

NATIONAL SCIENCE FOUNDATION
POLAR PHYSICAL EXAMINATION

Name: _____	Date of Birth: _____	Blood Type: _____
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VITAL SIGNS		VISION			
Height: _____	BP: _____/_____	Without Correction		With Correction	
Weight: _____	Pulse: _____	DIST	NEAR	DIST	NEAR
BMI: _____		R _____	_____	R _____	_____
		L _____	_____	L _____	_____

Finding	Normal	Abnormal	Finding	Normal	Abnormal
General appearance			Inguinal, include hernia		
Head and neck			Genitalia		
Eyes			Anal Rectum		
Ears			Spine		
Nose			Upper extremities		
Mouth			Lower extremities		
Thyroid			Skin (include body marks/tattoos)		
Lymph nodes			Vascular		
Chest and lungs			Neurologic		
Breasts			Emotional Status		
Heart			Pelvic exam		
Abdomen			Prostate exam (age > 40)		

Examiner – Please comment on all abnormal findings

Guac Test (annually, age > 50): _____ <div style="text-align: right;">Result/date</div>	Influenza Immunization (annually) _____ <div style="text-align: right;">Date</div>
TB Skin test (annually) _____ <div style="text-align: right;">Result/date</div>	Tetanus Immunization (every 10 years) _____ <div style="text-align: right;">Date</div>

Examiner – Please comment on overall fitness and health conditions that might interfere with the applicants ability to participate in a remote polar deployment.

Examiner Name: _____ **Examiner Signature** _____

Examiner Street Address: _____ **Office Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____ **Office Fax:** _____

Please return the completed examination form and results of the requested tests to (return envelope enclosed)
(Contractor's name and contact information will be inserted prior to mailing.)