of the documents. Otherwise the deadlines specified at the coordination meetings or by the Logistics department of the Alfred-Wegener-Institute shall apply. On reassignment to an expedition the examination must be repeated after 12 months; in the case of shorter assignment intervals pages 1 and 6 should be completed and sent in to the Medical Service.

**Please be so kind as to print out pages 1-10 of the investigation form only on one side of each page.**

#### **Expedition participants in marine expeditions to the Arctic and Antarctic**

It should be borne in mind that for every marine expedition to the Arctic or Antarctic an examination of expedition fitness is necessary. For participants in expeditions other than into the Arctic or Antarctica lasting more than **ten days** an examination is also required. The examination documents must include a confirmation issued by your dentist stating that your teeth have received adequate treatment. Expedition participants over 40 years of age are asked to attach ophthalmologic findings (not older than 36 months) regarding visual acuity, intra-ocular pressure and the retina.

### **Expedition participants to Spitsbergen**

Expedition participants who remain on Spitsbergen for less than **two weeks** are asked to submit pages 1-6 of the investigation form to the Medical Service of AWI not later than three weeks before departure. For this group of persons, a medical examination is required in exceptional cases only. A dental examination, however, is advised. In case of stays longer than **two weeks** an examination of expedition fitness is required. The examination documents must include a confirmation issued by your dentist stating that your teeth have received adequate treatment. Expedition participants over 40 years of age are asked to attach ophthalmologic findings (not older than 36 months) regarding visual acuity, intra-ocular pressure and the retina.

### **Expedition participants in land expeditions/flight missions to Antarctica**

For every expedition to Antarctica lasting more than five days an examination of expedition fitness is necessary. The examination documents must include a confirmation issued by your dentist stating that your teeth have received adequate treatment. Expedition participants over 40 years of age are asked to attach ophthalmologic findings (not older than 36 months) regarding visual acuity, intra-ocular pressure and the retina.

### **Additional information for overwintering personnel in the Arctic and Antarctica**

Overwintering personnel is required to send in a copy of pages 1-6 of the completed investigation form within one week after receipt of the documents to the Medical Service of the Alfred-Wegener-Institute where the examination for overwintering personnel takes place. In addition, the following examinations are required: ophthalmologic and dental examination, X-ray examination of the lungs, sonography of the abdominal region and a gynaecological examination for female overwintering persons. The scope of these additional examinations is stated on page 10 of the investigation form. After the overwintering period a follow-up examination is obligatory.

### **Expedition participants in land expeditions/flight missions to the Arctic (Greenland, Canada, Alaska, Siberia)**

For every expedition to the Arctic lasting more than five days an examination of expedition fitness is necessary. The examination documents must include a confirmation issued by your dentist stating that your teeth have received adequate treatment. Expedition participants over 40 years of age are asked to attach ophthalmologic findings (not older than 36 months) regarding visual acuity, intra-ocular pressure and the retina.



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## **Medical Examination for Expedition Participants**

**Marine expedition**

**RV Polarstern**

**Research vessel**

**Land expedition/flight mission**

**Overwintering in Arctic:**

**Overwintering in Antarctic:**

**Last name, First name:** .....

**Date of birth:** ..... **Profession:** .....

**Home address:** .....

.....

**Postal address:** .....

**Tel. home** ..... **work:**.....

**E-mail:** ..... **Fax:**.....

**Duty region:** .....

**Expedition/Travel leg:** .....

**Period of stay:** .....

**Type of activity:** .....

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### **Final comment of Medical Service of Alfred-Wegener-Institute regarding expedition fitness:**

- Fit for expedition**
- Fit for expedition under certain conditions forming the subject of notification to the expedition physician by the Medical Service.**
- Unfit**

**Date:** ..... **Signature:** ..... **Stamp:** .....



Asthma yes  no

Other lung diseases (e.g. sarcoidosis) yes  no

**Cardiovascular diseases**

Heart attack yes  no

Coronary disease yes  no

High blood pressure yes  no

Stroke yes  no

Circulatory disturbances of neck/head vessels yes  no

Circulatory disturbances of extremities yes  no

Thrombosis/varicose veins yes  no

Other cardiovascular diseases yes  no

**Diseases of the abdominal and digestive organs**

Gallstones yes  no

Diseases of the liver yes  no

Diseases of the pancreas yes  no

Diseases of the stomach and oesophagus yes  no

Diaphragmatic hernia yes  no

Chronic intestinal disease  
(e.g. ulcerative colitis or Crohn's disease) yes  no

