APEX Medical Examination for Work at High Altitude

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1 Purpose
The purpose of this document is to describe the contents and procedure of the medical examination to be taken by the staff of APEX and APEX partners who are going to work at the high-altitude (5000-meter) site, and to provide the associated forms.

2 Scope
This document applies to all people working at the APEX high-altitude site. The APEX Safety Regulations (AD-01) require that all staff assigned to work at the high-altitude site take this medical examination.

Optionally, the forms may be given to and used by contractor personnel and visitors. However, successfully passing the medical examination is not a substitute for execution of a Waiver and Release Form (RD-01 and 02).

3 Documents

3.1 Applicable Documents

| AD-01 | APEX Safety Regulations | APEX-APX-PRO-0001 |

3.2 Reference Documents

| RD-01 | APEX Visitor Waiver Release Form | APEX-APX-PRO-0003 |
| RD-02 | APEX Contractor Waiver Release Form | APEX-APX-PRO-0004 |
4 Procedure

The medical examination shall take place not more than six months prior to taking up duty at the APEX site.

The applicant fills out the Pre-Examination Questionnaire and gives it to the examining physician. The examining physician completes the General Clinical Examination form.

Each APEX Partner will designate an APEX Medical Reviewer, who is knowledgeable in high altitude medicine, to whom are sent the results of the medical examinations of that Partner’s employees. The APEX Medical Reviewer will review the results of the examination and, as appropriate, provide a certification of fitness to work at high altitude with a period of validity.

The medical examination should be repeated and fitness to work at high altitude recertified under the following conditions:

- after the period of validity of the current certification expires,
- prior to starting work again at high altitude, if an illness raises doubts as to the fitness of the person to work at high altitude,
- if the employee requests re-examination.

5 High-Altitude Medical Examination Forms

The Pre-Examination Questionnaire form and the General Clinical Examination form are attached.
PRE-EXAMINATION MEDICAL QUESTIONNAIRE

-- To be completed by applicant (with the assistance of the examining physician, if required). --

CONFIDENTIAL

Important: The applicant must answer truthfully and completely the questions set out below to the best of his or her knowledge and belief. If it should transpire that an applicant has replied untruthfully or incompletely, whether with intent, or through serious negligence, or that he has withheld information concerning a significant illness or disability, then such member may forfeit retroactively certain benefits (e.g. entitlement to full disability benefits).

Name_____________________________ Given name_____________________________ Sex M F

Date of birth______________________ Marital status _________________ Number of children____

Profession__________________________

Personal history

1. Do you suffer, or have you ever suffered, from:

Diseases of the blood (anaemia, leuco-granulopenia, leukaemia, tendency to haemorrhage: nose, teeth, stools) etc. __________________________

Diseases of the lymphatic glands (glands swollen and painful, permanently or intermittently) __________________________

Heart diseases (shortness of breath, cyanosis, known lesion, high blood pressure). __________________________

Lung diseases (infectious, acute or chronic (tuberculosis)) __________________________

Diseases of digestive system, liver and pancreas (of all kinds). __________________________

Diseases of the genito-urinary system (chronic infections, nephritis, stones) __________________________

Diseases of the nervous system (tremor, fatigue, depression, mental trouble, epilepsy) __________________________

Disorders of the metabolism and the endocrine glands (diabetes, gout, etc., diseases of the thyroid and adrenal gland). __________________________

Eye diseases (cataract, glaucoma, retinitis, ablation) __________________________

Chronic ear, nose and throat deseases __________________________

Allergies (asthma, hay fever and neurodermatitis) __________________________

Infectious diseases (rhematic fever, hepatitis, and other serious illnesses) __________________________

Osteo-articular diseases (spinal column). __________________________

For feminine personnel

Any gynecological diseases __________________________

Have you suffered from any other diseases not mentioned above? (if so, give details) __________________________
2. Do you take any medicine regularly? (if so, give details) __________________________

___________________________________________________________________________________

3. Are you or have you ever been in the habit of taking drugs or alcoholic drinks? (if so, state which and what amount per day). __________________________

4. Have you ever had a major accident? (if so, give details and state the consequences). __________________________

___________________________________________________________________________________

5. Have you ever undergone an operation? (if so, give particulars) __________________________

___________________________________________________________________________________

6. Date of your last vaccination against:
   Diphtheria and Tetanus _________________________________
   Hepatitis A _________________________________
   Polio _________________________________
   Other (kind/ date)_________________________________

________________________________
________________________________

7. Do you have experience staying in high altitude (>2500m)? ________________________________

8. Have you ever had health problems related to staying in high altitude? ________________________

___________________________________________________________________________________

Place and date  Signature
_____________________________________  _______________________________________

This questionnaire will be kept in your individual medical file of the medical consultant designated by the responsible APEX Partner and will be treated confidentially.
App. B.  

