Parts A and B to be completed by the expedition member

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | Surname | | First name | | CPR no. or DOB (format: DD-MM-YYY) | | Gender (M/F) |
| Occupation/title | | E-mail | | Telephone | | Nationality | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B** | Own declaration \*If ’Yes’, pls send further info to info@medicaloffice.dk | No | | Yes | When (year) | Own declaration (continued) | No | Yes | When (year) |
| Have you previously done field work in the high Arctic/Greenland? | |  | |  |  | \*Eye diseases |  |  |  |
| Have you previously undergone a medical examination in connection with field work in the high Arctic/Greenland? | |  | |  |  | \*Pain in the back including herniated disc and sciatica |  |  |  |
| \*Have you been declared unfit for field work or fit subject to limitations at any previous medical examination? | |  | |  |  | \*Epilepsy or other convulsive fits |  |  |  |
| \*Have you been admitted to hospital, or treated by medical specialist within the last five years? | |  | |  |  | \*Mental disorders for which you have received medical treatment |  |  |  |
| \*Have you within the last two years had unbroken periods of sick leave of more than 30 days? | |  | |  |  | Do you, or did you suffer from alcohol and drug abuse? |  |  |  |
| **Do you suffer or have you suffered from any of the following diseases?** | |  | |  |  | \*Hypersensitive reactions, including asthma, food allergy etc. |  |  |  |
| \*Lung disease, including pulmonary tuberculosis (TB) | |  |  | |  | \*Eczema |  |  |  |
| \*Stomach and intestinal diseases including gastric ulcer | |  | |  |  | \*Serious accidents causing permanent disability |  |  |  |
| \*Heart and circulatory diseases | |  | |  |  | \*Do you use medicine regularly? |  |  |  |
| \*Kidney and bladder diseases | |  | |  |  | Do you use cannabis, cocaine or amphetamine? |  |  |  |
| \*Diabetes | |  | |  |  | Do you regularly drink alcohol? |  |  |  |
| \*Ear diseases | |  | |  |  | I hereby give my consent that information about any previous diseases may be obtained from doctors, hospital, other treatment clinics and public authorities.  I confirm that I will schedule an appointment with my **dentist** within **six months** before I leave for field work in the high Arctic/Greenland. Further, I confirm that I have read and will follow GEUS’ instructions: Health examination and dental inspection. | | | |
| Date | | Expedition members signature | | | | | | | |

Part C to be completed by examining doctor

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| **C** | **Doctor´s examination** | | | | | | | | |
| Is the person examined known to you and does he/she use you as a doctor? No Yes | | | | | | | | | |
| The person examined in unknown to me, but has satisfied me as to his identity by showing me | | | | | | Driver’s license  GEUS-ID  Passport | | | |
| Height (cm) | | | Weight | | BMI | **Examination of vision and hearing** | | | |
| Urine | | Albumen |  | Heart |  | Field of vision | Normal No  Yes | | |
| Sugar |  | Lungs |  | Vision acuity | Without correction | With correction normally used | |
| Blood pressure | | | | Abdomen |  | Right eye |  |  | |
| Teeth | | | | Skin |  | Left eye |  |  | |
| Eyes | | | | Extremities |  | Both eyes simultaneously |  |  | |
| Oral cavity | | | | Hemia |  | Hearing | Normal speech | Normal speech at a distance of 4 m | Otoscopy |
| Reflexes | | | | Spinal column |  | Without hearing aid |  |  | Right ear |
| Comments | | | | | | With hearing aid |  |  | Left ear |
| Is the examined in your opinion fit for duty?  No  Yes | | | |
| If No, please state the reason | | | |
| If fitness is conditional, state limitations in regard to field work. | | | |
| **Place and date, doctor´s stamp and signature** Health certificate issued/endorsed (delete what has NOT been conducted) | | | |
| When health examination is made in Denmark, the Medical Office will keep the Declaration of Health. In the case that an expedition member is found ’not fit’, the person will be informed by the Medical Office. The said person should himself or herself inform GEUS, usually the head of department. Any medical reason for evaluation of health status is and will be treated as confidential between the Medical Office and the employee. | | | | | |