



Office of Polar Programs Physical Qualification (PQ) Guidelines

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Office of Polar Programs Physical Qualification (PQ) Guidelines

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NSF 2024-2025 PQ (Physical Qualification) Guidelines

Antarctica is the highest, driest, and coldest continent on earth. Temperatures at McMurdo Station are frequently below freezing in the summer, while at the South Pole average winter temperatures dip below –100 degrees F. Employees live in a confined space during persistent periods of summer daylight or winter blackness. Altitudes vary from sea level at McMurdo and Palmer Stations to 9,000 feet at the South Pole.

Due to the remoteness of the continent, access to advanced medical care is limited. Medical facilities in Antarctica can comfortably manage routine primary care problems, but advanced diagnostic technology and specialty medical expertise is not readily available. Under optimal conditions, a medical evacuation from McMurdo Station to New Zealand may take several days or longer in the summer season. From Palmer station, the process is a minimum of a week if the vessel is in the vicinity, or could take many weeks, particularly in the winter. Winter medical evacuations are high-risk events that may take days to weeks and may be impossible.

Summit Station in Greenland is also extremely cold with average temperatures of around -20F during the summer season months. Further, Summit Station is at 10,555 feet of elevation but physiologically can feel much higher, increasing risk of various health infirmities. However, because medevac is easier, Physical Qualification (PQ) is only required if staying longer than a “flight cycle” which is defined as the period when the ANG (Air National Guard) is available and making routine flights to Summit Station from nearby at Kangerlussuaq, Greenland.

The delivery of pharmaceuticals, supplies, and equipment to all Arctic and Antarctic locations, can take weeks to months and may be impossible during winter. Laboratory diagnostics are limited and surgery of any kind not possible.

The types of medical clearance are defined as follows:

- 1) **Unrestricted** – This clearance applies to all candidates who have reasonable health that should not require advanced evaluation or treatment. Unrestricted summer clearance allows the applicant to travel to all sites on the Antarctic continent and Arctic. Unrestricted winter clearance authorizes deployment to a specific station during the winter season.
- 2) **Restricted** - This clearance indicates that the applicant has some medical concerns requiring further evaluation or is at risk of recurrence of a condition that would require a medical evacuation. Restricted clearance allows for deployment during the summer months. It implies that there is a medical condition that warrants reassessment before a clearance decision for winter deployment. Winter deployment is considered on a case-by-case basis. In certain cases, the physician advisor may advise restricting the applicant to certain locations on the continent.

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PQ/NPQ and Waiver Process

1. The Medical Screening Guidelines – The latest NSF approved version of the Medical Screening Guidelines is the primary source utilized by the medical chart reviewer to classify applicants.

All patients falling in the NPQ category per medical screening guidelines for deployment must request a waiver if they wish to deploy. All waiver requests are reviewed by the NSF Safety and Occupational Health Office.

Reviewing physicians can request additional information from treating physicians to determine whether the condition meets the NPQ or restricted/unrestricted PQ criteria. This information can be requested without putting the applicant through the waiver process.

2. Summer-only clearances may be reassessed if the participant requests winter- over status. The subcontractor's medical advisor is authorized, and if necessary, upon consultation with the physician on station, to make a clearance decision if the participant meets all the winter-over PQ and related criteria. The subcontractor's medical advisor will briefly document rationale for the updated winter PQ decision. An applicant may request a waiver if the decision is NPQ, and the regular waiver process will be implemented. NSF will make the final waiver decision. If the waiver is approved, the subcontractor's medical advisor will assure the Antarctic or Arctic physicians, including the on-site winter physician, have direct input into whether they think they can handle any medical problem in question.
3. The medical chart reviewer may change a summer-only PQ to unrestricted PQ or to an NPQ if new facts come to light. However, any NPQ's with subsequent waiver requests must follow the standard waiver process. Such facts might arise from medical conditions that develop following the initial clearance decision or when new medical facts are provided.
4. Any restrictions imposed through an NSF-granted waiver cannot be removed without consultation with NSF Safety and Occupational Health Office. The medical chart reviewer should submit reasons for requesting a change, in writing, to the NSF.
5. A winter deployment waiver approval may require the following statement from the treating physician in their letter of support: "Supported for winter-over deployment to an austere location without regular medevac capability which would likely result in weeks to months before evacuation to definitive care".
6. The guidelines cannot include every medical condition, nor do they consider the impact of multiple medical conditions that may interact to increase programmatic risk. Guidelines are based upon common presentations or conditions observed in program applicants. The ultimate decision on who may deploy resides solely with the NSF.

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Medical and Laboratory Testing Requirements for 2024-2025

General Requirements

Test	Summer: McMurdo, Summit	Summer: S. Pole	Winter: McMurdo	Winter: S. Pole	Palmer Station	Winter: Summit Station
Medical Self-History (Signed, dated)	X	X	X	X	X	X
Physical Exam	X	X	X	X	X	X
Dental	X	X	X	X	X	X
Up-to Date Immunizations See notes	X	X	X	X	X	X
Complete misc. NSF Forms	X	X	X	X	X	X
Tuberculosis Test PPD/Quantiferon	X	X	X	X	X	X

Blood Tests

Test	Summer: McMurdo, Summit	Summer: S. Pole	Winter: McMurdo	Winter: S. Pole	Palmer Station	Winter: Summit Station
CBC with Diff	X	X	X	X	X	X
Chemistries	X	X	X	X	X	X
Hepatic Panel	X	X	X	X	X	X
Lipid Panel	X	X	X	X	X	X
Anti-HBc Anti-HCV RPR (syphilis)	X	X	X	X	X	X
Blood Type ABO, Rh	X	X	X	X	X	X
TSH (only for those with thyroid disease history)	X	X	X	X	X	X
TSH (only for those deploying winter S Pole and Summit)				X		X
HIV			X	X		X
HIV (walking blood bank)	X	X	X	X	X	X
Ferritin				X		
PSA (men >50)				X		
Uric Acid				X		

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Test	Summer: McMurdo, Summit	Summer: S. Pole	Winter: McMurdo	Winter: S. Pole	Palmer Station	Winter: Summit Station
HgA1c (if glucose 100 or greater)	X	X	X	X	X	X

Other

Test	Summer: McMurdo, Summit	Summer: S. Pole	Winter: McMurdo	Winter: S. Pole	Palmer Station	Winter: Summit Station
Guaiac Stool (Age 50+)	X	X	X	X	X	X
12-lead EKG or rhythm strip (All new participants; then, age 40-49 every 5 yrs; then age 50+ annually)	X	X	X	X	X	X
Cardiac Stress Test (Age 50-59 every 2 yrs; Age 60+ annually OR FRS>20% (see Guidelines)			X	X		X
PAP Smear (females) Cytology Report w/ Endocervical cell report (Age 21-65 every 3 yrs; All women wintering over – annually)			X	X		X
Mammogram (females) (radiology) (Age 40+ every 2 yrs; All women wintering- over – annually)	X	X	X	X	X	X
Gallbladder Ultrasound (fast 6 hrs) (All winter deployers)			X	X		X
Chest x-ray				X		
Lung Cancer Screen (See notes)				X		
Behavioral Health Assessment (not part of PQ process)				X		

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Test	Summer: McMurdo, Summit	Summer: S. Pole	Winter: McMurdo	Winter: S. Pole	Palmer Station	Winter: Summit Station
Pulmonary Function Test (See notes)	X	X	X	X	X	X
Original Bitewing X-rays (Note: 4 sets, mounted, completed within 12 months of PQ submission)	X	X	X	X	X	X
Panoramic or mounted full mouth survey (one time requirement)	X	X	X	X	X	X
Periapical (PA) Film	X	X	X	X	X	X

NOTE:

- 1) Up-to-Date Immunizations include Influenza, measles (if not immune), TDAP
- 2) Blood Chemistries – Sodium, Potassium, Chloride, Glucose, Creatinine, GFR/BUN, Calcium
- 3) Hepatic Panel – Alkaline phosphatase, Total Bilirubin, AST, ALT
- 4) Lipid Panel – Cholesterol, HDL, LDL, Triglycerides
- 5) Chest X-ray – Low-dose CT scan can substitute; required per TB protocol (+ PPD); or symptomatic pulmonary disease; submit report only not actual films
- 6) Lung Cancer Screen – age 55-80 AND at least 30 pack-yr history AND current smoker or quit less than 15 years ago
- 7) Pulmonary Function Test – pre/post bronchodilator if history of asthma, emphysema, or COPD OR occupational PFT (spirometry for work)
- 8) Short Duration and 2-yr PQ are exceptions to the above. They are addressed in separate policies.

Vaccinations and Infectious Disease

The PQ Determination Policy concerning vaccinations primarily follows the recommendations of the Center for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). Any immunizing agent licensed by the Food and Drug Administration (FDA) or the Department of Health and Human Services (DHHS) may be used, as well as emergency use authorization (EUA) process. The requirements are based on CDC recommendations, host country requirements and OPP's Medical Review Panel.

Required Vaccinations:

- Tetanus
- Seasonal Influenza (exception for Arctic participants deploying in late spring/ summer)
- Measles

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Required Infectious Disease Testing:

- Hepatitis A
- Hepatitis B
- HIV (USAP only: Walking Bloodbank & Winter overs)
- Syphilis
- Tuberculosis.

Screening for immunity. For some vaccine-preventable diseases, serologic or other tests can be used to identify preexisting immunity from prior infection or immunization that may eliminate the need for unnecessary immunization. Such testing may be adopted where it offers advantages in terms of improved care or medical economics. Titers may be used for measles.

**The PQ Guidelines are intended to be used by medical providers making PQ (Physically Qualified) and NPQ (Non-physically Qualified) determinations, and though potentially helpful to lay persons, may not be understandable in some cases due to the technicality of verbiage required. The Guidelines are not intended to include all medical conditions. As a reminder, medical providers develop a “Total Health Risk Profile” to make determinations that account for all health concerns identified. For specific questions on the process or help on who to contact, refer to the NSF PQ webpage <https://www.nsf.gov/geo/opp/soh/index.jsp>.

Behavior Health and Psychiatry

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Psychiatric Diagnosis In DSM-5-TR	Asymptomatic without psychotropic medications or psychotherapy at least 1 year prior to deployment, AND LOS (Letter of Support) if last treatment within 3 years).	Stable at least 1 year and in active treatment of psychiatric illness (medication and/or psychotherapy), AND regular treatment provider supports deployment (if winter over, LOS must support with “essentially no medevac capability.”) (Does not meet any of the NPQ criteria).	Within 10 years of deployment any of the following; History of psychosis from any cause, OR psychiatric hospitalization, OR suicidal ideation/attempt, OR emergency department visit for psychiatric condition, OR in active treatment for psychiatric illness without LOS,	

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			OR medication change less than one year.	
Eating Disorders		Stable at least 3 years with normal examination and lab findings (i.e. BMI, potassium, protein, etc)	Concern for eating disorder, with BMI less than 17% or decreasing 10% over past 2 years. Signs of acute or chronic weight loss or gain (greater than 10% body weight or outside normal values for height for weight), or abnormal relevant laboratory findings.	<i>Eating disorders potentially life threatening.</i>
Seasonal Affective Disorder		Stable at least 3 years with normal examination and lab findings.	Severe or not responsive to phototherapy.	
Bipolar Disorder	None	No manic (or hypomanic) episode within 2 years of application AND No medication change within 1 year of application. No prescribed Lithium. AND No requirement for on-going support AND LOS from treating provider	Manic (or hypomanic) or depressive episode within 2 years of application OR Medication change within 1 year OR Prescribed Lithium for management OR Requirement for on-going support OR Winter Deployment OR LOS inadequate	
Dementia			Any dementia	

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Attention Deficit/Hyperactivity Disorder	ADHD mild, controlled on medications, AND consistent dose for at least 1 year, AND LOS from treating provider, AND arrangements must be confirmed for medication supply; not feasible in winter.	ADHD, mild controlled on medications, AND dose change less than 1 year, AND LOS from treating provider, AND arrangements must be confirmed for medication supply; not feasible in winter.	ADHD poorly controlled, with or without meds. Winter deployment any location (due to medication supplies).	
Chronic Pain	No use of controlled substances for pain treatment.		Use of controlled substances for management of non-acute pain on either an intermittent or continuous basis.	

