



Medical Questionnaire

Medical Service - Werksarztzentrum Fischereihafen

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

Mail: doc@awi.de

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

General information for expedition participants MOSAiC

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.

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

Expedition participants and crew MOSAiC

For MOSAiC participants an examination of expedition fitness is necessary. The examination documents must include a confirmation issued by the dentist stating that their 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.

Participants and crew are being examined according to AWI specifications. The extent of the examination is meticulously specified hereunder. Due to the special features of the MOSAiC expedition additional examinations are required (see below).

Please take account of the age limits!

All participants including crew younger than 60 years of age:

Ophthalmologist

Expedition participants older than 40 years of age: Examinations of visual acuity, intra-ocular pressure, retina (not older than 36 months)

Dentist

Confirmation of an adequate treatment of the teeth

AWI company physician

Spirometry

Exercise ECG

Pregnancy test for women

Standard laboratory diagnostics

Other examinations by specialists:

Only if the general examination has shown a necessity. Please include findings

All participants including crew older than 60 years of age:

Ophthalmologist

Examinations of visual acuity, intra-ocular pressure, retina (not older than 36 months)

Dentist

Confirmation of an adequate treatment of the teeth (**not older than 3 months**)

AWI company physician

Spirometry

Exercise ECG

Extended laboratory diagnostics (standard + bilirubin, alc. phosphatase, triglyceride: TSH, CRP, CDT, hepatic serology)

Sonography of the abdomen

Doppler sonography of the carotid arteries

Other examinations by specialists:

Only if the general examination has shown a necessity. Please include findings.



Medical Service – Werksarztzentrum Fischereihafen
Am Lunedeich 115, 27572 Bremerhaven, Tel.:0986931-00, Fax: 0471- 986931-01
Mail: doc@awi.de

Medical Examination for MOSAIC Expedition Participants

- RV Polarstern**
- Other research vessel**
- Flight mission**

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:

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):**

Current state of health

Are you currently undergoing medical treatment yes no

Have you received medical treatment in the last 24 months? yes no

Do you take regular medication? yes no
Which drugs, for what ailments and in what dosage?

Do you suffer from chronic disease? yes no

Do you suffer from allergies? yes no
Which?

Are you intolerant to certain drugs? yes no
Which?

Have you suffered from frostbite? yes no

When and involving what part of the body?

Do you smoke? yes no
How many cigarettes per day?

Height: cm
Weight: kg

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

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 vaccination and blood group card with the examination documents.

With my signature, I confirm

that I answered the above mentioned questions in all conscience and accept that fraudulent misrepresentation and hiding of diseases can result in an exclusion of the participation in the 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 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 approach to capability for expedition (cf. page 1) to the contracting authority.

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: Heightcm Weight:kg BMI:

Note: A BMI greater than 35 or a body weight over 125 kg represent a criterion for exclusion from an expedition.

Is the person to be examined one of your patients?

yes no

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?

yes no

Is **myopia** or **hyperopia** present?

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)

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:...../..... HR:...../min

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

Spirometry (attach print out) !

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: Heightcm 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)

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 no
- Extrasystoles? yes no
- Arrhythmia? yes no
- Pathological ST segments? yes no

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.:
Pregnancy test women up to 40 years of age
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

Reports of specialist findings:

Ophthalmologic examination: All 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).

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

Abdominal sonography: Obligatory for persons from the 60th year of age. Please attach reports of findings

Doppler sonography of A. Carotis from the 60th year of age

Pregnancy test (women up to 40 years of age)

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:**