3.2 Medical Requirements Overview

TABLE 3.2: MEDICAL REQUIREMENTS OVERVIEW

MRID# and Title:	MEDB 1.1 Pre- and Postflight Physical Exams for Long Duration Crews (includes MEDB 1.4 Neurological Assessment)
Sponsor:	Medical Operations
Category:	Medical Requirements (MR)
References:	SSP 50260 ISS Medical Operations Requirements Document (MORD) SSP 50667 Medical Evaluation Documents (MED) Volume B
Purpose/Objectives:	To assess the medical status and flight readiness of crewmembers for long-duration missions before flight and medical status after landing.
Measurement Parameters:	Vital signs, head/face, mouth, throat, ears, nose, eyes, chest, cardiovascular, abdomen, musculoskeletal, skin, and neurologic
Deliverables:	A preflight and postflight physical examination report will be included in the crewmember's chart in the Electronic Medical Record (EMR).
Flight Duration:	≥ 30 days
Number of Flights:	All long duration missions
Number and Type of Crew Members Required:	ISS crewmembers. Back-up crew will only complete preflight MATs greater than L-45 days unless specifically waived by crew surgeon. If crew swap does occur, back-up crew will complete all preflight MATs.
Other Flight Characteristics:	N/A

3.3 Preflight Training – N/A

3.4 Preflight Activities

TABLE 3.4: PREFLIGHT ACTIVITIES

Preflight Activity Description:				nterview, interval histor ion on page 3 for more		s evaluation an	d basic vital signs. See	
	Activity:	Duration:		Schedule:	Flexibility	: F	Personnel Required:	
Schedule:	Full Exam	60 minutes	AME L-9/6 m, also as clinically indicated.				Flight Surgeon & crew Nurse and/or Paramedic as required	
	Brief Exam (USCV) 30 minutes		L-21/14 days, L-2/1 days, also as clinically indicated.		N/A			
	Brief Exam (Soyuz)	50 minutes		days, L-2/1 days, clinically indicated.				
Ground Support Requirements	Prefl	ight Hardware:		Preflight Se	oftware:	Test Location:		
Hardware/Software		ical exam hardv onsumables	vare and	N/A	A Agency		/ specific or Kazakhstan	
Testing Facilities		m Room nsions:	Nun	nber of Electrical Outlets:	Temperature Requirements:		Special Lighting:	
	Standard physical exam room, 8' X 10'			quired (4 desired) ′ for U.S. 220V for Russia	Normal		N/A	
		ld Running Iter:	Priva	cy Requirements:	Vibration/Acous	stic Isolation:	Other:	
	Both are	erequired		e room and hallway irologic), free from distraction	N/A		N/A	
Constraints/Special Requirements:	N/A							
Launch Delay Requirements:		Exam will be rep	peated at t	the Crew Surgeon's di	scretion if launch is	delayed.		
Notes:	N/A							
Data Delivery:	A preflight physical examination report will be included in the crewmember's chart in the EMR within 48 hours of completion of the physical exam.					ithin 48 hours of		

Flight Surgeon Physical Exam Description:

Activity:	Schedule:	Description
Full Exam (AME and Post Flight)	L-9/6 m, R+0, R+45/60 day (return to duty), ACI	 Vital signs: pulse and blood pressure recumbent, sitting, standing, body temperature, respiratory rate, height, and weight Head and face: nares/nasal mucosa, sinuses, maxillary and frontal Mouth and throat Ears: external meatus, tympanic membrane, and response to Valsalva Eyes: general appearance, extra-ocular movements, pupil reactivity, and ophthalmoscopic exam Neck: thyroid, vascular exam, motion Pulmonary/Chest and lungs: cardiovascular exam, including cardiac auscultation, carotid and venous upstrokes, and peripheral pulses Abdomen: auscultation, palpitation of major organs and herniations Rectum/anus: to include prostate exam for males, rectal vault and occult blood testing Genitourinary exam: appearance, general exam, and herniations Breast exam Pelvic exam/Pap smear: for female crewmember (may be performed by a gynecologist) Extremities: to include range-of-motion and general strength assessments on a 1-5 scale Spine: general appearance and mobility Skin: to include standard functional exam and gait exam (see appended test)
Brief Exam (USCV)	L-21/14, L-2/1, ACI	
Brief Exam (Soyuz)		 Vital signs: pulse and blood pressure, body temperature, respiratory rate, height, and weight Ear, Nose, and Throat Chest and Lungs Abdominal Extremities/Spine
Brief Exam (Post Flight)	R+3, R+7/14, ACI	Neurologic: does not include standard functional exam and gait exam (see appended test)