NOTE: South Pole participants must clear Behavioral Health Assessment prior to deployment; not part of the PQ process.

Breast Disease

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Breast Cancer	Carcinoma of the breast, AND treatment completed 5 or more years prior to deployment, AND no evidence of recurrent or metastatic disease,	Treated carcinoma of the breast, AND treatment completed at least 1 year but less than 5 years prior, AND no evidence of recurrent or	Carcinoma of the breast, AND treatment completed less than 1 year prior to deployment, OR Any evidence of recurrent or metastatic disease,	<i>High risk of recurrence in some cases, no mammography, CT and nuclear medicine not available.</i> <i>Hormone medications used for treatment/prevention of breast cancer will be assessed for clot and any other relevant medical risk.</i>

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	AND if S/P subtotal or radical mastectomy with documented negative lymph nodes.	metastatic disease, AND if S/P subtotal or radical mastectomy, with negative lymph nodes.	OR S/P subtotal or radical mastectomy with positive lymph nodes.	
Breast Mass	Any breast mass, determined to be benign by biopsy or aspiration, AND follow-up advised at least 1 year after the evaluation, AND LOS confirming the above.	Any breast mass, determined to be benign by biopsy or aspiration, AND follow-up examination advised at least 6 or less than 12 months after evaluation, AND LOS confirming the above (except NPQ South Pole and Summit Station winter).	Any breast mass, determined to be benign by biopsy or aspiration, AND further imaging or other workup advised within 6 months of evaluation.	<i>Mammography, biopsy, and follow up evaluation or treatment unavailable</i>

Cardiovascular

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
General	Absence of clinical symptoms or signs of angina, congestive heart failure, syncope, abnormal conduction, or arrhythmia, AND a baseline ECG indicating no evidence of MI, significant arrhythmia, conduction delays or	Medical signs or symptoms of angina, congestive heart failure, syncope, abnormal conduction, or arrhythmia, (including dizziness, syncope and palpitations), AND normal evaluation including a stress	Winter-over, field camp, South Pole, or Summit Station candidates with any current evidence of signs, symptoms, or cardiovascular tests suggestive of a current cardiac condition, excluding benign	

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	ventricular hypertrophy.	echo, holter monitor and cardiology consultation addressing the presumptive etiology and prognosis for the underlying condition, AND LOS.	structural abnormalities, OR unexplained chest pain, dyspnea, orthopnea or edema, OR cardiac conditions treated with medications that may require drug monitoring. Such medications may include, but are not limited to, warfarin, digoxin, and certain antiarrhythmics.	
ECG	Normal ECG, OR ECG abnormalities of no clinical significance.		Signs, symptoms or ECG evidence of an arrhythmia or conduction abnormality for which a cardiac etiology cannot be reasonably excluded.	
Cardiac Pacemaker Defibrillator		Cardiac pacemaker, for demand purposes of physiological sinus bradycardia, AND letter from cardiologist documenting pacemaker is current and not malfunctioning, AND summer deployment.	Cardiac pacemaker, for reason other than sinus bradycardia. Pacemaker is NPQ for winter seasons. Defibrillator is NPQ for all seasons and locations.	

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Pericarditis	History of pericarditis, resolved, 5 or more years prior to deployment, AND absence of clinical findings, AND no underlying systemic illness.	Pericarditis, single episode, 1 year up to 5 years prior to deployment, AND normal ECG and echocardiogram, AND absence of clinical findings, AND no underlying systemic illness.	Pericarditis less than 1 year prior to deployment, OR history of recurrent pericarditis, OR abnormal ECG or echocardiogram, OR presence of clinical symptoms, OR with an underlying systemic illness.	
Valvular Heart Disease	Valvular heart disease, AND no clinical symptoms, AND no evidence of CHF, AND no evidence of arrhythmia, AND no syncope, AND no evidence of ventricular hypertrophy.		Valvular heart disease, OR clinical symptoms, OR evidence of CHF, OR arrhythmia, OR syncope, OR evidence of ventricular hypertrophy, OR decreased LVEF, OR Hypertrophic Cardiomyopathy (HCM).	
Heart Valve Replacement		Heart valve replacement at least 1 year prior to deployment,	Heart valve replacement less than 1 year prior to deployment, OR clinical signs or	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
		AND no clinical signs or symptoms, AND normal stress echocardiogram after valve replacement.	symptoms, OR abnormal stress echocardiogram after valve replacement.	
Hypertension	Hypertension, well controlled with or without medication, AND BP less than 140 systolic, AND BP less than 90 diastolic.	Hypertension, with systolic BP equal to or greater than 140 but less than 160, OR diastolic BP 90 or above but less than 100.	Hypertension, with systolic BP equal to or greater than 160, OR diastolic equal to or greater than 100.	<i>Restricted PQs may be required to follow up with the clinic monthly.</i>
Ventricular Hypertrophy		Left ventricular hypertrophy, AND no clinical signs or symptoms, AND no arrhythmia, AND normal blood pressure, AND no diabetes, AND no hyperlipidemia, AND no smoking 5 or more years prior to deployment.	Left ventricular hypertrophy, with signs, symptoms, or ECG evidence of arrhythmia, AND hypertension, OR diabetes, OR hyperlipidemia, OR smoking within 5 years of deployment OR valvular heart disease, OR right ventricular hypertrophy	
Congestive Heart Failure		CHF, resolved, asymptomatic, with or without control on medical therapy,	CHF, symptomatic, OR LVEF less than 50%.	

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		AND LVEF 50% or greater, AND echocardiogram within 6 months, AND LOS.		
Coronary Artery Disease		History of atherosclerotic heart disease without diabetes mellitus, AND no smoking, AND controlled hypertension, AND LDL Chol less than 100, AND Chol/HDL less than 5, AND nonsmoker for at least 5 years, AND normal nuclear stress test or stress echocardiogram within 3 year.	History of atherosclerotic heart disease AND WITH current evidence of diabetes mellitus, OR uncontrolled hypertension, OR LDL Chol 100 or greater, OR Chol/HDL 5 or greater, OR smoking history less than 5 years prior to deployment, OR abnormal nuclear stress test or stress echocardiogram.	
Myocardial Infarction		History of MI, at least 1 year prior to deployment, AND no clinical findings of angina, arrhythmia or	History of MI, less than 1 year prior to deployment, OR clinical findings of angina, arrhythmia or	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
		<p>CHF,</p> <p>AND normal recent (less than one year) stress echocardiogram, nuclear stress test or no obstructive coronary artery disease on angiography,</p> <p>AND normal blood pressure,</p> <p>AND no diabetes,</p> <p>AND LDL Chol less than 100,</p> <p>AND Chol/HDL less than 5,</p> <p>AND absence of smoking 5 or more years prior to deployment,</p> <p>AND LOS from cardiologist confirming fitness for deployment.</p>	<p>CHF,</p> <p>OR recent abnormal stress echocardiogram, nuclear stress test,</p> <p>OR obstructive coronary artery disease on catheterization,</p> <p>Or hypertension not controlled on medication,</p> <p>OR diabetes,</p> <p>OR LDL Chol 100 or higher,</p> <p>OR Chol/HDL 5 or higher,</p> <p>OR smoking less than 5 years prior to deployment.</p>	
Coronary Bypass Coronary Stents		<p>History of coronary bypass graft or stent 12 or more months prior to deployment,</p> <p>AND no clinical findings of angina, arrhythmia or CHF,</p>	<p>History of coronary bypass graft or stent less than 12 months prior to deployment,</p> <p>OR 12 or more months with clinical findings of angina, arrhythmia or</p>	<p><i>Incidence of graft or stent occlusion decreases after first 12 months.</i></p> <p><i>South Pole and Summit Station winters have extreme evacuation challenges.</i></p>

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		<p>AND normal recent stress echocardiogram, nuclear stress test or no obstructive coronary artery disease on catheterization,</p> <p>AND normal blood pressure,</p> <p>AND no diabetes,</p> <p>AND LDL Chol Less than 100,</p> <p>AND Chol/HDL less than 5,</p> <p>AND no smoking for 5 more years prior to deployment,</p> <p>AND LOS from cardiologist confirming fitness for deployment.</p>	<p>CHF,</p> <p>OR abnormal stress echocardiogram, nuclear stress tests or obstructive coronary artery disease on catheterization,</p> <p>OR hypertension not controlled with medication,</p> <p>OR diabetes,</p> <p>OR LDL Chol 100 or higher,</p> <p>OR Chol/LDL 5 or greater,</p> <p>OR smoking history less than 5 years prior to deployment.</p> <p>Coronary bypass and/or stent is NPQ for South Pole and Summit Station winter, though can be waiverable.</p>	
Cardiac Arrhythmia	NSR, sinus arrhythmia, premature atrial contractions, first degree AV block, nonconsecutive unifocal PVCs,	<p>SVT, single occurrence, with no recurrence 1 year but less than 5 years prior to deployment,</p> <p>OR Mobitz Type I heart block.</p>	<p>SVT, 1 or more occurrences,</p> <p>OR less than 1 year prior to deployment,</p> <p>OR Mobitz Type II heart block,</p>	

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	OR supraventricular tachycardia, resolved, last episode 5 or more years prior to deployment.		OR chronic atrial fibrillation, on or off warfarin, or on other anticoagulants. OR other ventricular arrhythmias	
<p>Exercise Stress Test (summer required only if FHR score greater than 20%)</p> <p>Winter participant: Cardiovascular stress tests are required every two years from 50-59 and yearly after the age of 60.</p>	<p>Completion of an adequate standard Bruce Protocol stress test to at least 9 minutes,</p> <p>AND no symptomatic or electrocardiographic evidence of ischemia including chest pain, marked dyspnea or claudication,</p> <p>AND normal increase in BP response to exercise,</p> <p>AND no significant ST depression, arrhythmia, or exercise induced hypoxemia,</p> <p>And greater than 85% of maximum heart rate achieved,</p> <p>AND sustained work level of 10 METS for 3 minutes (completion of stage 3 Bruce Protocol),</p> <p>AND physician interpretation of "negative" or "low</p>	<p>Completion of an adequate standard Bruce Protocol stress test to at least 6 minutes but less than 9 minutes,</p> <p>AND no symptomatic or electrographic evidence of ischemia.</p>	<p>Completion of an adequate standard Bruce Protocol stress test to less than 6 minutes,</p> <p>OR termination of standard Bruce Protocol stress test with heart rate less than 85% of predicted value.</p>	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	probability” of ischemia.			

