

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, Sibiria)

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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Med	ical Examination	on for Expedition Participants					
Marin	e expedition						
RV P	olarstern						
Resea	arch vessel						
Land	expedition/flight m	nission					
Overv	wintering in Arctic:						
Overv	wintering in Antarc	etic:					
Last na	ame, First name:						
Date o	f birth:	Profession:					
Home	address:						
	**						
Postal	address:						
Tel. home E-mail:		work:					
		Fax:					
Duty re	egion:						
Expedi	ition/Travel leg:						
Period	of stay:						
Туре о	f activity:						
Final fitnes		dical Service of Alfred-Wegener-Institute regarding expedition					
	Fit for expedition						
	Fit for expedition uphysician by the M	under certain conditions forming the subject of notification to the expedition ledical Service.					
	Unfit						
Date:	Sig	gnature:					

Anamnesis (medical case history)

The family case history need only be completed by persons staying over winter:						
Have any of the following diseases occurred among one or more of your family members (parents, siblings or children)						
Diabetes	yes □ no □	Degree of kinship				
Heart attack	yes ☐ no ☐					
Stroke	yes ☐ no ☐					
High blood pressure	yes ☐ no ☐					
Kidney disease	yes ☐ no ☐					
Cancer	yes ☐ no ☐					
Emotional disturbance	yes □ no □					
Personal anamnesis:						
What diseases have you suffered from	to date?					
Infectious diseases	to date:	With <u>" yes "</u> please include detailed explanations and specify dates (if appropriate including diagnoses and				
Infectious hepatitis	yes □ no □	comments of the examining physician):				
Rheumatic fever	yes ☐ no ☐					
Tuberculosis	yes ☐ no ☐					
Tropical diseases	yes \square no \square					
Venereal diseases	yes \square no \square					
Other infectious diseases (apart from the usual childhood diseases)	yes ☐ no ☐					
The indication of HIV infection is voluntary						
Diseases of the ear, nose and throat						
Sinusitis	yes ☐ no ☐					
Tonsillitis/Tonsillectomy	yes ☐ no ☐					
Diseases of the ear	yes ☐ no ☐					
Other ENT diseases	yes □ no □					
Dental diseases	yes □ no □					
Eye diseases						
Glaucoma (ocular pressure)	yes □ no □					
Grey cataract (clouding of the lens)	yes ☐ no ☐					
Diseases of the retina	yes ☐ no ☐					
Do you wear glasses? For distance vision? For close vision?	yes □ no □					
Other eye diseases or impaired vision	yes ☐ no ☐					
Diseases of the lungs						
Pneumonia	yes ☐ no ☐					
Pleurisy	yes ☐ no ☐					
Chronic bronchitis	ves □ no □					

Asthma	yes		no	With " yes " please include detailed explanations and specify dates (if appropriate including diagnoses and comments of the
Other lung diseases (e.g. sarcoidosis)	yes		no	examining physician):
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	e org	jan	s	
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	

Only for female expedition participants:	With "yes" please include detailed explanations and specify dates (if appropriate including diagnoses and comments of the	
Inflammation of the Fallopian tubes or ovaries	yes ☐ no ☐	examining physician):
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 of		
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	yes □ no □	

or spinal column

Malignant diseases

Cancers of individual organs	yes		no		With <u>" yes "</u> please include detailed explanations and specify dates (if appropriate
Cancer of the blood	yes		no		including diagnoses and comments of the examining physician):
Cancer of the lymph nodes	yes		no		oxumming priyotolarly.
Skin cancer	yes		no		
Neurological disorders and emotional d	istu	rba	nce)	
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 fractuon of the skull or other serious injuries?	i res 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? What activities and how often?	yes		no		