Intestinal bleeding/intestinal polyps/diverticula yes  no

Appendicitis yes  no

Haemorrhoids/anal abscess yes  no

Abdominal hernias yes  no

Other diseases of the abdominal organs yes  no

**Kidney and bladder diseases**

Inflammation of renal pelvis yes  no

Renal cysts yes  no

Kidney and bladder stones yes  no

Cystitis yes  no

Other diseases of the efferent urinary tract yes  no

**With " yes " please include detailed explanations and specify dates (if appropriate including diagnoses and comments of the examining physician):**

**Only for female expedition participants:**

- Inflammation of the Fallopian tubes or ovaries    yes  no
- Ovarian cysts    yes  no
- Severe menstrual pain  
or other menstrual disorders    yes  no
- Ectopic pregnancy    yes  no
- Mammary disease    yes  no
- Endometriosis (endometrium occurring  
outside the normal area)    yes  no

**Only for male expedition participants:**

- Diseases of the prostate    yes  no
- Inflammation of the epididymis    yes  no
- Other diseases of the male  
genitals    yes  no

**Metabolic disorders**

- Diabetes mellitus    yes  no
- Disorders of lipid metabolism    yes  no
- Gout    yes  no
- Thyroid diseases    yes  no
- Other metabolic diseases    yes  no

**Diseases of the joints, bones or spinal column**

- Injuries to the big joints    yes  no
- Bone fractures    yes  no
- Rheumatism    yes  no
- Arthritis    yes  no
- Lumbago    yes  no
- Sciatic complaints    yes  no
- Diseases of the intervertebral discs    yes  no
- Other diseases of the joints, bones  
or spinal column    yes  no

With "yes" please include detailed explanations and specify dates (if appropriate including diagnoses and comments of the examining physician):

## Malignant diseases

- Cancers of individual organs                      yes  no
- Cancer of the blood                                      yes  no
- Cancer of the lymph nodes                      yes  no
- Skin cancer    yes  no

## Neurological disorders and emotional disturbance

- Epileptic fits    yes  no
- Seizures of other origin                              yes  no
- Attacks of vertigo                                      yes  no
- Frequently recurring and/or  
persistent headaches                              yes  no
- Other neurological diseases                      yes  no
- Depression    yes  no
- Delusions    yes  no
- Phobias (e.g. fear of flying)                      yes  no
- Panic attacks    yes  no
- Sleep disturbances                                      yes  no
- Problems with alcohol/drugs                      yes  no

## Other diseases

- Blood diseases    yes  no
- Paroxysmal vascular constriction of the hands  
due to cold    yes  no
- Unexplained weight loss                              yes  no
- Skin diseases    yes  no

**Have you received in-patient treatment  
in the last two years?**                              yes  no

**Were you obliged to undergo surgery  
in the past?**    yes  no

**Had you ever had accidents involving fractures  
of the skull or other serious injuries?**                      yes  no

**Do you drink alcohol?**

on a daily basis?    yes  no

on a weekly basis    yes  no

seldom?    yes  no

What do you drink and how much?

**Do you take regular exercise?**                      yes  no

What activities and how often?

With "yes" please include detailed explanations and specify dates (if appropriate including diagnoses and comments of the examining physician):







Name of person examined: ..... Date of examination: .....

Visible deformation of the thorax yes  no

Visible deformation of the **spinal column** yes  no

Impaired mobility of the **spinal column** yes  no

**Finger-floor distance:** ..... cm

Is there tenderness on pressure in the **abdomen** or is **resistance** palpable? yes  no

Are the **liver** and/or **spleen** palpable? yes  no

Are the renal beds sensitive to percussion? yes  no

Are **scars** present? yes  no

Are **herniae** present? (rectus diastasis, umbilical hernia, inguinal hernia, post-operative hernia) yes  no

Are the **lymph nodes** enlarged? yes  no

Are the **extremities** deformed, have injuries been sustained or is there impaired mobility? yes  no

Is **articular swelling** present? yes  no

Are **varicose veins** present? yes  no

Abnormalities on palpation of the **foot pulses** yes  no

**Reflex status:**

Pat. reflex left: Pat. reflex right:

Ach. tendon reflex left: Ach. tendon reflex right:

Biceps reflex left: Biceps reflex right:

Radial reflex left: Radial reflex right:

Are there **sensitivity** disorders? yes  no

Is any **tremor** present? yes  no

Is there **impaired coordination**? yes  no

Is **Romberg's test** pathological? yes  no

Are other **neurological findings** present? yes  no

Are there **abnormalities in behaviour**? yes  no

Signs of **mental disease**? yes  no

**Other findings** not explicitly mentioned in the questions? yes  no

Please give a detailed description of the findings and/or diagnosis

# Resting and Exercise ECG

Name of person examined: ..... Date of examination: .....  
Date of birth: ..... Height .....cm Weight: .....kg BMI: .....