Dental

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Impacted Third Molars	<p>Fully erupted third molar with no caries or periodontal disease,</p> <p>OR</p> <p>asymptomatic fully impacted third molar with no radiographic pathology,</p> <p>OR partially erupted third molar, with evidence that periodontal probe cannot contact the crown of an unerupted third molar, no bleeding, good hygiene, no contact with the ascending ramus, no evidence that soft tissue extends onto the occlusal surface of the third molar, absence of pseudo or bony pockets, and presence of</p>	<p>Partially erupted third molars, not meeting “Unrestricted” clearance criteria, patient age 30 or older,</p> <p>OR lack of opposing occlusion in the case of a nonfunctional third molar.</p>	<p>Symptomatic,</p> <p>OR with letter from dentist advising extraction,</p> <p>OR partially erupted third molars not meeting “Unrestricted” clearance criteria, patient age less than 30 years.</p> <p>Periodontal probe can contact the crown of an unerupted third molar.</p> <p>Bleeding or poor hygiene is evident in the third molar area.</p> <p>Distal crown of the third molar lies on the ascending ramus.</p> <p>Soft tissue extends onto the</p>	<i>At risk for becoming symptomatic.</i>

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	opposing occlusion in the case of a nonfunctional third molar.		occlusal surface of the third molar. Pseudo pockets, bony pockets are present; Lack of opposing occlusion in the case of a nonfunctional third molar.	
Abscessed Tooth	Periapical or periodontal infection, AND resolved with root canal or periodontal therapy, or extraction, AND resolved at least 1 month prior to deployment.		Periapical or periodontal infection, current.	
Orthodontics, Braces, Retainers	Fixed or removable orthodontic retainer only, with no active appliance.	Braces, attached 2 or more months prior to deployment, AND summer only, AND dental care accessible, AND x-ray evidence of stability, AND LOS from dentist.	Braces NPQ winter.	
Caries	Incipient lesions that have not		Caries that have advanced through the	<i>Untreated caries has increased risk of abscess.</i>

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	advanced through the enamel.		enamel, OR defective restoration, OR recurrent decay, OR fractures, OR open margin, OR temporary restorations.	
Root Canal Restorations	Root canal or bridge, adequately treated, sealed and permanently restored. Complete permanent restorations. Anterior teeth can have fillings as permanent restorations; or if extensive parts of the tooth are missing or fractured, crowns are required.		Posterior teeth with prior root canals, including molars and premolars with only fillings, and without crowns as permanent restorations.	
Implants	Recent implant, with a healing cover screw but no crown, AND implant placed 1 month	Older implant, restored with a crown with slight bone loss below the first thread of the implant but no mobility or radiolucency,	Recent implant placed less than a month ago OR cover screw is loose or implant is mobile, OR	

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	<p>or more prior to deployment,</p> <p>AND surrounding tissue appears healthy,</p> <p>AND healing screw is either submerged under the gum or at the gum level and is not loose.</p> <p>Older implant, restored with a crown,</p> <p>AND implant is stable with no mobility and abutment and crown are stable with no mobility,</p> <p>AND no radiolucency evident around threads of implant,</p> <p>AND LOS for any of the above.</p>	AND LOS to document.	<p>Older implant , restored with a crown with moderate to severe bone loss below the first thread of the implant</p> <p>OR</p> <p>radiolucency around the base of the implant.</p>	
Retained primary (baby) teeth	Tooth is free of caries and has visible, stable roots and no radiolucency or mobility.	Tooth has some root resorption but is not mobile.	Tooth has untreated caries, no visible roots and/or is mobile.	
Dentures	Well fitting.		Fractured or ill fitting.	

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Fractured Teeth Missing Teeth	Restored or missing teeth.		Fractured tooth.	
Periodontal Disease	Early disease, bleeding pockets less than 5 mm depth, AND no bone loss, AND requires no therapy.	Early disease, bleeding pockets less than 5 mm depth, OR mild bone loss, OR requiring scaling every 6 months.	Advanced periodontal disease, OR with bleeding pockets 5 or more mm depth.	
Congenital Cleft Palate Dentinogenesis Imperfecta Amelogenesis Imperfecta	Cleft palate repair, no residuals.	Dentinogenesis Imperfecta, Amelogenesis Imperfecta Congenital abnormality, with evaluation by dentist, AND LOS.	Congenital abnormality, with no dental consult or LOS, OR cleft palate or other deformities, severe, producing speech or eating impairments.	
Temporo-mandibular Joint	Asymptomatic for 5 or more years, AND surgery 6 or more months prior to deployment, AND asymptomatic.	Asymptomatic for 6 or more months but less than 5 years, with LOS. Uses night guard or requires occasional NSAID therapy, and LOS from treating dentist.	Symptomatic, requiring chronic NSAID therapy, supplementary analgesics, or less than 6 months after TMJ surgery.	

Dermatology

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
General	Actinic keratosis,	Nevi, multiple, with history of dysplasia.	Cyst, symptoms, or excised, but requiring dressing changes or other follow-up care.	<i>Benign skin lesions can be treated at all facilities. All cyst excisions should</i>

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	<p>Nevi,</p> <p>no dysplasia,</p> <p>Cyst, without symptoms, or excised, no required dressing changes or follow-up care,</p> <p>Viral warts under treatment.</p>			<p><i>be completely healed prior to deployment.</i></p> <p><i>Differentiating between benign and malignant lesions can be difficult without pathology.</i></p> <p><i>No pathology services available in winter.</i></p>
Acne			Accutane therapy (topical or oral).	<p><i>Accutane prescriptions can generally be obtained for only 1 month. Further, Accutane therapy requires laboratory monitoring. Ongoing therapy is a specialty service.</i></p> <p><i>Note. Accutane causes sun sensitivity</i></p>
Malignant Melanoma	<p>Malignant melanoma,</p> <p>AND depth less than .75mm,</p> <p>AND excised 5 or more years prior to deployment,</p>	<p>Malignant melanoma,</p> <p>AND depth .75 mm or deeper,</p> <p>AND excised more than 5 years prior to deployment,</p> <p>AND no evidence of recurrent or metastatic disease</p>	<p>Malignant melanoma,</p> <p>OR depth .75 mm or deeper,</p> <p>OR excised less than 5 years prior to deployment,</p> <p>OR recurrent or metastatic.</p>	<p><i>Limited diagnostic equipment. Melanomas .75 mm or deeper at risk for metastatic disease.</i></p>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	AND no evidence of recurrence.			
Basal Cell Carcinoma	Basal cell carcinoma, single episode, AND successfully excised or treated at least 1 year ago, AND without recurrence more than 1 year prior to deployment.	Basal cell carcinoma, multiple sites, AND successfully excised or treated at least 1 year ago AND without recurrence more than 1 year.	Basal cell carcinoma; untreated, or currently treated with topical agents. OR basal cell carcinoma, locally invasive or metastatic. OR basal cell carcinoma less than 1 year.	<i>No pathology services in winter.</i> <i>Topical treatments can have side effects incompatible with deployment.</i>
Squamous Cell Carcinoma	Squamous cell carcinoma, 5 or more years prior to deployment, AND no recurrence.	Squamous cell carcinoma, 2 or more but less than 5 years prior to deployment, AND no recurrence, AND LOS.	Squamous cell carcinoma, less than 2 years prior to deployment, or with history of metastasis or local spread.	<i>Risk of recurrence, with inability to diagnose and treat during winter.</i>
Psoriasis Eczema	Atopic dermatitis, including psoriasis and eczema, well controlled, on no systemic immunosuppressive therapy.	Atopic dermatitis including psoriasis and eczema, requiring maintenance high potency topical steroid use.	Atopic dermatitis, including psoriasis and eczema, poorly controlled, or requiring use of biologics or systemic immunosuppressive or immunomodulator therapy.	<i>Some systemic treatments are hepatotoxic.</i> <i>Systemic immune-suppression has multiple risks.</i>
Fungal or Tinea Infections	Fungal or tinea infections, superficial, with no systemic manifestations, AND no systemic	Fungal or tinea infections, superficial, with no systemic manifestations, AND requiring oral systemic therapy.	Systemic fungal infections.	<i>Systemic fungal therapy implies a chronically immuno-suppressed patient.</i>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	antifungal therapy.			
Herpes Zoster	Herpes zoster, resolved, AND no post-herpetic neuralgia.	Herpes zoster, AND with post-herpetic neuralgia, AND controlled with NSAID therapy.	Herpes zoster, active, or with post-herpetic neuralgia, OR poorly controlled with NSAID therapy.	

Endocrinology and Metabolism

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Diabetes Insipidus, Addison's Disease			Diabetes insipidus, nephrogenic or vasopressin sensitive, treated or untreated. Addison's disease.	
Gout	Gout, last episode 6 or more months prior to deployment, AND uric acid less than 8.5 mg/dl.	Gout, last exacerbation less than 6 months prior to deployment, AND uric acid less than 8.5 mg/dl, AND BMI less than 33,	Gout, last exacerbation less than 6 months prior to deployment, OR uric acid 8.5 mg/dl or higher OR BMI 33 or greater.	
Pituitary Adenoma	Pituitary adenoma, treated 5 or more years prior to deployment, AND normal radiographic evaluation, AND normal prolactin and TSH levels,	Pituitary adenoma, treated at least 1 but less than 5 years prior to deployment, AND normal radiographic evaluation, AND normal prolactin and TSH levels,	Pituitary adenoma, duration less than 1 year prior to deployment, OR abnormal radiographic evaluation, OR abnormal prolactin or TSH levels.	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	AND LOS from endocrinologist stating confirming data and stating prognosis.	AND LOS from endocrinologist stating confirming data and stating prognosis.		
Hypoglycemia	Reactive hypoglycemia without significant symptoms.		Hypoglycemia due to insulinoma.	
Diabetes Mellitus Type I		DM-1, at least 1 but less than 20 years, AND HBA1C less than 7.5, AND on stable insulin regimen, AND no significant hypoglycemia or DKA within 2 years of deployment, AND no other complications from DM, AND physician LOS confirming ability to manage disease.	DM-1 less than 1 or 20 or more years duration, OR HBA1C 7.5 higher, OR changes in treatment regimen in previous 6 mos., OR DKA less than 2 years prior to deployment, OR hypoglycemic seizures/syncope occurring within 2 years of deployment, OR complications of diabetes, OR BMI 30 or higher. Not waiverable winter Palmer, South Pole and Summit Stations	
Diabetes Mellitus Type 2	NIDDM, duration less than 20 years,	NIDDM, duration less than 20 years,	NIDDM 20 or more years duration, OR HBA1C 7.5 or	<i>Risks of infection, complications</i>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	<p>AND controlled on dietary therapy,</p> <p>AND no complications,</p> <p>AND HBA1C less than 7.5</p> <p>AND no significant hypoglycemia or hyperglycemia 2 or more years prior to deployment,</p> <p>AND BMI less than 30.</p>	<p>AND stable oral hypoglycemic or anti-hyperglycemic regimens,</p> <p>AND no complications,</p> <p>AND HBA1C less than 7.5,</p> <p>AND no significant hypoglycemia or hyperglycemia,</p> <p>AND BMI less than 30.</p>	<p>higher,</p> <p>OR treatment regimen change less than 6 months prior to deployment,</p> <p>OR with significant hypoglycemia or hyperglycemia less than 2 years prior to deployment,</p> <p>OR complications of DM-2,</p> <p>OR BMI 30 or greater,</p> <p>OR requires insulin for treatment.</p>	
Thyroid Nodule	<p>Solitary thyroid nodule(s),</p> <p>AND biopsy benign.</p>		<p>Thyroid nodule(s),</p> <p>OR undetermined etiology,</p> <p>OR no follow- up plan.</p>	
Thyroid Cancer	<p>History of papillary, follicular or mixed cell cancer of the thyroid, treatment completed 5 or more years prior to deployment,</p> <p>AND radiological evidence of no recurrent or metastatic disease,</p>	<p>History of papillary, follicular or mixed cell cancer of the thyroid, treatment completed 2 or more but less than 5 years prior to deployment,</p> <p>AND radiological evidence of no recurrent or metastatic disease,</p> <p>AND normal TSH,</p>	<p>History of papillary, follicular or mixed cell cancer of the thyroid, treatment completed less than 2 years prior to deployment,</p> <p>OR radiological evidence of recurrent or metastatic disease,</p> <p>OR abnormal TSH.</p>	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	AND normal TSH, AND LOS confirmation from endocrinologist stating prognosis.	AND LOS confirmation from endocrinologist stating prognosis.		
Graves Hyperthyroidism	Graves hyperthyroidism, treated at least 2 years prior to deployment, AND normal TSH with or without thyroid replacement therapy.	Graves hyperthyroidism, treated at least 1 but less than 2 years prior to deployment, AND normal TSH, with or without thyroid replacement therapy.	History of Graves hyperthyroidism, untreated or treated less than 1 year prior to deployment, OR abnormal TSH.	<i>TSH levels cannot be determined during deployment.</i>
Toxic Adenoma	Toxic adenoma or toxic multinodular goiter, treated at least 2 years prior to deployment, AND normal TSH.	Toxic adenoma or toxic multinodular goiter, treated at least 1 but less than 2 years prior to deployment, AND normal TSH.	History of toxic adenoma or multinodular goiter, untreated or treated less than 1 year prior to deployment, OR abnormal TSH.	
Hypothyroidism	Normal TSH on replacement therapy.	Abnormal TSH, AND undergoing treatment, AND asymptomatic, AND LOS.	Abnormal TSH, AND untreated, OR under medical observation.	
Hypertriglyceridemia	Fasting triglycerides less than 300.	Fasting triglycerides 300 but less than 500.	Fasting triglycerides 500 or higher.	<i>Increased risk of pancreatitis and CAD.</i>
Hypercholesterolemia	Cholesterol less than 240,	Cholesterol 240 or higher and less than 300,	Cholesterol 300 or higher,	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	<p>AND LDL less than 160</p> <p>AND Chol/HDL less than 5.0,</p> <p>AND no other cardiac risk factors.</p>	<p>AND LDL 160 or higher and less than 190,</p> <p>AND Chol/HDL 5.0 or higher and less than 6.0,</p> <p>OR in the presence of other cardiac factors, e.g., active smoker, obesity, hypertension controlled (SBP less than 140 and DBP less than 90); diabetes controlled HbA1c less than 7.5.</p>	<p>OR LDL 190 or higher,</p> <p>OR Chol/HDL 6.0 or higher,</p> <p>AND the presence of other cardiac risk factors. e.g. active smoker, obesity, poorly controlled hypertension (SBP 140 or higher or DBP 90 or higher), poorly controlled diabetes (HbA1c 7.5 or higher)</p>	

