

**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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**INDIVIDUAL STATEMENT REGARDING WAIVER REQUEST**

On behalf of the National Science Foundation, Raytheon Polar Services Company (RPSC) notified me that I do not meet the USAP medical standards for Antarctic deployment. RPSC informed me of my medical condition and the reasons for the disqualification. RPSC also informed me that the National Science Foundation will only consider an administrative waiver if I acknowledge the risk to myself and accept full responsibility for any medical bills I incur should I require medical evacuation or any off-ice medical care or treatment, including hospitalization.

NSF and I discussed Antarctica's extreme climate and remoteness. We also discussed the NSF's determination that if I deploy to Antarctica I am placing myself at a higher risk than those individuals who meet the medical standards. The National Science Foundation informed me that there is limited medical care available at the three primary stations and that this care is equivalent to what I 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 I require any sophisticated diagnostic procedures or treatment, they would not be available in Antarctica. I 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. I 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 the science project. For example, there may be a potential impact on the PI's ability to complete the filming while in Antarctica. This issue affects me, the PI and the project. I acknowledge NSF's determination that I must assume liability for myself before consideration is given to a waiver and that I am encouraged to obtain my own health insurance. Finally, I recognize that the NSF's approval of my waiver request in no way suggests that the medical problem does not exist; but, rather indicates a recognition that I may be able to perform my responsibilities, despite the limitations of my medical condition, at a level of acceptable risk.

I understand that if the National Science Foundation has to evacuate me to a tertiary care facility outside of Antarctica, the NSF shall incur no additional expense beyond that required to evacuate me to that facility. As the individual traveling and on my own behalf, I am aware of Antarctica's extreme climate and remoteness and I acknowledge the potential increased risk to me of deploying to Antarctica with my medical condition. I do have appropriate health insurance and I accept full responsibility for any off-ice medical costs I may incur if NSF approves my request for an administrative waiver.

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Print Name

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

\_\_\_\_\_  
Print Name of Science Project/Sponsoring Organization

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Print Name of Principal Investigator/Responsible Party