

MEDICAL AND DENTAL - INSTRUCTION GUIDE – Long Form

	DESCRIPTION OF FORM	ACTION
Checklist Form ME-DT-D-112	Completed by RPSC Medical for each candidate, based upon age, gender, family history (if available), previous deployment history, and seasonal deployment needs. Additional tests/exams may be required based on information received.	Call your Doctor/Dentist: request appointment to include any/all tests indicated on checklist. Take the checklist with you to appointments, along with the “Dear Doctor” letter (ME-DT-D-102). <i>Falsifying and/or non-disclosure of information may result in permanent disqualification from the United States Antarctic Program.</i>
Release Form NSF Form 1421	"Medical Risks for NSF-Sponsored Personnel Traveling to Antarctica" release.	Read, sign and date. Return to RPSC Medical. Participants WILL NOT be cleared for deployment until RPSC Medical receives this form.
Medical History NSF Form 1422	Eight page medical history (long form).	Long form - Complete and take with you to your Doctor's appointment. Return to RPSC Medical.
Polar Physical Examination NSF Form 1423	Two page examination form.	This is for your Doctor to complete during your appointment. This completes the medical history form. Return to RPSC Medical.
Lab Work Required Raytheon and NANA Employees Only LabCorp Requisition or LabCorp Lab Kit	LabCorp is a nationwide chain that will send the results to, and direct-bill, the RPSC Medical Department. For LabCorp locations in New York and California, you may be asked to provide full or partial payment at time of service. You will be reimbursed. Please follow the instructions on your checklist. If you do not have a LabCorp location near you, please notify RPSC Medical and we will mail you a LabCorp Lab Kit.	Visit www.labcorp.com to find the closest LabCorp patient draw site to your location. Bring with you the LabCorp Requisition sent to you via email from the RPSC Medical Department. If a LabCorp is not available, contact RPSC Medical and request a LabCorp Lab Kit be mailed to your attention. Your doctor’s office or other laboratory facility can follow the Lab Kit instructions. It is your responsibility to make sure that the laboratory specimens are mailed on the day they were collected. Lab results will be directly faxed to the RPSC Medical Department. Labs must be done within 6 months of deployment. You must fast for 10-12 hours prior to the blood draw.
Lab Work Required Non-Raytheon Participants Required Labs Form ME-DT-A-109	Provides a list of required laboratory tests. Please follow the instructions on your checklist.	Take this form with you to your doctor’s appointment. All lab results should be faxed to the RPSC Medical Department. Labs must be done within 6 months of deployment. You must fast for 10-12 hours prior to the blood draw.
HIV Consent NSF Form 1424	Explains the walking blood bank procedure and the need for HIV testing.	Read, sign and date this form. Take it with you to your Doctor’s appointment and have it returned with the medical forms.
Dental NSF Form 1425	Radiographs become the property of USAP and will not be returned to you or your Dentist. Instructions for digital radiographs can be found in the “Dear Dentist” letter (ME-DT-D-106).	Complete the top portion of the Dental Examination form BEFORE your appointment. Take the “Dear Dentist” letter to your Dentist. The exam form and ORIGINAL radiographs are to be sent to RPSC Medical.
Reimbursement Form ME-A-103	Form used by Raytheon employees for out-of-pocket reimbursable fees only. Use this form only if you are not currently working for RPSC.	Read and follow instructions on the Reimbursement form. Mail to RPSC Medical.
Eyewear Policy for Antarctica Form ME-A-119	Sunglasses are a requirement in Antarctica. This form details all requirements.	RPSC employees are eligible to be reimbursed every other year for one (1) pair of prescription sunglasses. Additionally, if required of your job position, reimbursement for one (1) pair of prescription safety glasses. You will be reimbursed up to \$175.00 for each pair. You must be Physically Qualified to obtain reimbursement.
Medications Form ME-A-121	Participants taking prescription or over-the-counter medications are required to bring an adequate supply for the deployment duration. USAP does not provide motion sickness medication.	If you need physician-prescribed medications of any kind during your deployment, please consult your physician. You will need to obtain a prescription for the length of your deployment. Be sure to bring enough medication to allow for travel and extended time on Ice. See letter included in packet.
Immunizations	Current Tetanus immunization -USAP required. Influenza Vaccination – USAP required. Hepatitis A & B vaccines are strongly recommended for certain positions. See checklist.	Consult the Centers for Disease Control and Prevention International Traveler’s Hotline re: immunization for international travel at http://wwwn.cdc.gov/travel/default.aspx
Psychological Screening - Winter Over Participants	Required for candidates deploying to either McMurdo or the South Pole during the austral winter (March-October).	Call RPSC Medical at 800-688-8606, option 3, to arrange an appointment. Nicoletti-Flater Associates are located in Denver, CO, and will perform all psychological evaluations in Colorado.

MEDICAL AND DENTAL - INSTRUCTION GUIDE (continued)

REQUIRED FORM COMPLETION with RETURN TO RPS MEDICAL

The following paperwork is **required** to be **returned to RPSC Medical**. Failure to return all required paperwork may delay determination of your physical qualification status and/or your deployment date.

Section A: Required Paperwork Medical Professionals Complete

FORM NAME	FORM# / INFO / PAGES	COMPLETED BY
1. Polar Physical Examination –Antarctic Present your checklist to doctor Present “dear doctor” letter to doctor Present polar physical exam form to doctor	NSF Form 1423-A / 2 pages	Your Doctor
2. Required Laboratory Tests For RPSC/NANA For All Others	LabCorp Requisition ME-DT-A-109 List of Labs	LabCorp Your Doctor
3. Polar Dental Examination Present your checklist to dentist Present “dear dentist” letter to dentist Present dental exam form to dentist	NSF Form 1425-A / 1 page	Your Dentist
4. Dental X-rays – Originals High resolution JPEG dental images can be emailed to medical@usap.gov or Original x-ray films mailed to RPS medical	X-ray films - originals only! All films are the property of the NSF and cannot be returned	Your Dentist
5. Any Additional Testing per Checklist Present your checklist to medical provider Complete all testing requirements and forward results to RPSC Medical	See Checklist	Medical Providers

Section B: Required Paperwork You Complete

FORM NAME	FORM# / INFO / PAGES	COMPLETED BY
1. Medical History Complete all 8 pages and present to doctor Either you or your doctor return to RPS Medical	NSF Form 1422 / 8 Pages	You
2. Influenza Vaccination Read/Sign/Return	ME-DT-127 / 1 Page	You
3. Personal Information	NSF Form 1458 / 1 Page	You
4. Important Notice to Participants	NSF Form 1457 / 1 Page	You
5. Medical Screening for Blood-Borne Pathogens/Consent for HIV Blood Test Optional for summer deployment Required for participation in walking blood bank Required for winter over deployment	NSF Form 1424 / 1 Page	You
6. Medical Risks – Traveling to Antarctica	NSF Form 1421-A / 1 Page	You