Gastroenterology

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
General	No clinical symptoms or signs of abdominal pain, bloating, nausea, anorexia, weight loss, changes in stool habits, blood in stool, persistent or chronic diarrhea or constipation, with normal physical examination and laboratory testing.	<p>Mild chronic or intermittent GI symptoms,</p> <p>AND normal imaging studies and/or colonoscopy and/or endoscopy,</p> <p>AND symptoms well controlled by diet, stress reduction or prn medication.</p> <p>Stable LFTs, less than 3X normal.</p>	<p>Unexplained abdominal pain weight loss or anorexia.</p> <p>Unexplained blood in stool, either gross or occult.</p> <p>Colostomy.</p> <p>Increasing LFTs or LFTs 3X higher than normal.</p>	
Esophagus/ Barrett's Esophagus	Barrett's esophagus, with normal biopsy	Achalasia, post dilatation, with no recurrence less than	Barrett's esophagus untreated or with dysplasia.	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	less than 6 months prior to deployment.	2 years prior to deployment.		
Gastrectomy Bariatric Surgery/ Weight Loss Procedures	No unrestricted clearance with gastrectomy, gastric bypass, or lap banding procedure.	No restricted clearance with gastrectomy, gastric bypass, or lap banding procedure.	NPQ with partial gastrectomy, gastric bypass, or lap banding procedure. No waiver for winter Palmer, South Pole or Summit Station.	<i>High risk of complications and morbidity requiring evacuation; unpredictable timing.</i> <i>Lap Band can slip at any time.</i>
Bowel Obstruction	Partial procto-colectomy, 2 or more years prior to deployment, with no evidence of current or recurrent disease as documented by colonoscopy, X-rays, and laboratory findings. AND LOS	Bowel obstruction, treated 2 or more years prior to deployment. AND LOS.	Bowel obstruction, occurring less than 2 years prior to deployment, OR bowel obstruction etiology unknown or untreated. AND LOS.	<i>Risk of recurrence; surgical emergency.</i> <i>Reasons for obstruction affect prognosis.</i>
GERD Esophageal Stricture	Gastroesophageal reflux disease or recurrent gastritis, episodic, AND well controlled on medication, AND no history of esophageal stricture.	History of esophageal stricture or obstruction 1 or more years prior to deployment, AND treated, AND normal upper gastrointestinal x-rays or endoscopy.	History of esophageal stricture or obstruction less than 1 year prior to deployment, OR without current evidence of resolution.	

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Peptic Ulcer UGI Bleeding		Upper gastrointestinal ulceration or bleeding, with source identified at time of occurrence,	Upper gastrointestinal bleeding less than 2 years prior to deployment, OR upper gastro-	
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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
		AND treatment at least 2 years prior to deployment, AND no evidence of recurrent disease as documented by x-ray or endoscopy.	intestinal bleeding, past etiology undetermined, OR active peptic ulcer disease.	
Diverticular Disease (Diverticulosis, Diverticulitis)	Diverticulosis asymptomatic for at least 2 years, AND no history of diverticulitis.	Diverticulosis symptomatic within the last 2 years prior to deployment, OR Diverticulitis, single episode at least 2 or more years prior to deployment.	Diverticulitis, recurrent, OR last episode less than 2 years prior to deployment	
Colonic Polyps	Adenomatous colonic polyps, excised with no recurrence (documented on colonoscopy within last 5 years)		Adenomatous colonic polyps excised with last colonoscopy 5 or more years prior to deployment, OR evidence of current colonic polyps.	
GI Cancer also including liver, pancreas, and peritoneum	Cancerous intestinal polyp, completely excised, AND does not involve intestinal mucosa, AND no evidence of metastatic malignancy, AND no recommended adjuvant therapy AND no recommended	Cancer of GI tract liver, pancreas or peritoneum, AND treated, AND asymptomatic 5 or more years, AND no evidence of recurrent or metastatic disease, as documented by colonoscopy, endoscopy, radiological and laboratory findings within 6 months before deployment.	Cancer of the gastrointestinal tract, liver, pancreas or peritoneum, less than 5 years prior to deployment. Any GI cancer with recurrence or metastasis, OR need ongoing therapy, OR symptomatic.	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	follow-up for the next 12 months.			
Ulcerative colitis and Crohn's Disease		<p>Ulcerative colitis or Crohn's disease, asymptomatic for at least 5 or more years prior to deployment,</p> <p>AND CT scan or small bowel imaging within 2 years indicating no current active disease, lumen narrowing, adhesions or fistula formation,</p> <p>AND normal colonoscopy within 1 year of deployment.</p>	<p>Ulcerative colitis or Crohn's disease asymptomatic,</p> <p>OR exacerbation less than 5 years prior to deployment,</p> <p>OR abnormal CT or other radiological imaging suggesting active disease, significant lumen narrowing, adhesions, or fistula formation,</p> <p>OR treatment/follow up requirements interfere with deployment,</p> <p>OR abnormal colonoscopy.</p>	
Anal Fissure Anal fistula	<p>Anal fissure, abscess and/or fistula, resolved at least 3 or more months prior to deployment,</p> <p>AND with no underlying illness contributing to the etiology of the condition.</p>		Current anal fissure, fistula or abscess or occurring less than 3 months prior to deployment	
Hemorrhoids	Grade 1 and 2 hemorrhoids, symptoms less than once per month,	<p>Grade 1, 2 and 3 hemorrhoids, symptoms monthly or more often,</p> <p>OR symptoms lasting 1 week or longer,</p>	<p>Grade 4 hemorrhoids,</p> <p>OR Grade 3 hemorrhoids with thrombosis,</p>	<i>Surgical correction unavailable.</i>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	AND symptoms lasting less than 1 week, AND responsive to medical therapy.	AND responsive to medical therapy.	OR hemorrhoids requiring prolonged therapy, banding or surgical management. OR Symptoms interfere with activities of daily life.	
Cholelithiasis		Cholelithiasis, AND asymptomatic, AND no history of cholecystitis. Applies only to MCM summer.	Cholelithiasis, OR symptomatic or asymptomatic, OR history of cholecystitis, Applies to all stations except MCM summer.	<i>Any cholelithiasis or history of cholecystitis is NPQ for all season and stations except MCM summer.</i>
Pancreatitis		Pancreatitis, single episode, 2 or more years prior to deployment, AND no current malabsorption, hypertriglyceridemia, gallstone or alcohol consumption, AND normal amylase level.	Chronic pancreatitis, OR elevated amylase level, OR Acute pancreatitis, occurring less than 2 years prior to deployment, OR more than 1 episode of acute pancreatitis, OR history of pancreatic pseudocyst.	<i>Risk of recurrence, limited diagnostic and therapeutic options. No surgical options for pseudocyst during winter.</i>
Laparoscopic Abdominal Surgery	Laparoscopic abdominal surgery, including appendectomy, cholecystectomy, inguinal hernia, ventral hernia, or hiatal hernia 6 or more weeks prior to deployment,		History of laparoscopic abdominal surgery less than 6 weeks prior to deployment, OR any. Lifting or other restrictions.	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	AND no restrictions, AND LOS if within 1 year.			
Open Abdominal Surgery	Open abdominal surgery, including appendectomy, cholecystectomy, inguinal hernia, ventral hernia, hiatal hernia 3 or more months prior to deployment, AND without intervening complications, AND LOS stating no follow up care is warranted.		History of open abdominal surgery less than 3 months prior to deployment, OR any history of post-operative bowel obstruction, OR history of multiple abdominal surgeries, or complicated surgeries or evidence of adhesions, OR follow up care not complete.	<i>Increases risk of obstruction not waivable for Palmer, SP winter or Summit Station.</i>
Viral Hepatitis	Acute hepatitis A, B, or C with serological evidence of resolution, and no clinical symptoms. Treated hepatitis C with 12 weeks of sustained virologic response.	Chronic hepatitis B or C, without any of the following; Radiographical and/or pathological evidence of cirrhosis, portal hypertension, systemic manifestations, AND LOS.	Hepatitis B or C, With associated cirrhosis, OR portal hypertension, OR any LFTS 3X normal or higher, OR hepatoma, OR systemic manifestations of disease, OR chronic Hep B or C with concomitant HIV infection.	<i>If chronic Hep B or C, no waiver for Palmer, South Pole or Summit Stations winter.</i>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Body Mass Index (BMI)	BMI less than 40, AND Weight under 300 pounds.		BMI 40 or higher, OR Weight 300 pounds or more.	<i>Concomitant conditions can impact health affects of BMI. Obesity affects many aspects of health. CDC states BMI over 25 is overweight; 30 and above is obese; 40 or higher is severe obesity.</i> <i>Risk to responders, limitations of equipment, and egress issues (aircraft/ship).</i>

