

**NATIONAL SCIENCE FOUNDATION**  
4201 WILSON BOULEVARD  
ARLINGTON, VIRGINIA 22230  
**OFFICE OF POLAR PROGRAMS**

The National Science Foundation's Office of Polar Programs requires all applicants for travel to Antarctica under the auspices of the United States Antarctic Program to provide a complete medical history and take a comprehensive physical examination. Those individuals wintering over in Antarctica, will also be required to take a comprehensive psychological examination.

The medical staff at Raytheon Polar Services Company notifies, in writing, all individuals who do not meet the medical standards for Antarctic deployment that they are not physically qualified. Concurrently, the individuals are informed that an administrative waiver process exists. This process allows individuals, who believe they can demonstrate an ability to work in the harsh Antarctic environment in spite of their medical conditions, an opportunity to make a request for consideration on a case-by-case basis for an exception to the standards.

The waiver process is administered by the National Science Foundation's Office of Polar Programs. You may direct your inquiries to Ms. Gwendolyn M. Adams at 703-292-7438 or you may send a fax to 703-292-9001. You may also contact Ms. Adams via email at [gadams@nsf.gov](mailto:gadams@nsf.gov).

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**EMPLOYER STATEMENT OF SUPPORT FOR WAIVER REQUEST**

On behalf of the National Science Foundation, Raytheon Polar Services Company notified \_\_\_\_\_ that he/she does not meet the USAP medical standards for Antarctic deployment. \_\_\_\_\_ informed me of his/her medical condition and the reason for the disqualification. He/She also informed me that the National Science Foundation will only consider an administrative waiver if the applicant obtains the employing organization's support.

\_\_\_\_\_ and I discussed Antarctica's extreme climate and remoteness. We also discussed the NSF's determination that if \_\_\_\_\_ deploys to Antarctica he/she is placing him/herself at a higher risk than those individuals who meet the medical standards. The National Science Foundation informed us that there is limited medical care available at the three primary stations and that this care is equivalent to what we might receive from an ambulatory care facility in the United States. However, those working in remote areas, such as, the Dry Valleys, must be transported by helicopter to the nearest primary station for medical care. If \_\_\_\_\_ requires any sophisticated diagnostic procedures or treatment, they would not be available in Antarctica. We both understand that medical evacuations are extremely costly and require a great deal of logistic coordination which will take hours and sometimes days or longer, depending on the weather to accomplish. We recognize that all the concerns mentioned above make it necessary for NSF to impose stringent medical and dental criteria for "fitness for Antarctic duty" determinations. We further discussed the potential impacts that this deployment may have on our organization. For example, there may be a potential impact on the employee's ability to perform his or her job while in Antarctica. This issue affects both the individual and the Organization. We acknowledge NSF's determination that the employing organization must endorse all requests for waivers before consideration is given. Finally, both \_\_\_\_\_ and I recognize that the NSF's approval of waiver requests in no way suggests that the medical problem does not exist; but, rather indicates a recognition that the individual may be able to perform his or her duties, despite the limitations of the medical condition, at a level of acceptable risk.

This organization understands that if the National Science Foundation has to evacuate \_\_\_\_\_ to a tertiary care facility outside of Antarctica, the NSF shall incur no additional expense beyond that required to evacuate the individual to that facility. As an authorized representative of the Organization and on its behalf, I acknowledge the potential increased risk to \_\_\_\_\_ of deploying to Antarctica with his/her medical condition and I support his/her request for an administrative waiver from the National Science Foundation.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Print Name of Organization