Current state of health						
Are you currently undergoing medical treatment	yes ☐ no ☐	With "yes" please include detailed explanations and specify dates (if appropriate including diagnoses and				
Have you received medical treatment in the		comments of the examining physician):				
last 24 months?	yes \square no \square					
Do you take regular medication? Which drugs, for what ailments and in what dosage?	yes 🗌 no 🖺					
Do you suffer from chronic disease?	yes ☐ no ☐					
Do you suffer from allergies? Which?	yes □ no □					
Are you intolerant to certain drugs? Which?	yes 🗌 no 🗌					
Have you suffered from frostbite?	yes \square no \square					
When and involving what part of the body?						
Do you smoke? How many cigarettes per day?	yes ☐ no ☐					
Height: Weight:	cm kg					
Vaccination status:						
When were you last vaccinated against tetanus? When were you last vaccinated against diphtheria? When were you last vaccinated against polio? When were you last vaccinated against hepatitis A and/or B?						
Vaccine protection from tetanus, diphtheria and polio is required, vaccine protection from hepatitis A and B is recommended. Please ask your GP whether you have adequate basic immunisation from the above infectious diseases and whether booster inoculation is possibly required (Vaccination costs will only be borne for staff employed by the Alfred-Wegener-Institute.)						
Please include a copy of your certificate of vaccir	nation and blood gro	oup card with the examination documents.				
With my signature, I confirm						
that I answered the above mentioned que misrepresentation and hiding of diseases expedition.						
I understand that false statements or hiding of diseases, which lead to medical emergency procedures or to an evacuation during an exhibition, may put my health at risk and jeopardize a safe progress of the expedition.						
In the event that a further inquiry to the expedition suitability is necessary, I herewith release my doctors (e. g. family physician, specialist) from doctor-patient confidentiality obligation and expressly allow my information to be shared with the company physician and also towards to the expedition medical doctor (e.g. ship's doctor) and the medical logistic physician of the Alfred-Wegener-Institute.						
Date and signature						
Herewith I confirm the transfer of the final appropriate contracting authority.	proach to capabilit	y for expedition (cf. page 1) to the				
Date and signature						
Name in block letters:						

Findings of Medical Examination (to be completed by the physician)

Name of person examined:				Date of examination:
Date of birth: Height		cn	n Weight	t:kg BMI:
Note: A BMI greater than 35 or a body weight o expedition.	ver 1	25 kg	j represent	t a criterion for exclusion from an
Is the person to be examined one of your patients?	yes		no 🗆	Please give a detailed description of the findings and/or diagnosis
Abnormalities in the general state of health	yes		no 🗆	
Pathol. examination findings for the ears	yes		no 🗌	
Abnormalities of the cervical lymph nodes?	yes		no 🗆	
Enlargement of the thyroid?	yes		no 🗌	
Pathol. examination findings for the eyes?	yes		no 🗌	
Pathological reaction of eyes to light and convergence?	yes		no 🗌	
Is nystagmus present?	yes		no 🗆	
Are spectacles and/or contact lenses worn? Is myopia or hyperopia present?	yes		no 🗌	
Do the teeth seem to require treatment?	yes		no 🗆	
Are dentures worn?	yes		no 🗌	
Does the tongue show any abnormality?	yes		no 🗆	
Pathol. findings of the skin or mucosa	yes		no 🗌	
Impaired mobility of the head	yes		no 🗌	
Are nerve exits sensitive to pressure or tender on percussion?	yes		no 🗆	
Abnormalities of the nose or pharynx	yes		no 🗌	
Abnormalities of the tonsils/tonsillectomy?	yes	_	no 🗌	
Do auscultation and percussion of the lungs result in pathological findings?	yes		no 🗆	
Spirometry (please attach printout)				Spirometry (attach printout) !
Does auscultation of the heart result in pathological findings?	yes		no 🗌	
Does the heart seem enlarged?	yes		no 🗌	
Are there signs of cardiac insufficiency?	yes		no 🗆	
Blood pressure and heart rate at rest:				

