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	POLA	R Pi	HYS	ICAL E	EXAMINATION			
NAN	/IE:	DOB:						_
BLC	OOD TYPE:							
	COMPLETE ALL SE	CTIO	NS U	ISING C	ODES WHERE AP	PROPRIATE		
VITAL SIGNS			VISION					
	OUT: WEIGHT.	-			UT CORRECTION		ORRECTION	
BP:	GHT: WEIGHT: / HEART RATE:			DIST	NEAR ————	DIST R ———	NEAR ———	
RES	PIRATIONS: TEMPERATURE: —		L -			L		
COL	DES: O – Within Limits					_		
	I – Significantly Abnormal			Cada	Domorko (diaguas aba	armal findings in datail)		
	X – Not Examined			Code	Remarks (discuss abri	ormal findings in detail)		
1.	General Appearance							
2.	Head and neck							
3.	Eyes							
4.	Ears							
5.	Nose							
6.	Mouth							
7.	Thyroid							
8.	Lymph nodes							
9.	Chest, Lungs, Breasts							
10.	Heart							
11.	Abdomen							
12.	Inguinal, include hernia							
13.	Genitalia							
14.	Anal and Rectum							
15.	Spine							
	Forward Bend, Fingers Miss Floor	Inche	es					
16.	Upper Extremities							
17.	Lower Extremities							
	Varicosities							
18.	Skin, Lymphadenopathy							
	Identify Body Marks, Scars, Tattoos	•						
19.	Peripheral Vascular							
20.	Neurologic Status (include Reflexes)							
21.	Emotional Status							
22.	Pelvic Exam							
23.	Men > Age 40: Prostate Exam							

Results Date Date Results Date Date Results Date Examiner's Diagnoses and Comments: (Please ask the candidate if there is any other medical information not already obtained which should be known prior to deployment.) I have thoroughly examined this candidate for travel to the Polar Regions. I have reviewed the participant's history with him/her, includin ALL positive responses, and commented appropriately. I have performed all diagnostic tests as requested. Examiner's Name (Type or Print): Examiner's Signature DATE DDRESS I have been informed regarding the medical examination findings herein (signature options).		NAM	ME	DOB	
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Return the completed examination form and results of the requested tests to (return envelope enclosed):

National Science Foundation

Office of Polar Programs
Attention: **Ms. Nadene Kennedy**4201 Wilson Boulevard, Ste 755-S
Arlington, VA 22230

703-292-7405 Fax: 703-292-9081