Genitourinary

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
General Genitourinary Surgery	Genitourinary surgery, including TURP, or orchiectomy for non-malignant indication, AND performed at least 6 weeks prior to deployment, AND no complications, AND LOS from surgeon if within 2 years.		Any genitourinary surgery less than 6 weeks prior to deployment, OR urinary tract diversion, urinary catheter stent, either temporary or permanent.	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Benign Scrotal Conditions	Asymptomatic hydrocoele, varicocoele or spermatocele.		Symptomatic hydrocoele, varicocoele or spermatocele.	
Significant Urinary Stress Incontinence		Cystocele asymptomatic.	Urinary fistula. Symptomatic cystocele.	
Cystocele				
Urethral Strictures	Urethral stricture, single occurrence 5 or more years prior to deployment	Urethral stricture, single occurrence 1 or more but less than 5 years prior to deployment.	Single urethral stricture less than 1 year prior to deployment, OR recurrent urethral strictures.	
Urinary Tract Infections	Male, with no more than 1 infection in past 2 years, OR Female with no more than 2 infections in past 2 years, AND infection responds to treatment.	Male, with more than 1 infection in the past 2 years, OR female with more than 2 infections in the past 2 years, AND normal urological evaluation, AND LOS.	Chronic or recurrent pyelonephritis, OR Male with evidence of UTI on UA, OR negative workup for underlying predisposing conditions.	
Testicular Cancer	History of seminoma or teratocarcinoma of testes, surgical excision 5 or more years prior to deployment, AND no evidence of recurrent or metastatic disease, AND normal chest x-ray, normal tumor markers,	Seminoma or teratocarcinoma of testes, surgical resection 3 or more months but less than 5 years prior to deployment, AND no evidence of recurrent or metastatic disease, as documented by tumor markers, radiological findings, AND confirmatory LOS.	Seminoma or teratocarcinoma of testes, surgical resection less than 3 months prior to deployment, OR with evidence of recurrent or metastatic disease, as documented by tumor markers, radiological findings. Nonseminoma or nonteratoma carcinoma of testes, surgical resection less	<i>No winter waivers.</i>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	<p>AND LOS.</p> <p>History of nonseminoma or nonteratoma carcinoma of testes, surgical excision 5 or more years prior to deployment, with no evidence of recurrent or metastatic disease,</p> <p>AND normal chest x-ray, normal tumor markers,</p> <p>AND LOS.</p>	<p>Nonseminoma or nonteratoma carcinoma of testes, surgical resection 6 or more months but less than 5 years prior to deployment,</p> <p>AND no evidence of recurrent or metastatic disease, as documented by tumor markers, radiological findings,</p> <p>AND confirmatory LOS.</p>	<p>than 6 months prior to deployment,</p> <p>OR with evidence of recurrent or metastatic disease, as documented by tumor markers or radiological findings.</p>	
Benign Prostatic Hypertrophy	<p>Benign prostatic hypertrophy, with PSA less than 4.0, no nodules on prostate examination,</p> <p>AND no more than 2 episodes of nocturia per evening.</p>	<p>Benign prostatic hypertrophy, with PSA 4.0-10.0,</p> <p>AND without increasing PSA,</p> <p>AND no nodules on prostate examination,</p> <p>AND normal ultrasound,</p> <p>AND no more than 3 episodes of nocturia per night,</p> <p>AND LOS from urologist.</p>	<p>Benign prostatic hypertrophy, with PSA 10.0 or higher,</p> <p>OR increasing PSA,</p> <p>OR prostate nodule,</p> <p>OR abnormal prostate ultrasound,</p> <p>OR nocturia greater than or equal to four episodes per night,</p> <p>OR presence of indwelling catheter.</p>	<i>Increasing PSAs can suggest prostate cancer.</i>
Prostate Cancer	<p>Prostate cancer, treated 5 or more years prior to deployment,</p> <p>AND no evidence of recurrent or</p>	<p>Treated prostate cancer, localized, with no evidence of recurrent or metastatic disease as documented by normal PSA,</p>	<p>Cancer of the prostate treated less than 1 year prior to deployment, or with a rising PSA, or with any evidence suggestive of</p>	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	metastatic disease as documented by normal PSA, CT and pathology report of tumor free surgical margins, AND LOS.	AND treatment completed 1 or more but less than 5 years prior to deployment, AND LOS.	recurrence or metastasis. Known prostatic cancer with "watchful waiting" can be waived for summer only with LOS.	
Bladder Cancer	Cancer of bladder, with no recurrences, AND treatment completed 10 or more years prior to deployment, AND LOS from urologist.	Cancer of bladder, with no recurrence, AND treatment completed 2 or more but less than 10 years prior to deployment, AND LOS from urologist.	Cancer of bladder, diagnosed or treated less than 2 years prior to deployment.	<i>Diagnostic equipment, therapeutic options unavailable</i>
Kidney Cancer	Adenocarcinoma of kidney, with surgical nephrectomy 10 or more years to deployment, AND no evidence of recurrent or metastatic disease, as documented by radiological findings, AND normal renal function, AND LOS from attending physician.	Adenocarcinoma of kidney, with surgical nephrectomy 2 or more but less than 10 years prior to deployment, AND no evidence of recurrent or metastatic disease, as documented by radiological findings, AND normal renal function, AND LOS from attending physician.	Adenocarcinoma of kidney, diagnosed less than 2 years prior to deployment, OR abnormal renal function.	<i>Risk of recurrence, no CT scanning available.</i>
Nephrectomy	History of nephrectomy, due to obstruction, donation or	History of nephrectomy, due to obstruction, donation or other nonmalignant etiology, 4 or more	Unilateral nephrectomy with abnormal renal function.	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	other nonmalignant etiology 6 or more months prior to deployment, AND normal renal function.	months but less than 6 months prior to deployment, AND normal renal function.		
Renal Calculi	Single lifetime episode, renal calculi, last occurrence at least 1 year prior to deployment, AND normal renal function, AND normal imaging and kidney stone risk factor analysis (within 12 months), AND compliance with any recommended treatment (such as potassium citrate for calcium stones)	Renal calculi, last occurrence between 6 months and 1 year prior to deployment, AND normal renal function, AND normal imaging such as CT or IVP, AND normal kidney stone risk factor analysis (within 12 months), AND compliance with any recommended treatment (such as potassium citrate for calcium stones.)	Renal calculus 6 months or less prior to deployment, OR persistent renal calculi, OR history of renal calculi with abnormal renal function, or abnormal CT or IVP, or abnormal kidney stone risk factor analysis. (Work-up within last 12 mo.)	<i>Surgical intervention unavailable, diagnostics limited</i>
Chronic Renal Diseases	Anatomic structural kidney abnormality without evidence of functional kidney disease.	Chronic Glomerulonephritis with normal renal function. Chronic nephritis with creatinine less than 2.0 mg/dl and eGFR	Abnormal renal function, with Creatinine 2.0 or higher and eGFR less than 60 cc/min/1.73m2 or urine albumin/creatinine greater than or equal	<i>Chronic renal failure commonly requires intensive monitoring and medical expertise not</i>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
		greater than or equal to 60 cc/min/1.73m2 or urine albumin/creatinine less than 300 mg/gm with stable labs for greater than or equal to 1 year, AND LOS.	to 300 mg/gm. OR acute or chronic progressive glomerulo-nephritis/nephritis, OR history of kidney transplantation home dialysis or use of any medication requiring therapeutic monitoring (i.e. tacrolimus).	<i>uniformly available.</i>
Autosomal Dominant Polycystic Kidney Disease (ADPKD)	No known disease or phenotypically normal ADPKD (genetic ADPKD without structural disease)	Blood pressure well controlled (less than 110/75, ages 18-50, less than 130/80, above age 50) and eGFR 60 or higher with LOS from Nephrologist, AND CT/MRA brain without evidence of aneurysm within 5 years, AND TTE without evidence of aortic aneurysm or clinically significant valvular disease within 5 years and stable labs for 1 year or more.	Blood pressure poorly controlled, OR aneurysm (any), OR eGFR less than 60, Or abnormal renal function, hematuria, renal stones, OR any patients requiring ADH receptor antagonists (i.e. vaptans).	<i>Further diagnostic testing indicated. Waiver for aneurysm depends on size, progression and BP control. May require reassessment in less than 5 years as clinically indicated.</i>

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Gynecology

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Pregnancy			Current pregnancy	<i>Pregnancy cannot be safely</i>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
				<i>managed at any station</i>
Abnormal Uterine Bleeding	Controlled with IUD, endometrial ablation or oral contraceptives initially prescribed 3 months or more prior to deployment.	Controlled with IUD, endometrial ablation or oral contraceptives initially prescribed less than 3 months prior to deployment.	Abnormal uterine bleeding not controlled with IUD, endometrial ablation or oral contraceptives, OR at risk for breakthrough bleeding.	
Cervical Dysplasia	Cervical dysplasia, whether treated or not, followed by normal Pap smear 3 or more months prior to deployment. Abnormal Pap smear due to nonspecific inflammation or squamous metaplasia and HPV negative, AND follow-up completed, AND LOS.	Abnormal Pap smear due to nonspecific inflammation or squamous metaplasia, AND Pap smear with HPV negative, AND pending follow-up evaluation recommended 6 or more months after diagnosis but not during deployment.	Abnormal Pap smear with pending follow-up evaluation recommended within 6 months of diagnosis, OR Pap smear with HPV positive.	<i>Recently treated cervical dysplasia offers low risk of imminent health hazard.</i> <i>Pap smear is screening tool; follow-up is essential.</i>
Hysterectomy	Hysterectomy, any cause, 12 or more weeks prior to deployment, with negative biopsy results, AND LOS if surgery less than 1 year prior to deployment.	Hysterectomy, any cause, 12 or more weeks prior to deployment, AND if positive biopsy all treatment completed and no evidence of recurrence, AND LOS.	Hysterectomy, any cause, less than 12 weeks prior to deployment	
Endometriosis	Endometriosis, with mild		Endometriosis, with moderate to severe	<i>Potentially debilitating,</i>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	<p>symptoms controlled with hormonal therapy, OTC or NSAID medications,</p> <p>AND no surgical procedure occurring less than 6 weeks prior to deployment.</p>		<p>symptoms, with or without hormonal therapy, OTC or NSAID medications,</p> <p>OR requiring other forms of pain control,</p> <p>OR requiring a surgical procedure less than 6 weeks prior to deployment.</p>	<i>laparoscopic surgery cannot be performed.</i>
Cysts and Abscesses	<p>Bartholin gland or other abscess,</p> <p>AND single episode,</p> <p>AND S/P I&D 6 or more weeks prior to deployment,</p> <p>AND completely healed.</p>	<p>Bartholin gland or other abscess, multiple recurrences,</p> <p>AND S/P I&D at least 2 but less than 6 weeks prior to deployment,</p> <p>AND completely healed.</p>	<p>Bartholin gland or other abscess, persistent or chronic or multiple recurrences,</p> <p>OR S/P I&D less than 2 weeks prior to deployment,</p> <p>OR not completely healed.</p>	
Pelvic Inflammatory disease (PID)	<p>PID, acute episode,</p> <p>AND resolved 3 or more months prior to deployment.</p>	<p>PID, acute episode,</p> <p>AND resolved at least 1 but less than 3 months prior to deployment.</p>	<p>PID, persistent or recurrent,</p> <p>OR resolved less than 1 month prior to deployment.</p>	
Vaginitis	<p>Vaginitis, episodic,</p> <p>AND responsive to antimicrobial therapy.</p>	<p>Vaginitis, persistent,</p> <p>AND responsive to antimicrobial therapy.</p>	<p>Vaginitis, chronic,</p> <p>AND unresponsive to antimicrobial therapy</p>	
Oophorectomy	<p>History of oophorectomy, benign etiology,</p>		<p>History of oophorectomy,</p>	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	AND 6 or more weeks prior to deployment, AND any hormonal therapy stabilized.		OR less than 6 weeks prior to deployment, OR hormonal therapy not yet stabilized, OR non-benign pathology report.	
Menorrhea Menorrhagia	History of menorrhea or menorrhagia, AND resolved 1 year or more prior to deployment, AND with or without medical therapy.	History of menorrhea or menorrhagia, AND resolved between 6 months and 1 year prior to deployment with or without medical therapy.	History of menorrhea or menorrhagia, OR recurrent, OR not resolved 6 or less months prior to deployment with or without medical therapy.	<i>If treated with hysterectomy, use hysterectomy guidelines.</i>
Polycystic Ovary Disease	PCOD, symptoms controlled with hormonal therapy for at least 6 months prior to deployment.	PCOD, symptoms controlled with hormonal therapy at least 3 but less than 6 months prior to deployment.	PCOD, symptoms, OR uncontrolled, OR controlled with hormonal therapy less than 3 months prior to deployment.	
Uterine Fibroids	Asymptomatic uterine fibroids.	Uterine fibroids symptoms controlled with hormonal OTC or NSAID therapy, AND summer only.	Uterine fibroids symptoms not controlled, OR at risk for breakthrough bleeding.	
Uterine Cancer	Cancer of uterus treated with hysterectomy, AND at least 5 years prior to deployment, AND no evidence of recurrence or	Cancer of uterus treated with hysterectomy, AND at least 1 but less than 5 years prior to deployment, AND no evidence of recurrence or metastatic disease.	Cancer of uterus treated with hysterectomy less than 1 year prior to deployment, OR with evidence of recurrence or metastatic disease.	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	metastatic disease.			
Ovarian Cancer	Cancer of the ovary treatment completed 5 or more years prior to deployment, AND serologic, pathology and radiographic evidence documenting no recurrent or metastatic disease.	Cancer of the ovary treatment completed at least 3 but less than 5 years prior to deployment, AND serologic, pathology and radiographic evidence documenting no recurrent or metastatic disease.	Cancer of the ovary, treatment current or completed less than 3 years prior to deployment, OR evidence of recurrent or metastatic disease.	

