

NATIONAL SCIENCE FOUNDATION
4201 WILSON BOULEVARD
ARLINGTON, VIRGINIA 22230

OFFICE OF POLAR PROGRAMS
703-292-8031

FROM: _____ (Applicant's name)

TO: Head, Polar Environment, Health and Safety Office
Office of Polar Programs, National Science Foundation

VIA: (Employer)

SUBJECT: Request for Waiver of Arctic Medical Requirements

1. I have been informed of the qualifications for assignment or travel to an Arctic research or support station, as established in the Office of Polar Programs Medical Screening Guidelines.

2. I am aware that the physical qualifications criteria are established to: identify civilian employees, visitors and military personnel working in support of the arctic program who are physically qualified and temperamentally adapted for assignment or travel to select regions of the Arctic, and to disqualify those individuals who may require repeated, prolonged or specialized treatment, whose presence in the Arctic may endanger his/her own life or safety, and/or the lives or safety of other personnel. I understand that the criteria established by the Office of Polar Programs apply equally to all U.S. or foreign visitors to the Arctic who are sponsored by the National Science Foundation.

3. I am aware that medical facilities and capabilities in the Arctic are limited and may be quite distant from working or research sites. I understand that the nature of the polar environment, with its potential hazards and extreme remoteness from major medical facilities, makes stringent medical histories and physical examination screening mandatory to ensure freedom from any disability which might imperil health, restrict activity, or create a burden for one's associates in the Arctic.

4. I have been informed that:

a. I have a condition which disqualifies me for assignment/travel to the Arctic.

b. This disqualifying condition is: _____

c. This condition is subject to waiver consistent with Arctic Program Medical Standards and National Science Foundation policy.

5. Knowing and understanding the above, I request the National Science Foundation to waive the requirements of the Arctic Medical Standards with regard to the above described disqualification to enable me to travel/be assigned to the Arctic. I agree to accept and comply with any and all conditions that may be imposed upon any waiver issued as a result of this request. For and in consideration of receiving such waiver, and for and on behalf of myself, my personal representatives, heirs and assigns, I release and discharge the U.S., its agents, servants, or employees, including but not limited to the National Science Foundation, the Department of Defense and its agencies, their agents, servants, or employees, whether military or civilian, and where applicable, VECO, its agents, servants and employees from any and all claims for property damage, personal injury, or death resulting directly or indirectly from issuance of this waiver of the above described disqualifying condition.

I, _____, do hereby certify on this _____ day of _____ 20____ that I am the individual about whom this Request for Waiver of Arctic Medical requirements and release of harm pertains. I fully understand this document and agree to its terms.

In the CITY or COUNTY OF: _____
STATE OF: _____ on this _____ day of _____ 20____
_____, who is known to me to be the person named herein and who did appear before me and signed the foregoing Request for Waiver and acknowledged to me that he/she voluntarily executed the same.

NOTARY PUBLIC (signature)

(date)

My Commission expires _____
(Signature)