GENERAL CLINICAL EXAMINATION  
(To be filled by the examining physician)

Name _____________________________ Given name ____________________________ Sex  M  F

Date of birth _______________________

1. Morphology

   Weight ___________________
   Height ___________________

2. Head

   Pharynx      normal   abnormal
   Tonsils      normal   abnormal
   Thyroid gland (goiter)  normal   abnormal

3. Respiratory system

   Thorax: aspect     normal   abnormal
   Auscultation      normal   abnormal
   Percussion       normal   abnormal

4. Cardio-vascular system

   Pulses (rhythm, strength)   normal   abnormal
   Blood pressure     _________/_________
   Varicose veins      normal   abnormal
   Arteries        normal   abnormal

5. Digestive system

   Abdomen       normal   abnormal
   Liver        normal   abnormal
   Spleen        normal   abnormal
   Hernia       normal   abnormal

6. Nervous system

   Pupillary reflexes under light   normal   abnormal
   at accommodation  normal   abnormal
   Patellar reflexes   normal   abnormal
Motility       normal□   abnormal□
Sensibility     normal□   abnormal□
Achilles reflexes normal□   abnormal□
Muscular tonus   normal□   abnormal□
Romberg         normal□   abnormal□
Plantar reflexes normal□   abnormal□
Locomotor system normal□   abnormal□
Tremor          normal□   abnormal□

7. Lymphatic system
Lymphatic glands normal□   abnormal□

8. Genito-urinary system
Kidney beds      normal□   abnormal□
Diuresis         normal□   abnormal□
Menstruation (meno- metrorrhagie)
Pregnancy        ___________________

9. Skeleton
Skull            normal□   abnormal□
Upper limbs      normal□   abnormal□
Mutilation       normal□   abnormal□
Spinal column    normal□   abnormal□
Lower limbs      normal□   abnormal□
Other deformities ___________________

10. Dermatological examination
State of skin     normal□   abnormal□
Dermatosis       ___________________
Onychosis        ___________________

11. Ophthalmological examination
Pupils (equal)   normal□   abnormal□
Conjunctivitis   ___________________
Vision: right eye___________ left eye ____________

Daltonism

Strabismus

12. Hearing (on the basis of whispering test)

Right ear: normal ___ satisfactory ___ insufficient ____

Left ear: normal ___ satisfactory ___ insufficient ____

13. Remarks

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please attach the reports on the following tests:

- Urinanalysis
- CBC and differential
- Platelets
- ESR (Westergreen)
- Glucose, serum
- Cholesterol, serum
- HDL Cholesterol
- Gamma-GT
- Alanine aminotransferase (ALT, GPT)
- Asparate aminotransferase (AST, GOT)
- EKG (electrocardiogram)

If duty at the APEX high altitude site is required, attach the reports on the following additional tests:

- Creatinine, serum
- Treadmill stress test
- Pulmonary function test - FVC/MVV
- Sickle cell screen – optional, if indicated in the judgment of the examining physician
- PA Chest X-ray – optional, if indicated in the judgment of the examining physician

Recommended vaccinations are: Tetanus, Diphtheria, Polio, Hepatitis-A
Hepatitis-B (optional, for long stay)

Name of the examining physician: _______________________________________________

Signature: ______________________________

Date: ______________________________
RESULTS OF HIGH ALTITUDE PHYSICAL EXAMINATION

_________________________________________ was examined on _____________________________

Employee Name              Date

and has been determined to be medically qualified for high altitude activity: YES ☐ NO ☐.

Period of validity of this certificate:

_________________________________________ Date

Signature of Examining Physician