Hematology

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Iron Deficiency Anemia	Iron deficiency, with etiology of low iron determined, AND Hct at least 35 or higher, AND responsive to iron supplementation	Iron deficiency with etiology of low iron determined, AND Hct greater than 30 but less than 35, AND responsive to dietary or iron replacement therapy.	Iron deficiency with etiology of low iron undetermined, OR Hct less than 30, Or unresponsive to iron supplementation, OR requiring treatment other than oral iron supplementation.	
Hemoglobinopathy (Anemia)	Hemoglobinopathy trait, AND asymptomatic, AND Hct at least 35.	Sickle cell or hemoglobin C trait, AND no history of symptoms, AND Hct at least 35.	Hemoglobinopathy, including Sickle cell or hemoglobin C, OR history of symptoms, OR Hct less than 35.	<i>High altitude at South Pole exacerbates symptoms of anemia. Infection can trigger sickle cell crises.</i>
Spherocytosis Elliptocytosis	Spherocytosis or Elliptocytosis,	Spherocytosis or Elliptocytosis,	Spherocytosis or Elliptocytosis,	<i>Risk of recurrence, can be</i>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
(Inherited Hemolytic Anemia)	single event, AND at least 2 or more years prior to deployment.	AND single event, AND greater than 1 but less than 2 years prior to deployment.	AND multiple episodes, OR less than 1 year prior to deployment.	<i>exacerbated by environmental stressors.</i>
Megaloblastic Anemia	Megaloblastic anemia, etiology determined, AND asymptomatic, AND under treatment at least 1 year, AND with normalization of blood indices, AND no clinical symptoms.	Megaloblastic anemia, etiology determined, AND asymptomatic, AND treated for at least 3 months but less than 1 year, AND normalization of blood indices, AND no clinical symptoms.	Megaloblastic anemia, etiology undetermined, OR under treatment for less than 3 months, OR with abnormal blood indices, OR clinical symptoms.	
Autoimmune Hemolytic Anemia		History of autoimmune hemolytic anemia, single episode, AND resolved 1 year prior to deployment.	History of autoimmune hemolytic anemia, single episode, OR not resolved within 1 year, OR recurrent episodes.	
Idiopathic Thrombocytopenia Purpura	ITP, single episode, AND resolved 10 or more years prior to deployment.	ITP, single episode, AND resolved 2 or more but less than 10 years prior to deployment,	ITP, single episode resolved less than 2 years prior to deployment, OR multiple episodes,	<i>Platelet transfusion is not practical.</i>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
		AND stable, AND platelet count 50,000 or higher.	OR platelet count less than 50,000.	
Lymphoma	Hodgkin's disease, Stage IA, AND S/P radiation therapy completed at least 5 or more years prior to deployment, AND no evidence of recurrent or metastatic disease.	Hodgkin's or non-Hodgkin's disease, not stage 1A, AND treated 5 or more years prior to deployment, AND no evidence of recurrent or metastatic disease.	Hodgkin's or non-Hodgkin's disease, stage 1A and treatment completed less than 1 year prior to deployment, Hodgkin's or non-Hodgkin's, not stage 1A and treatment completed less than 5 years prior to deployment, OR evidence of recurrent or metastatic disease.	<i>Stage 1A Hodgkin's has low risk of recurrence</i> <i>Lymphomas frequently recur</i>
Myeloproliferative Disorders	Acute leukemia, with biopsy proven normal bone marrow, AND disease-free for least 10 years following medical therapy.	Acute leukemia, with biopsy proven normal bone marrow, AND disease free at least 5 but less than 10 years following medical therapy.	Acute or chronic Myeloproliferative disorder, including polycythemia, multiple myeloma, non-Hodgkin's lymphoma, or myelodysplasia disorders, OR treated with medical therapy less than 5 years prior to deployment, OR recurrence.	<i>High risk of recurrent disease</i>
Splenectomy	History of traumatic splenectomy, with no underlying medical illness ,	Fully vaccinated: Note CDC recommended vaccines are: flu, Tap, Hib, Zoster	History of traumatic splenectomy, with no underlying medical illness	<i>The underlying medical condition must</i>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	<p>Or non-traumatic splenectomy (with underlying illness resolved),</p> <p>AND surgery at least 2 or more years prior to deployment,</p> <p>AND no history of fulminant bacteremia,</p> <p>AND meets CDC vaccine recommendations – fully vaccinated.</p>	<p>(less than 50), MMR (if not immune), both pneumococcal conjugate (PCV13, 15, 20) and polysaccharide (PPSV23) vaccines, both meningococcal conjugate (MenACWY) and serogroup B (Men B) vaccines and COVID vaccines.</p>	<p>OR non-traumatic splenectomy with underlying medical illness,</p> <p>AND surgery less than 2 years prior to deployment,</p> <p>OR Splenectomy, but not fully vaccinated,</p> <p>OR Splenectomy with evidence of recurrent infections.</p>	<p><i>be proven to be resolved or stable prior to deployment.</i></p>
Hemochromatosis	<p>Hemochromatosis,</p> <p>AND ferritin less than 500</p> <p>AND no evidence of internal organ dysfunction,</p> <p>AND no need for phlebotomy,</p> <p>AND no need for laboratory monitoring.</p>	<p>Hemochromatosis,</p> <p>AND ferritin greater than 500,</p> <p>AND no evidence of internal organ dysfunction,</p> <p>AND no need for phlebotomy or laboratory monitoring required during deployment,</p> <p>AND LOS.</p>	<p>Hemochromatosis,</p> <p>AND ferritin greater than 500,</p> <p>OR evidence of internal organ dysfunction,</p> <p>OR any hemochromatosis requiring recurrent phlebotomy or laboratory monitoring.</p>	

Infectious Disease

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Tuberculosis	<p>Negative tuberculin skin test or negative Quantiferon test,</p>	<p>History of positive tuberculin skin test or positive Quantiferon test without chronic</p>	<p>History of positive tuberculin skin test or positive Quantiferon test with clinical signs or</p>	<p><i>Risk of recurrence.</i></p> <p><i>Unable to perform AFB</i></p>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	Prior fully treated latent TB. Treatment complete, HIV neg and no evidence of active disease based on annual questionnaire.	cough or sputum production, and chest x-ray indicating no active tuberculosis, OR must have started treatment for LTBI prior to PQ, AND LOS.	symptoms of tuberculosis, or chest x-ray indicating active disease, or positive sputum cultures or smears, within 6 months prior to deployment.	<i>testing.</i> <i>Active TB is a threat to the health of the community. Winter epidemic potentially disastrous.</i>
Fungal Infections	History of fungal infection, including coccidioidomycosis and histoplasmosis, asymptomatic, OR resolved with no evidence of active disease 2 or more years prior to deployment.	History of fungal infection, including coccidioidomycosis and histoplasmosis, asymptomatic, OR resolved with no evidence of active disease 6 or more months but less than 2 years prior to deployment.	History of fungal infection, including coccidioidomycosis and histoplasmosis, with evidence of active disease or treated less than 6 months prior to deployment.	<i>Risk of recurrence.</i> <i>Ability to diagnose specific fungal infections is dependent on lab expertise. No lab technician during winter season. Limited pharmaceutical resources.</i>
Lyme Disease	Lyme disease, without cardiac or neurological abnormalities, resolved, AND no clinical symptoms 1 or more years prior to deployment.	Lyme disease, without cardiac or neurological abnormalities, resolved, AND no clinical symptoms 6 or more months but less than 1 year prior to deployment.	Lyme disease, treated less than 6 months prior to deployment or with cardiac or neurological abnormalities, OR with residual clinical symptoms.	
Chronic Fatigue Syndrome	Chronic fatigue syndrome, resolved, AND no residual sequelae	Chronic fatigue syndrome, resolved AND no residual sequelae	Chronic fatigue syndrome with symptoms occurring less than 1 year prior to deployment.	<i>Risk of relapse, limited therapeutics. Continuous darkness may exacerbate</i>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	3 or more years prior to deployment.	1 or more but less than 3 years prior to deployment.		<i>depression during winter season</i>
Sexually Transmitted Disease	History of treated or under treatment for sexually transmitted disease including syphilis, gonorrhea, chlamydia, and herpes simplex.		History of any sexually transmitted disease, untreated or with systemic complications.	<i>Usually responsive to course of antimicrobials.</i>
HIV		HIV infection, with no clinical evidence of AIDS, and with CD4 count 300 or higher, AND undetectable viral load, AND no opportunistic infections, AND LOS stating prognosis and treatment.	HIV infection, with clinical diagnosis of AIDS, or CD4 count less than 300, OR detectable viral load, OR opportunistic infection.	
Hepatitis	See GI section	See GI section	See GI section	

