

Dear ASC (LEIDOS, PAE, GSC, GHG, UTMB, Best, Secure Info) and other ASC sub-contractors:

You have been identified for deployment to Antarctica and you need to be Physically Qualified (PQed). Timely and accurate submittal of this packet is critical for your rapid deployment! Please complete the following steps and submit this complete packet for review to the University of Texas Medical Branch (UTMB) – Center for Polar Medical Operations. UTMB is the medical provider for Antarctic Support Contract (ASC).

**Please watch this helpful video to complete your Physical Qualification Packet**  
[PQ and You: A Guide to Onboarding for New Candidates](#)

The attached file is your PQ packet that contains all the forms needed for your PQ process. **YOU ARE RESPONSIBLE for your PQ Packet and submittal to UTMB.** If you don't understand any part of the process, please contact UTMB at [polmedpq@utmb.edu](mailto:polmedpq@utmb.edu) or 1-855-300-9704 (toll free).



---

### STEP 1 – Complete/Sign ALL forms in the PQ Packet.

1. PRINT THESE EMAIL INSTRUCTIONS and take with your packet so you know the steps.
  2. Download the attached PQ Packet to your computer.
  3. Open the downloaded PQ packet from your download folder. <http://get.adobe.com/reader/>.  
(If you have a MAC and are having trouble opening the attachments, please click here)
  4. Fill out all the fields (~15 min) in the packet. Red boxes indicate required fields.
  5. You can save the PDF packet but **you CANNOT email it to UTMB** (see STEP 5).
  6. After you validate the forms in the packet, **PRINT THE ENTIRE PACKET and SIGN! (Sign pages 5 & 13; Initial pages 12 & 13)**
  7. Incomplete packets will be returned to you. A delay will affect your medical qualification and could affect your deployment!
-

## STEP 2 – Schedule your Lab Collection

1. Schedule a visit to a Lab Corp facility (highly desired).
  - a. Find a LabCorp location (<https://www.labcorp.com/wps/portal/findalab>) near you and schedule an appointment.
  - b. You need to fast 12 hours before your lab collection.
  - c. LabCorp direct bills ASC so there are no out-of-pocket cost to the Participant.
  - d. Take the packet with the “Dear Lab Collection” page to your LabCorp appointment. ASC Participants who don’t use LabCorp may be responsible for paying significant laboratory costs out of pocket. Check with your individual company on your reimbursement process.

*If you live greater than 50 miles from a LabCorp location, email [polmedpq@utmb.edu](mailto:polmedpq@utmb.edu) to have a lab collection kit mailed to you. You will take this kit to your physician in STEP 3 for collection and you are responsible for sending the prepaid FedEx overnight kit to LabCorp (No P.O. Boxes & Only in the U.S.)*

2. If LabCorp kits are used to collect the lab work, UTMB will be able to access these results directly from the LabCorp account numbers, so there is no need to include the LabCorp results in the final packet. Here is a summary of the responsibility for billing of the lab work:

|                                   |  |  |
|-----------------------------------|--|--|
| <b>Group</b>                      | ASC and Contractors  |  |
| <b>Lab Billing Responsibility</b> | LabCorp Account #04146444<br>Physician: James McKeith M.D. |  |

---

## STEP 3 – Schedule/Visit your Physician

1. Schedule an appointment with your medical provider. ASC Participants in Denver can contact these providers who direct bill the program:

|  |  |
|--|--|
| Dr. John Harris, MD<br>Centennial Medical Center<br>12150 E. Brairwood Ave, Ste 105<br>Englewood, CO 80112<br>303-790-1999 | HealthMark Center for Integrated Healing<br>4700 East Iliff Avenue<br>Denver, CO 80222<br>(303) 584-8900 option 3 (Samantha or Jennifer to schedule) |
|--|--|

2. Take the entire packet (with forms populated) to your physician appointment.
3. You are responsible for payment of this examination if you don’t use the ASC providers. You need to check with your employer for reimbursement policies.
4. Participants will NOT be reimbursed for any procedures needed in order to PQ (i.e. surgeries, medications, etc.).
5. If your doctor collects your lab work from the UTMB collection kit, please send it immediately to LabCorp (see STEP 2). If you did your lab collection in STEP 2, disregard this step.
6. **COLLECT ALL RESULTS FROM THE PHYSICIAN!** Return results with the final packet (STEP 5).