RR:..../min

Name of person examined:				Date of examination:
Visible deformation of the tho	rax	yes 🗌	no 🗌	Please give a detailed description of the
Visible deformation of the sp	yes □	no 🗌	findings and/or diagnosis	
Impaired mobility of the spin	yes □	no 🗌		
Finger-floor distance:	cm			
Is there tenderness on pressu	ure in the abdom e		_	
is resistance palpable?		yes 🗌	no 🗆	
Are the liver and/or spleen p	alpable?	yes □	no 🗌	
Are the renal beds sensitive t	o percussion?	yes □	no 🗌	
Are scars present?		yes □	no 🗌	
Are herniae present? (rectus	·	_		
hernia, inguinal hernia, post-o	pperative hernia)	yes □	no 🗌	
Are the lymph nodes enlarge	ed?	yes □	no 🗌	
Are the extremities deformed	•	_	🗆	
sustained or is there impaired	•	yes ∐	no 🗆	
Is articular swelling present		yes ∐	no 🗆	
Are varicose veins present?	yes 🗌	no 🗌		
Abnormalities on palpation of	yes 🗌	no 🗌		
Reflex status:				
Pat. reflex left:	Pat. reflex righ	ıt:		
Ach. tendon reflex left:	Ach. tendon re	eflex right:		
Biceps reflex left:	Biceps reflex r	ight:		
Radial reflex left: .	Radial reflex ri	ght:		
Are there sensitivity disorde	rs?	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 b	ehaviour?	yes □	no 🗌	
Signs of mental disease?		yes □	no 🗆	
Other findings not explicitly	mentioned in the	,00 🗆		
questions?		yes □	no 🗌	

Resting and Exercise ECG

Name of person examined:		Date of exar	mination:					
Date of birth: Heig	ghtcm	Weight:	kg BMI:					
Resting ECG (Please include ECG printout without fail) Evaluation:								
Assessment of resting ECG:								
Ergometry according to WHO sta	andard (Please inc	lude ECG printout <u>w</u>	rithout fail)					
If the resting ECG and the findings relevant physical symptoms or risk factor persons staying over winter an execution of the resting ECG and the findings of the resting ECG and the rest of the rest	tors an exercise EC	G is not required for p	persons under 40 years of age.					
With a renewed medical examination p in the case of persons under 45 years abnormal examination findings and examination.	of age and after one	e year for persons over	er 45 years of age provided no					
Required heart rate: 200 minus age (su	ubmaximal load)							
Excerpt from ergometric record:								
(if no separate record is attached as ar	n annex):							
Before load:	Blood pres	ssure:	Heart rate					
Initial load .of watt:	Blood pres	ssure:	Heart rate					
With load of 150 watt:	Blood pres	ssure:	Heart rate					
With max. load of watt:	Blood pres	ssure:	Heart rate					
1 min. after load:	Blood pres	ssure:	Heart rate					
3 min. after load:	Blood pres	ssure:	Heart rate					
5 min. after load:	Blood pres	ssure:	Heart rate					
Performance in watt with HR of 150/	min)	ActualRequired						
(Required: 1.8 watt/kg body weight for	women and 2.1 watt	/kg body weight for me	en)					
Symptoms?	yes □ no □ [If" yes " description:						
Extrasystoles?	yes □ no □	ii yes description.						
Arrhythmia?	yes □ no □							
Pathological ST segments?	yes □ no □							
Reason for stopping ergometric test	t:							
Assessment of ECG under load:								
Assessment of RR and HR behaviour:								
Assessment of state of fitness:								

Assessment summary for ergometric test:

Laboratory Diagnostics: Standard laboratory diagnostics: Additional laboratory diagnostics for (Please attach laboratory reports) persons staying over winter: (Please attach laboratory reports) FSR: **Blood count:** Differential blood count: Leukocytes: Bilirubin: (under 4.0 and over 10.0 /nl differential blood count required) **Erythocytes:** Alk. phosphatase: Haemoglobin: Haematocrit: **Triglycerides:** MCV: TSH: MCH: MCHC: CRP: Thrombocytes: CDT: **Blood sugar:** Attach hepatitis serology for HA, HB and HC Creatinine: Uric acid: HIV: GPT: TPHA: Gamma GT: **Cholesterol: VDRL:** HDL chol.: LDL chol.: **PSA** (for male persons over 45 staying the winter): Haemocult: Date neg. pos. **Urine findings:** Blood group: 1. Test: 2. Test: (if known, please include a copy of blood group card) П 3. Test: 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. П Fit for expedition П Fit for expedition under certain conditions (please explain) **Unfit (please give reasons)**

Date: Signature: Stamp +Tel: