



## MEDICAL EXAMINATION

45<sup>th</sup> INDIAN SCIENTIFIC EXPEDITION TO ANTARCTICA  
(Season 2025-26)

**AL-2205**

Antarctic Operations Division

### 1. Personal Details

1.1. Name:

.....

(Surname)

(First Name)

(Middle Name)

1.2. Postal Address:


1.3. Telephone No

1.4. Permanent Address:


1.5. Date & Place of Birth:

1.6. Nationality:

1.7. Current employment status & Organization employed with:

1.8. Role/Position for the expedition:

Logistics

☐

Scientific

☐

1.9. Time period applied for:

Summer

☐

Winter

☐

**1.10.** Earlier participation in Antarctica expedition: Summer ☐ Winter ☐ None ☐

**1.11.** Number of expeditions participated in: Summer ☐ Winter ☐

**1.12.** Additional skills or qualifications (*please describe*):

1.12.1. First-aid qualifications:

1.12.2. Driving Experience:

1.12.3. Handling small boats:

1.12.4. Building or construction:

1.12.5. Fire Fighting:

1.12.6. Any others, which you feel may be useful:

1.12.7. Stay at high altitudes:

**1.13.** Educational Qualifications: ITI/Diploma ☐ BE/BTech/MBBS ☐  
MSc/MTech ☐ PhD/MD ☐

**1.14.** Employment History:

Employer	Designation	Duration (Year)

**1.15.** Are there any cases in court pending against you? If so, please give details:

**1.16.** Height (without shoes) ..... (m) ..... Weight (kgs)

**1.17.** Chest circumference (expiration and inspiration) ..... (cm)

**1.18.** Current Marital Status:      Single      ☐      Married      ☐      Divorced      ☐

Widowed      ☐      Separated      ☐

**1.19.** Family Information:

Relation	Age	State of Health	If Dead, cause of death	Age at Death
FATHER				
MOTHER				
SPOUSE				
BROTHERS				
SISTERS				
CHILDREN				

## 2. Medical History

Are you under treatment or treated earlier for any of the following conditions?

Answer 'YES' or 'NO' in space provided.

*Note: All questions must be answered.*

2.1. Blood Disorders

2.2. Diabetes

2.3. High blood pressures

2.4. Heart disease

2.5. Mental or nervous conditions

2.6. Cancer

2.7. Tuberculosis

2.8. Rheumatism

**Physician Comments:**

### 3. Detailed Medical Status/History

Have you now or have you previously had any of the following conditions?  
Answer 'YES' or 'NO' in space provided. (Guidance of the medical doctor  
in the batch maybe obtained.)

*NOTE: All questions must be answered.*

Medical Condition	MEDICAL OFFICER'S COMMENTS required on any affirmative answer
<b>3.1.</b>	
a) Nervous fatigue .....	
b) Mental nervous condition or breakdown: .....	
c) Anxiety state .....	
d) Neurasthenia/ continuous weakness .....	
e) Fits .....	
f) Epilepsy .....	
g) Persistent headaches .....	
h) Dizziness or turns .....	
i) Attack of unconsciousness or weakness .....	
j) Migraine .....	
k) Disturbance of sensation or muscular activity .....	
l) Persistent breathlessness .....	
m) Blackouts .....	
n) Fainting attacks .....	
o) Head Injury .....	
p) Any type of paralysis .....	

<p><b>3.2.</b></p> <p>a) Varicose veins .....</p> <p>b) Coronary artery disease .....</p> <p>c) Operation on the heart .....</p> <p>d) Any disease of the blood e.g., Anemia .....</p> <p>e) Heart attack .....</p> <p>f) High blood pressure.....</p> <p>g) Rheumatic fever.....</p> <p>h) Disease of the heart or Blood vessels .....</p> <p>i) Swelling of the ankles Thrombosis .....</p> <p>j) Extrasystoles .....</p>	<p><b>MEDICAL OFFICER'S COMMENTS</b> required on any affirmative answer</p>
<p><b>3.3.</b></p> <p>a) Suspected stomach or Bowel trouble .....</p> <p>b) Indigestion or nervous Dyspepsia .....</p> <p>c) Gall Bladder disease/ Stones .....</p> <p>d) Disease of the liver.....</p> <p>e) Disease or ulcer of the Stomach Ulcers/acidity .....</p> <p>f) Jaundice .....</p> <p>g) Disease of the bowels .....</p> <p>h) Hemorrhoids (piles) .....</p>	

<p>i) Hernia .....</p> <p>j) Appendicitis or Recurrent abdominal Pain .....</p> <p>k) Constipation .....</p> <p>l) Diarrhea .....</p> <hr/> <p><b>3.4.</b></p> <p>a) Asthma .....</p> <p>b) Hay Fever .....</p> <p>c) Bronchitis .....</p> <p>d) Tuberculosis .....</p> <p>e) Pneumonia .....</p> <p>f) Other lung disease .....</p> <p>g) Pains in chest .....</p> <p>h) Persistent cough .....</p> <p>i) Pleurisy .....</p> <hr/> <p><b>3.5.</b></p> <p>a). Infection of bladder .....</p> <p>b). Stricture of the Urethra .....</p> <p>c). Prostate problems such as frequency, hesitancy, dribbling, sense of incomplete evacuation of the bladder, delay in time to pass urine etc. ....</p>	<p><b>MEDICAL OFFICER'S COMMENTS</b> required on any affirmative answer</p>
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<p>d). Cystitis .....</p> <p>e). Pyelonephritis .....</p> <p>f). Any abnormality of the urine .....</p> <p>g). Kidney disease or kidney stone .....</p> <p>h). Blood in Urine .....</p>	
<p><b>3.6.</b></p> <p>a). Typhoid/Paratyphoid .....</p> <p>b). Hepatitis .....</p> <p>c). Scarlet fever .....</p> <p>d). Venereal disease .....</p> <p>e). Measles .....</p> <p>f). Mumps .....</p> <p>g). Diphtheria .....</p> <p>h). Whooping cough .....</p> <p>i). Poliomyelitis .....</p> <p>j). Rickets .....</p>	



	<b>MEDICAL OFFICER'S COMMENTS</b> required on any affirmative answer
<p><b>3.7.</b></p> <p>a). Lumbago or back trouble at any time .....</p> <p>b). Arthritis .....</p> <p>c). Paralysis or disorder of limbs or spine .....</p> <p>d). Intervertebral disk prolapse .....</p> <p>e). Rheumatism .....</p> <p>f). Fixed joints or other joints injury .....</p> <p>g). Injury or fracture of bones .....</p>	
<p><b>3.8.</b></p> <p>a). Malaria .....</p> <p>b). Eosinophilia .....</p> <p>c). Other tropical disease .....</p> <p>d). Blood in cough or through nose .....</p>	
<p><b>3.9.</b></p> <p>a) Severe tooth or gum trouble or impacted wisdom teeth .....</p> <p>b) Any dental diseases .....</p>	

<p><b>3.10.</b></p> <p>a). Glaucoma .....</p> <p>b). Gray cataract .....</p> <p>c). Any injury to eyes .....</p> <p>d). Any condition requiring glasses corneal or contact lenses to be worn constantly .....</p> <p>e). Visual defect .....</p>	<p><b>MEDICAL OFFICER'S COMMENTS</b> required on any affirmative answer</p>
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<p><b>3.11.</b> If you wear glasses, Corneal or contact lenses bring them with you. ....</p> <p>Please give details of</p> <p><b>3.12.</b> Any complaint, illness or Injury not mentioned above</p> <p><b>3.13.</b> Absences from work due to sickness over Past two years</p> <p><b>3.14.</b> Have you ever consulted a psychiatrist?</p> <p><b>3.15.</b> Provide details of accidents, surgical treatment or operations</p> <p><b>3.16.</b> Are you a smoker? How much &amp; for how long?</p> <p><b>3.17.</b> Do you drink alcohol Regularly? How much &amp; for how long?</p> <p><b>3.18.</b> Do you take laxatives, Sleeping pills, pain killers Regularly? Please give Names, duration &amp; quantity</p>	<p><b>MEDICAL OFFICER'S COMMENTS</b> required on any affirmative answer</p>
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<p><b>3.19.</b> What vaccinations and when carried out, have you had</p> <p><b>3.20.</b> Are you in good health now?</p> <p><b>3.21.</b> When did you last receive medical or surgical treatment for what condition? Indoor/outdoor give details</p> <p><b>3.22.</b> Are you aware of ANY circumstances regarding your health which will interfere with the satisfactory discharge of the duties of the position for which you are now applying?</p> <p><b>3.23.</b> Have you ever been rejected as a first class risk for life assurance?</p> <p><b>3.24.</b> Have you ever been rejected for health reasons for admission to any Government service? Please give details and dates.</p> <p><b>3.25.</b> What regular medication do you need? Since when? Please give details.</p>	<p><b>MEDICAL OFFICER'S COMMENTS</b> required on any affirmative answer</p>
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<p><b>3.26.</b> Have you ever received payments under the Compensation Act? Please give details and dates.</p>	
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**DECLARATION**

I, hereby declare that my personal statements are true and correct to the best of my knowledge. I understand that any willfully incorrect/false statement will render me liable to disqualification from the Expedition.

Date: .....

Candidates Signature .....

**MEDICAL OFFICER TO NOTE HERE ANY SIGNIFICANT MEDICAL CONDITIONS OCCURING DURING SUBSEQUENT EXAMINATION**

#### **4. MEDICAL OFFICER'S REPORT ON EXAMINATION**

*Please answer in detail, with description*

<p><b>4.1.</b> Are you related to the examinee?</p>	<p><b>MEDICAL OFFICER'S COMMENTS</b> required on any affirmative answer</p>
<p><b>4.2.</b> Have you already examined advised or treated the examinee? If yes, give details</p>	
<p><b>4.3.</b> General appearance of candidate: Physique, mobility, presence of Deformities, obesity, etc;</p>	
<p><b>4.4.</b> After examination are you satisfied with the clinical condition and efficiency of the respiratory system and chest? If not, give reasons.</p> <p>Percussion :.....</p> <p>Auscultation : .....</p> <p>Hoarseness : .....</p> <p>Coughing :.....</p> <p>Chest protuberance :.....</p> <p>Chest X-Ray report :.....</p> <p><b>Date</b> : .....</p>	

<p>Result : .....</p> <p><i>(Chest X ray in alternate years for regular expedition)</i></p>	<p><b>MEDICAL OFFICER'S COMMENTS</b> required on any affirmative answer</p>
<p><b>4.5.</b></p> <p>a). Is there any disease or abnormality of the digestive organs and abdominal organs? If so give particulars.</p> <p><i>Results of inspection, percussion, auscultation of abdomen (stomach, liver, gallbladder, pancreas, spleen, intestine)</i></p> <p>b). Is there any hernia present?</p> <p>c). Any abnormality of anus or rectum on rectal examination?</p> <p>d). Any Pathological findings of tongue, pharynx, tonsils?</p> <p>e). Any abnormality of urogenital organs describe.</p>	
<p><b>4.6.</b></p> <p>a). Is there any disease or abnormality of the mouth, throat or neck?</p>	

<p><b>4.7.</b></p> <p>a). Is there any evidence of organic disease of the brain, spinal cord or nerves?</p> <p>b). Is there any evidence of mental or nervous troubles? (<i>Neurosis, psychosis or psychopathy</i>)</p> <p>c). Pupillary reactions .....</p> <p>d). Plantar reflex .....</p> <p>e). Other deep tendon reflex .....</p> <p>f). Rombergs sign .....</p> <p><b>4.8.</b></p> <p>a). Does the applicant have normal use of the legs and arms?</p> <p>b). Are the bones and joints free of any defects?</p> <p>c). Is there full painless movement of the spine?</p>	<p><b>MEDICAL OFFICER'S COMMENTS</b> required on any affirmative answer</p>
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<p><b>4.9.</b> Are there any health conditions which it is advisable should be mentioned. If so, give details.</p>	<p><b>MEDICAL OFFICER'S COMMENTS</b> required on any affirmative answer</p>
<p><b>4.10.</b> a). After examination are you satisfied that the cardio-vascular system is clinically within normal limits? If not, give reasons in full.</p> <p>Pulse rate :.....</p> <p>Extra systoles :.....</p> <p>Peripheral pulses :..... (especially pedal)</p> <p>b). Blood pressure readings:.....</p> <p>Systolic :.....</p> <p>Diastolic :.....</p> <p>If this reading is considered to be above normal please take further readings.</p> <p>After rest :.....</p> <p>Systolic :.....</p> <p>Diastolic :.....</p> <p>Heart sounds, murmur, bruits:.....</p>	

[illegible]

<p><b>4.16.</b> If the applicant wears glasses give the aided visual acuity of each eye:</p> <p>With glasses</p> <p>R :..... L :.....</p> <p><b>4.17.</b> Does the applicant suffer from some degree of colour blindness as determined by Ishihara plates. The ability to distinguish coloured wires should be tested, If deficient in Ishihara plates.</p>	<p><b>MEDICAL OFFICER'S COMMENTS</b> required on any affirmative answer</p>
<p><b>4.18.</b> Height (without shoes)</p> <p>.....m</p> <p>Weight in indoor clothes</p> <p>.....kg</p> <p><b>4.19.</b> Laboratory Tests</p> <p>4.19.1. Urine Examination (voided in Lab premises)</p> <p>Colour :.....</p> <p>Consistency :.....</p> <p>Sugar :.....</p> <p>Protein :.....</p>	

<p>Urobilinogen :.....</p> <p>Sediment :.....</p> <p>Ketones .....</p> <p>If albumin is present, is it <del>cyclical</del> critical:.....</p> <p>4.19.2. Blood</p> <p>Hb :..... HbA1c :.....</p> <p>Total leukocyte count :.....</p> <p>Differential count :.....</p> <p>Erythrocyte sedimentation rate :..... .....</p> <p>Blood urea Nitrogen :.....</p> <p>Creatinine : .....</p> <p>Cholesterol :.....</p> <p>Triglycerides :.....</p> <p>Uric acid :.....</p> <p>Gama G.T :.....</p> <p>HIV :.....</p> <p>HTLV III Antibodies :.....</p> <p>Blood Sugar fasting :.....</p>	<p><b>MEDICAL OFFICER'S COMMENTS</b> required on any affirmative answer</p>
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<p>Blood sugar post Prandial :.....</p> <p>ABO grouping and Rh typing <del>Blood group with Antibody</del> :.....</p> <p>Screening test &amp; Autologous control :.....</p> <p>WR, RPR or VDRL :.....</p>	<p><b>MEDICAL OFFICER'S COMMENTS</b> required on any affirmative answer</p>
<p><b>4.20.</b> Chest X-Ray with Report (two planes) :.....</p> <p><b>4.21.</b> ECG with standard leads And long lead Goldberg and Wilson chest wall registrations and report :.....</p> <p><b>4.22.</b> Exercise electro cardiogram, minimum exercise 150 W over 3 minutes. Specify pulse rate, arrhythmia, indications of perfusion disorders .</p> <p><b>4.23.</b> Synoptic appraisal of results: (If necessary, suggest supplementary investigating or check individual findings before final result)</p>	

## 5. DENTAL MEDICAL EXAMINATION & TREATMENT

## REPORT

	MEDICAL OFFICER'S COMMENTS required on any affirmative answer
5.1.	Removal of loose teeth
5.2.	Thorough investigation of mucoses and alveolar crests. (especially deep dental pockets, wisdom teeth)
5.3.	Test of sensitivity of all teeth present ( <i>in particular highly discoloured teeth, large fillings</i> ).
5.4.	Elimination of all carious defects or poor fillings.
5.5.	Removal of tartar or concretions.