## Resting ECG (Please include ECG printout without fail)

Evaluation:

### Assessment of resting ECG:

### Ergometry according to WHO standard (Please include ECG printout without fail)

If the resting ECG and the findings of the cardiac examinations show no abnormalities and there are no relevant physical symptoms or risk factors an exercise ECG is not required for persons under 40 years of age. For persons staying over winter an exercise ECG is obligatory regardless of age.

With a renewed medical examination prior to an expedition the exercise ECG must be repeated after two years in the case of persons under 45 years of age and after one year for persons over 45 years of age provided no abnormal examination findings and cardiologically relevant diseases have occurred since the previous examination.

Required heart rate: 200 minus age (submaximal load)

### Excerpt from ergometric record:

(if no separate record is attached as an annex):

|                               |                 |            |
|-------------------------------|-----------------|------------|
| Before load:                  | Blood pressure: | Heart rate |
| Initial load .of ..... watt:  | Blood pressure: | Heart rate |
| With load of 150 watt:        | Blood pressure: | Heart rate |
| With max. load of ..... watt: | Blood pressure: | Heart rate |
| 1 min. after load:            | Blood pressure: | Heart rate |
| 3 min. after load:            | Blood pressure: | Heart rate |
| 5 min. after load:            | Blood pressure: | Heart rate |

### Performance in watt with HR of 150/min)

Actual ..... watt  
Required ..... watt

(Required: 1.8 watt/kg body weight for women and 2.1 watt/kg body weight for men)

|                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| Symptoms?                 | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Extrasystoles?            | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Arrhythmia?               | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| Pathological ST segments? | yes <input type="checkbox"/> | no <input type="checkbox"/> |

If " yes " description:

Reason for stopping ergometric test:

Assessment of ECG under load:

Assessment of RR and HR behaviour:

Assessment of state of fitness:

Assessment summary for ergometric test:

# Laboratory Diagnostics:

Name of person examined: ..... Date of examination: .....

## Standard laboratory diagnostics: (Please attach laboratory reports)

- ESR:**  
**Blood count:**  
**Leukocytes:**  
 (under 4.0 and over 10.0 /nl differential blood count required)  
**Erythrocytes:**  
**Haemoglobin:**  
**Haematocrit:**  
**MCV:**  
**MCH:**  
**MCHC:**  
**Thrombocytes:**
- Blood sugar:**  
**Creatinine:**  
**Uric acid:**  
**GPT:**  
**Gamma GT:**  
**Cholesterol:**  
**HDL chol.:**  
**LDL chol.:**
- Urine findings:**  
**Blood group:**
- (if known, please include a copy of blood group card)

## Additional laboratory diagnostics for persons staying over winter: (Please attach laboratory reports)

- Differential blood count:**  
**Bilirubin:**  
**Alk. phosphatase:**  
**Triglycerides:**  
**TSH:**  
**CRP:**  
**CDT:**  
**Attach hepatitis serology for HA, HB and HC**  
**HIV:**  
**TPHA:**  
**VDRL:**  
**PSA (for male persons over 45 staying the winter):**
- | Haemocult:     | Date | neg.                     | pos.                     |
|----------------|------|--------------------------|--------------------------|
| 1. Test: ..... |      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Test: ..... |      | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Test: ..... |      | <input type="checkbox"/> | <input type="checkbox"/> |

## Reports of specialist findings:

**Ophthalmologic examination:** Obligatory for persons staying over winter. Other expedition participants over 40 years of age are asked to please include findings (not older than 36 months) regarding visual acuity, intra-ocular pressure and the retina (examination with dilated pupils).

**Dental examination:** Please attach confirmation (not older than 3 months). For persons staying over winter an orbital pantomogram (OPT) with a detailed report of findings is also necessary.

**Gynaecological examination:** Obligatory only for persons staying over winter. Please attach reports of findings for physical gynaecological examination, PAP smear test and mammography (mammography from 35 years of age).

**Other specialist examinations:** If required following general examination, please attach reports of findings.

**X-ray-of thorax and abdominal sonography:** Obligatory only for persons staying over winter. Please attach reports of findings and images.

## Assessment of expedition fitness by the examining physician:

Physicians performing the examination of expedition fitness are asked to check the anamnesis form filled in by the expedition participant and complete it where necessary. Please ensure you provide a meaningful assessment of expedition fitness, for which the findings of any specialist examinations additionally necessary should be taken into account. Please attach the reports of findings and printouts of ECGs and spirometric tests to the examination documents without fail.

- Fit for expedition**
- Fit for expedition under certain conditions (please explain)**
- Unfit (please give reasons)**

Date: ..... Signature: ..... Stamp +Tel: .....