Neurology

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Bell's Palsy	Bell's palsy, stable or resolving with onset 3 or more months prior to deployment, AND not requiring medication, AND LOS documenting stability.	Bell's palsy, stable or resolving at least 1 month but less than 3 months prior to deployment, AND not requiring medication, AND LOS documenting stability.	Bell's palsy, stable or resolving less than 1 month prior to deployment, OR requiring current or ongoing medical treatment.	<i>Usually benign condition, requires documentation that it is not due to an underlying CNS lesion or represents a complication of an underlying medical condition.</i>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
CNS Vascular Abnormalities			Any ventricular shunt. CNS aneurysm or arteriovenous malformation.	<i>High risk of infection, CVA.</i> <i>No CT or MRI or invasive radiology available.</i>
Headaches including Migraine Headaches	Minor headaches, with no underlying systemic illness, OR Migraine headaches with no underlying systemic illness, AND occurring less than once per month, AND controlled with self-injections, OTC, NSAID therapy or preventative measures, AND with normal neurological evaluation, AND not requiring narcotics.	Headaches, including migraine occasionally requiring therapeutic intervention by a physician, OR requiring abortive therapy less than 1 time per month.	Headaches with underlying systemic illness, OR not controlled with self- injections, OTC, NSAID therapy or preventative measures, OR with abnormal neurologic evaluation, OR frequently requiring abortive therapy or therapeutic intervention by a physician.	<i>Recurrent headaches difficult to assess</i> <i>Limited diagnostic and therapeutic capacity. No CT or MRI.</i>
CNS Malignancy	Malignancy of the Central Nervous System last treated 5 or more years prior to deployment, AND no evidence of recurrence or metastatic disease,	Malignancy of the Central Nervous System last treated 2 or more years but less than 5 years prior to deployment, AND no evidence of recurrence or metastatic disease,	Malignancy of the Central Nervous System with any of the following: Treated less than 2 years prior to deployment, OR evidence of	<i>Risk of recurrence</i> <i>Must be disease free for 5 years prior to winter deployment.</i>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	AND negative radiologic imaging, AND LOS.	AND negative radiological imaging, AND LOS.	recurrence or metastatic disease, OR residual or neurologic.	
Seizure Disorder	Seizure disorder, single episode 5 or more years prior to deployment, AND normal radiologic imaging, AND normal EEG, AND off all anticonvulsant therapy at least 2 years prior to deployment.		Seizure disorder, multiple episodes, OR single episode less than 5 years prior to deployment, OR with abnormal radiologic imaging, OR abnormal EEG, OR requiring anticonvulsant therapy.	<i>A seizure can be fatal in cold polar environments.</i>
Cerebral Vascular Disease ("Stroke")	No clinical signs of previous cerebrovascular accident, OR no signs of arteriosclerosis on fundoscopic examination, or other evaluations (CAC), AND no past clinical symptoms of transient ischemic attacks.	History of transient ischemic attacks, AND normal vascular testing, AND consultation from a cardiovascular surgeon and/or neurologist rendering opinions for the likely etiology of the condition, AND LOS.	Evidence of arteriosclerosis on vascular testing, OR history of cerebrovascular accident, OR unexplained transient ischemic attacks, OR recurrent claudication.	<i>Limited diagnostic capacity and therapeutic intervention. Cannot do vascular imaging, ultrasound or sophisticated doppler studies. High risk of embolic disease.</i> <i>MRI and CT not available.</i> <i>Treatment not available.</i>
Neuromuscular Disorders		Any neuromuscular disorder, such as multiple sclerosis, Parkinson's Disease, and muscular dystrophy,	Any neuromuscular disorder, such as multiple sclerosis, Parkinson's Disease and muscular dystrophy with	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
		<p>AND no progression 2 or more years prior to deployment,</p> <p>AND ambulatory with independent ability to perform activities of daily living,</p> <p>AND appropriate communication.</p>	<p>progression less than 2 years prior to deployment,</p> <p>OR requires assistance with activities of daily living (e.g. ambulation or communication).</p>	

Ophthalmology

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Visual acuity	Visual acuity of better than 20/40, with or without correction.		Visual acuity with or without correction, of less than 20/40.	
General Eye Conditions	Chalazion, corneal abrasion or ulcer, resolved.		Chalazion, corneal abrasion or ulcer, active.	
Cataract	Cataract, asymptomatic	<p>Cataract surgery at least 12 weeks prior to deployment,</p> <p>AND visual acuity 20/40 or better with or without correction,</p> <p>AND no sign of infection,</p> <p>AND no use of ocular steroids,</p> <p>AND no lifting or other restrictions.</p>	<p>Cataract surgery less than 12 weeks prior to deployment</p> <p>OR any restrictions such as lifting or bending,</p> <p>OR cataract/post cataract surgery with corrected visual acuity worse than 20/40 or with impaired visual field.</p>	
Corneal transplant		Corneal transplant, 1 or more years	Corneal transplant	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
		prior to deployment, AND vision stable, AND corrected to 20/40 or better, AND LOS.	less than 1 year prior to deployment.	
Enucleation	Enucleation, traumatic, at least 1 year prior to deployment, AND vision 20/40 or better in remaining eye with full visual field.		Enucleation, traumatic less than 1 year prior to deployment.	
Malignancy	Malignancy of eye treated at least 5 or more years prior to deployment, AND no recurrence or metastasis.		Malignancy of eye, with at least one of the following; diagnosed/untreated or treated less than 5 years prior to deployment, OR recurrence or metastasis.	
Glaucoma	Glaucoma, treated, AND with intraocular pressure less than 22 mm/Hg.		Glaucoma, treated, AND with intra-ocular pressure 22 or higher mm/Hg, OR Glaucoma untreated	
Herpes Keratitis	Herpetic keratitis, single episode 5 or more years prior to deployment.	Herpetic keratitis, single episode at least 2 years but less than 5 years prior to deployment.	Herpetic keratitis, single episode less than 2 years prior to deployment, OR more than 1 episode.	<i>Risk of recurrence, can require specialty intervention.</i>
Papilledema	Papilledema, single episode,		Papilledema, single episode less	<i>Etiology requires evaluation</i>

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	AND etiology identified, AND resolved 6 or more months prior to deployment.		than 6 months prior to deployment, OR Papilledema, multiple episodes, OR Papilledema etiology unknown.,	
Retinal Detachment	Traumatic retinal detachment, treatment completed 6 or more months prior to deployment, AND visual acuity 20/40 or better, AND LOS.	Non-traumatic retinal detachment, treatment completed 6 or more months prior to deployment, AND visual acuity 20/40 or better, AND LOS.	Retinal detachment treated less than 6 months prior to deployment.	<i>Risk of recurrence; treatment usually required within 24 hours to save vision.</i>
Optic Neuritis	Optic neuritis, single episode, resolved 6 or more months prior to deployment, AND etiology identified, AND LOS from ophthalmologist.		Optic neuritis, single episode less than 6 months prior to deployment, OR optic neuritis, multiple episodes, OR Optic neuritis etiology unidentified.	<i>Etiology requires evaluation</i>
Uveitis	Uveitis, single episode, resolved 1 year or more prior to deployment, AND no associated systemic disease, AND LOS from ophthalmologist.	Uveitis, single episode, resolved 6 or more months but less than 1 year prior to deployment, AND no associated systemic disease, AND LOS from ophthalmologist.	Uveitis, single episode, resolved less than 6 months prior to deployment, OR Uveitis, multiple episodes, OR Uveitis with associated systemic disease.	

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Orthopedics

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Bursitis	Bursitis, single episode, OR last treatment at least 3 or more months prior to deployment.		Bursitis, chronic, or last treated less than 3 months prior to deployment.	
Fractures	Fractures, resolved at least 6 or more months prior to deployment, AND no residual impairment, AND no current physical therapy, AND treatment concluded.		Fractures treated less than 6 months prior to deployment, OR residual impairment, OR current physical therapy, OR fractures unresolved.	
Tendinitis	Tendinitis, asymptomatic for at least 1 month prior to deployment.		Tendinitis, recurrent, OR last episode less than 1 or more month prior to deployment.	
Carpal Tunnel Syndrome	Carpal tunnel syndrome resolved.	Carpal tunnel syndrome, intermittent or recurrent, AND mild symptoms, AND well controlled with splints or chronic NSAID therapy.	Carpal tunnel syndrome with moderate to severe symptoms, OR not well controlled by splinting, OR requiring more than chronic NSAID therapy.	
Osteoarthritis	Osteoarthritis, episodic, controlled with prn OTC medication.	Osteoarthritis, chronic, controlled with regular NSAID therapy.	Osteoarthritis, chronic, requiring ongoing pain	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
			control other than NSAID therapy.	
Chondromalacia patella	Chondromalacia patella, mild, controlled with prn OTC medication.	Chondromalacia patella, moderate, controlled with regular NSAID therapy.	Chondromalacia patella, moderate to severe, requiring ongoing pain control other than NSAID therapy.	
Arthroscopic Surgery	Arthroscopic surgery, 3 or more months prior to deployment, AND physical therapy completed, AND fully ambulatory without assistive devices.	Arthroscopic surgery, at least 1 month but less than 3 months prior to deployment, AND with LOS from surgeon, AND Physical therapy completed, AND fully ambulatory without use of assistive devices.	Arthroscopic surgery, less than 1 month prior to deployment.	
Shoulder Dislocation	Dislocation of shoulder, single occurrence 6 or more months prior to deployment, OR surgically fixated 6 or more months prior to deployment, AND with full function.		Dislocation of shoulder, single occurrence less than 6 months prior to deployment, OR multiple occurrences without surgical fixation, OR without full function.	<i>Risk of chronic morbidity, unstable shoulder joints require surgical intervention not available.</i>
Herniated Nucleus Pulposus	No symptoms 2 or more years prior to deployment.	No symptoms at least 1 but less than	Symptoms less than 1 year prior to deployment.	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Sciatica Cervical Neuritis		2 years prior to deployment, OR at least 1 year post surgery, AND LOS from orthopedic provider if surgery less than 2 years.		
Lumbosacral Strain	Recurrent episodic lumbosacral strain, with no sciatica, AND controlled with OTC medications.	Recurrent episodic lumbosacral strain, with no sciatica, AND controlled with chronic NSAID therapy.	Lumbosacral strain, chronic, or with sciatica, OR requiring more than chronic NSAID therapy.	
Bone Cancer	Bone cancer, treatment completed at least 5 years prior to deployment, AND with no recurrence, AND no amputations and no prosthesis.		Bone cancer, treatment completed less than 5 years prior to deployment, OR with recurrence, OR with amputations or prosthesis.	
Paget's Disease		Paget's disease, mild symptoms, AND no fractures.	Paget's disease, moderate or severe symptoms, OR with history of associated fracture.	
Joint Replacement	Full functional use of joint for deployment.	History of hip, knee or shoulder replacement at least 1 year prior to deployment, AND with full function.	History of hip, knee or shoulder replacement less than 1 year prior to deployment, OR without full function.	
Rotator Cuff Tear	Rotator cuff tear, episodic symptoms	Rotator cuff tear, chronic symptoms	Rotator cuff tear, persistent	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	controlled with OTC medication.	controlled with regular NSAID therapy.	symptoms requiring ongoing pain control other than NSAID therapy.	