---

## STEP 4 – Schedule/Visit your Dentist

1. You can schedule/visit your dentist any time after STEP 1 is complete.
2. Schedule an appointment with your dentist with this packet prepopulated. ASC Participants in Denver can use this dentist who direct bills the program:  
Dr. Douglas Johnston, DDS, 13111 E. Briarwood, Suite 225, Centennial, CO 80112 303-632-3638

3. Dentists should provide digital X-rays on a disk or film for Participants to include in the final packet. **(FAXED X-RAYS WILL NOT BE ACCEPTED)**
  4. You are responsible for payment of this examination if they don't use ASC providers. You will need to contact your employer for reimbursement.
  5. Participants will NOT be reimbursed for any procedures needed in order to PQ (i.e. surgeries, medications, etc.).
  6. COLLECT ALL **RESULTS FROM THE DENTIST!** Return results with final the packet (STEP 5).
- 

#### **STEP 5 – Package ALL forms/results and return to UTMB.**

1. Make a printed copy of your packet for your personal records.
2. **You cannot EMAIL this packet to UTMB because of federal security regulations. Packets and forms sent via email will be deleted without being read!**
3. Send ALL results in one batch. Sending the package in pieces will not expedite the process.
4. Fedex/UPS/Express Mail this packet with any additional forms and x-rays received from your physician and dentist. Keep the tracking number for your records. Send the entire packet to UTMB at:

UTMB Health Center for Polar Medical Operations  
Levin Hall, 5th Floor, Suite 5.527, Route 1004  
301 University Blvd.  
Galveston, TX 77555-1004

Alternatively, you can fax the complete packet to **(409) 772-3600**, but X-rays cannot be faxed and must be physically mailed or emailed to [polmedpq@utmb.edu](mailto:polmedpq@utmb.edu) with your USAP# and Name. For verification that your packet was received by UTMB, print out the fax confirmation page that shows your entire packet was completely transmitted.

---

**THE HEALTH QUESTIONS AND TESTING REQUIREMENTS INCLUDED HEREIN ARE INTENDED TO ASSESS YOUR SUITABILITY FOR DEPLOYMENT UNDER THE AUSPICES OF THE NATIONAL SCIENCE FOUNDATION'S OPERATIONS IN THE POLAR REGIONS. THE PQ PROCESS IS NOT A SUBSTITUTE FOR YOUR OWN RESPONSIBILITY TO MANAGE YOUR HEALTH CARE OR YOUR PHYSICIAN'S JUDGMENT IN DETERMINING YOUR HEALTH CARE NEEDS. THE TESTS REQUIRED FOR YOUR PQ PROCESS ARE DETERMINED NOT ONLY ON THE BASIS OF RECOMMENDED MEDICAL PRACTICE BUT ALSO ON THE ESTIMATED LENGTH OF YOUR STAY, WHERE YOU ARE SCHEDULED TO WORK, AND THE AVAILABILITY OF TRANSPORTATION TO HIGHER-LEVEL HEALTH CARE FACILITIES.**

UTMB does not handle health care reimbursements!! Please contact your employer for reimbursement details. For additional questions, please contact UTMB at [polmedpq@utmb.edu](mailto:polmedpq@utmb.edu) or 1-855-300-9704 (toll free).

Thanks,  
*University of Texas Medical Branch – Center for Polar Medical Operations  
(medical provider for Antarctic Support Contract)*

For more information on PQ process, check out our frequently asked questions (FAQ) at <http://www.usap.gov/medpq>