Otorhinolaryngology

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Hearing	Hearing deficit, stable with or without hearing aid, AND able to hear conversational voice level with or without hearing aid.		Progressive hearing loss, etiology undetermined, OR hearing deficit unable to hear conversational voice with or without hearing aid.	<i>Requires evaluation prior to deployment.</i>
Cholesteatoma		Cholesteatoma, removed at least 1 year prior to deployment, AND without recurrence on CT scan taken within 12 months, AND no vertigo or other complications.	Cholesteatoma, surgically removed less than 1 year prior to deployment, OR with evidence of recurrence as documented by recent CT scan, OR vertigo or other complications.	
ENT Malignancy	Any ENT malignancy less than 2 cm in diameter occurring at one site, AND excised at least 5 years prior to deployment, AND no evidence of recurrence or metastasis.	Any ENT malignancy at least 2 cm but less than 4 cm, AND excised at least 5 years prior to deployment, OR any ENT malignancy less than 4 cms at more than 1 site excised at least 5 years	Any ENT malignancy at least 4 cm in diameter, OR more than one site, OR excised less than 5 years prior to deployment, OR evidence of recurrence or metastasis.	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
		prior to deployment, AND no evidence of recurrence or metastasis.		
Mastoiditis	Mastoiditis, resolved with surgical or medical therapy at least 12 months prior to deployment.	Mastoiditis resolved with surgical or medical therapy at least 6 months but less than 12 months prior to deployment.	Mastoiditis, resolved with surgical or medical therapy less than 6 months prior to deployment, OR unresolved.	
Meniere's Disease	Meniere's disease, last episode 1 year or more prior to deployment, AND easily controlled with PRN OTC medication.	Meniere's disease, last episode less than 1 year prior to deployment, AND easily controlled with PRN medication, AND LOS.	Meniere's disease, last episode less than 1 year prior to deployment, OR ongoing systemic therapy , OR refractory symptoms.	<i>Potential of prolonged exacerbations.</i>
Chronic Otitis Media	Last exacerbation 1 or more years prior to deployment.	Last exacerbation at least 6 months but less than 1 year prior to deployment.	Last exacerbation less than 6 months prior to deployment.	<i>Limited pharmaceutical resources, cannot do sophisticated microbial analysis.</i>
Tympanoplasty Myringotomy	Performed 3 or more months prior to deployment, AND stable hearing.	Performed 1 or more but less than 3 months prior to deployment, AND stable hearing, AND LOS	Performed less than 1 month prior to deployment, OR with progressive hearing loss.	<i>Follow-up limited to clinical evaluation.</i>
Tinnitus	Tinnitus, single episode, resolved a year or more prior to deployment, OR continuous and with normal	Tinnitus, single episode resolved 6 or more months but less than 1 year prior to deployment,	Tinnitus, single episode unresolved, OR single episode resolved less than 6 months prior to deployment,	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	ENT evaluation, AND no medical therapy, AND does not interfere with hearing or activities of daily living including sleep, AND LOS.	OR multiple episodes or continuous, with normal ENT evaluation, AND requiring no medical therapy, AND does not interfere with hearing or activities of daily living including sleep, AND LOS.	OR multiple episodes or continuous, OR abnormal ENT evaluation, OR, requiring medical therapy, OR interferes with hearing or activities of daily living including sleep.	
Labyrinthitis	Labyrinthitis, resolved for 6 or more months prior to deployment, AND known etiology.		Labyrinthitis, unresolved or resolved less than 6 months prior to deployment, OR with etiology unknown.	
ENT surgery	Any minor ENT surgery for example T&A, nasal polyps, nasal septal revision, benign nodules or cosmetic repairs 6 or more weeks prior to deployment, AND completely healed.		Any minor ENT surgery for example T&A, nasal polyps, nasal septal revision, benign nodules or cosmetic repairs less than 6 weeks prior to deployment, OR not completely healed.	
Sinus surgery	Sinus surgery completed 6 or more months prior to deployment.		Sinus surgery completed less than 6 months prior to deployment.	
Sinusitis Rhinosinusitis	Acute or recurrent sinusitis, less than 4 exacerbations per year, responsive to		Chronic sinusitis.	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
	antimicrobial therapy.			
Sialolithiasis	Sialolithiasis, single episode resolved surgically or spontaneously 1 or more months prior to deployment.		Sialolithiasis, recurrent, OR single episode resolved less than 1 month prior to deployment.	

Peripheral Vascular Disease

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Arteriosclerosis	No evidence of claudication of the extremities, AND normal peripheral pulses, AND normal fundoscopic examination, AND no vascular bruits, AND no venous stasis, AND no other signs or symptoms suggesting peripheral vascular disease.	Clinical signs or symptoms of peripheral vascular disease, AND normal vascular ultrasound, normal Doppler plethysmography normal CT angiography, MRA or arteriography.	Absent peripheral pulses, OR skin ulcers, past or present, due to arterial or venous insufficiency, OR chronic warfarin or DOAC therapy.	<i>Warfarin non-waiverable.</i>
Raynaud's Disease		Primary Raynaud's Disease LOS from treating physician. Secondary Raynaud's Disease: LOS from treating physician addressing whether additional medical	Severe cold intolerance or loss of any portion of extremity, OR recommended medical intervention of primary cause not yet complete.	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
		intervention of primary cause is advised.		
Vascular Surgery		History of angioplasty or vascular surgery at least 6 months prior to deployment, AND normal cardiovascular stress test, AND LDL < 100 mg/dl, AND cholesterol/HDL ratio < 5, AND no diabetes, AND no hypertension, AND no smoking at least 5 years prior to deployment.	History of angioplasty or vascular surgery less than 6 months prior to deployment, OR LDL \geq 100 mg/dl, OR cholesterol/HDL ratio \geq 5, OR diabetes, OR hypertension, OR smoking less than 5 years prior to deployment.	
Abdominal Aortic Aneurysm		Abdominal Aortic Aneurysm less than 4 cm diameter, AND a negative work up for other aneurysms, AND size documented stable for at least 1 year, AND with LOS.	Abdominal Aortic Aneurysm 4 or more cm diameter, OR less than 4 cm with increasing size, OR more than 1 aneurysm.	
Deep Venous Thrombosis		History of single episode 1 or more years prior to	Single episode less than 1 year prior to deployment,	

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Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Pulmonary Embolus		deployment, AND no current need for anticoagulation, AND no hypercoagulability on work up, AND LOS if less than 5 years ago.	OR deep venous thrombosis/PE more than 1 episode, OR history of DVT with hypercoagulability, OR requiring long-term anticoagulation therapy.	

Pulmonary

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
General	No clinical symptoms or signs of wheezing, chronic cough, nocturnal or paroxysmal dyspnea, orthopnea, chronic obstructive pulmonary disease or edema. Benign CXR findings	Current upper respiratory infection, OR chest x-ray abnormality, diagnosed, stable, AND LOS.	Abnormal chest radiologic scan (Xray, CT, etc.) suggesting possibility of current or chronic active pulmonary condition, OR recurrent pneumonia occurring within one year prior to deployment.	
Asthma	Asthma, requiring no chronic medication, with use of bronchodilators on an as needed basis only, AND without exacerbations requiring urgent care or nebulizers	Asthma, requiring no chronic maintenance therapy, AND one exacerbation requiring nebulizer treatment, during the 2 years prior to deployment,	Asthma, with two or more exacerbations requiring nebulizer treatment, AND within 2 years of deployment, OR asthma requiring chronic	

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	<p>within the last 2 years,</p> <p>AND</p> <p>FEV1 80% or higher</p>	<p>AND normal radiographic findings,</p> <p>AND post-bronchodilator FEV1 80% or higher,</p> <p>OR asthma, requiring chronic maintenance therapy, AND no exacerbations for the 2 years prior to deployment requiring nebulizer treatment, AND post-bronchodilator FEV1 80% or higher.</p>	<p>maintenance therapy, AND exacerbation requiring nebulizer therapy,</p> <p>OR within 2 years of deployment,</p> <p>OR asthma, with post-bronchodilator FEV1 less than 80%.</p>	
COPD	<p>History of respiratory condition or significant exposure to pulmonary toxins and/or diagnosis of COPD</p> <p>AND FVC 70% or higher predicted,</p> <p>AND FEV1/FVC 80% or greater of predicted,</p> <p>AND normal pulmonary imaging.</p>	<p>History of recurrent respiratory illness or chronic pulmonary condition, as suggested with radiologic findings,</p> <p>AND no more than 1 exacerbation within the past 2 years,</p> <p>AND occasional intermittent medical therapy</p> <p>AND FVC 70% or higher predicted,</p>	<p>Chronic respiratory condition,</p> <p>AND FVC less than 70% predicted,</p> <p>OR FEV1/FVC less than 80% predicted,</p> <p>OR 2 or more exacerbations within the past 2 years,</p> <p>OR requiring daily maintenance medical therapy including MDI, nebulizer and/or steroids.</p>	

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		<p>AND FEV1/FVC 80% or greater of predicted,</p> <p>AND no evidence of pulmonary nodules or CHF on CXR,</p> <p>AND no deployment exposure to altitude 8000 ft or higher.</p>		
Pneumothorax	Traumatic pneumothorax, resolved either spontaneously or with pleurodesis, with no recurrence for at least 1 year.	<p>History of spontaneous pneumothorax 1 or more years ago,</p> <p>AND no evidence of COPD on CXR,</p> <p>AND normal pulmonary function testing.</p>	<p>History of spontaneous pneumothorax within the last 1 year,</p> <p>OR evidence of COPD on CXR</p> <p>OR abnormal pulmonary function testing.</p>	
Chronic Pulmonary Disease not otherwise specified			<p>FVC less than 70% predicted,</p> <p>OR FEV1/FVC less than 80% predicted.</p> <p>OR current active pulmonary disease, of any etiology, such as autoimmune, infectious or neoplastic,</p> <p>OR abnormal laboratory or radiologic findings.</p>	

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Obstructive Sleep Apnea		<p><u>For South Pole and Summit Station Only</u> : OSA, with or without requiring CPAP;</p> <p>For all stations, if on CPAP, requires LOS from board certified sleep specialist or pulmonologist with sleep experience and compliance report showing 80% or higher usage.</p>	If CPAP required, deployment to area that cannot support CPAP use (electricity, etc).	<p><i>High altitude can exacerbate the condition.</i></p> <p><i>Must bring sufficient medical consumables (tubing, etc) for duration</i></p>

Substance Use Disorders

Condition	Unrestricted Clearance	Restricted Clearance	Not Physically Qualified	Comment
Disorders involving alcohol or other substance use	<p>No history of</p> <p>alcohol or other substance use disorders,</p> <p>OR at least 5 years of stable recovery,</p> <p>AND LOS from counselor/provider,</p> <p>AND letter from applicant describing their alcohol or other substance use history and recovery process, and acknowledges past abusive problem.</p>	<p>History of alcohol</p> <p>or other substance use disorders at least 3 but less than 5 or years stable recovery,</p> <p>AND completion of certified rehabilitation program,</p> <p>AND LOS from counselor/provider,</p> <p>AND letter from applicant describing their alcohol or other substance use history and recovery process, and acknowledges</p>	<p>History of alcohol</p> <p>or other substance use disorder within 3 years of deployment,</p> <p>AND alcohol or other substance use has interfered with activities of daily life/function.</p> <p>History of violence related to alcohol and/or other substance use.</p>	<p><i>Recovery includes</i></p> <p><u>absence of</u>; <i>Exhibiting risk behavior with drugs or alcohol, being intoxicated on drugs or alcohol, legal problems, others reporting alcohol or drug utilization, behavioral changes associated with drugs/alcohol.</i></p>

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