3.5 In-Flight Activities – NO IN-FLIGHT ACTIVITIES

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3.6 **Postflight Activities**

TABLE 3.6: POSTFLIGHT ACTIVITIES

Postflight Activity Description:	Surgeon on th			, R+3, R+7/14, R+45/6 performed as clinically			formed by the Flight hysical Exam Description	
	on page 3. Activity Duration:		Schedule:		Flexibility:		Personnel Required:	
Schedule:	Full Exam	60 minutes	R+0, R+45/60 days (return to duty), also as clinically indicated.				Flight Surgeon & crew Nurse and/or Paramedic as	
	Brief Exam (Post Flight)	30 minutes		F7/14 days, also as cally indicated.			required	
Ground Support Requirements	Postflight Hardware:		:	Postflight S	Software:	Test Location:		
Hardware/Software	General physical exam hardwa consumables		vare and	nd N/A		Agency Specific		
Testing Facilities	Minimum Room Dimensions:		Nun	nber of Electrical Outlets:	Temperature R	equirements:	Special Lighting:	
	Standard physical exam room, 8' X 10'		4 110V for U.S. 220V for Russia		Normal room temperature		N/A	
	Hot or Cold Running Water:		Priva	cy Requirements:	Vibration/Acoustic Isolation:		Other:	
	Both are required		Priva	ate room, free from distraction	N/A		N/A	
Constraints/Special Requirements:	N/A							
Notes:								
Data Delivery:		nysical examina the physical ex		will be included in the	e crewmember's ch	art in the EMR	within 48 hours of	

MEDB 1.1 Pre- and Postflight Physical Exam for Long Duration Crews

3.7 Summary Schedule

TABLE 3.7: SUMMARY SCHEDULE

DURATION OF ACTIVITY	SCHEDULE	FLEXIBILITY	PERSONNEL REQUIRED	CONSTRAINTS	
	· ·				
60 minutes	AME L-6/9 m, also as clinically indicated.				
30 minutes	L-21/14, L-2/1 days, also as clinically indicated.	N/A	Attending FS and crewmember Nurse and/or Paramedic as required	N/A	
30 minutes	L-21/7, L-2/1 days, also as clinically indicated.				
60 minutes	R+0, R+45/60 day (return to duty), also as clinically indicated.		Attending FS and crewmember Nurse	N/A	
30 minutes	R+3, R+7/14 days, also as clinically indicated.	N/A	and/or Paramedic as required		
	OF ACTIVITY 60 minutes 30 minutes 30 minutes 60 minutes	OF ACTIVITY60 minutesAME L-6/9 m, also as clinically indicated.30 minutesL-21/14, L-2/1 days, also as clinically indicated.30 minutesL-21/7, L-2/1 days, also as clinically indicated.30 minutesL-21/7, L-2/1 days, also as clinically indicated.60 minutesR+0, R+45/60 day (return to duty), also as clinically indicated.30 minutesR+3, R+7/14 days, also	OF ACTIVITY AME L-6/9 m, also as clinically indicated. 60 minutes AME L-6/9 m, also as clinically indicated. 30 minutes L-21/14, L-2/1 days, also as clinically indicated. 30 minutes L-21/7, L-2/1 days, also as clinically indicated. 30 minutes L-21/7, L-2/1 days, also as clinically indicated. 60 minutes R+0, R+45/60 day (return to duty), also as clinically indicated. 60 minutes R+3, R+7/14 days, also	OF ACTIVITY REQUIRED 60 minutes AME L-6/9 m, also as clinically indicated. AME L-6/9 m, also as clinically indicated. 30 minutes L-21/14, L-2/1 days, also as clinically indicated. Attending FS and crewmember Nurse and/or Paramedic as required 30 minutes L-21/7, L-2/1 days, also as clinically indicated. N/A Attending FS and crewmember Nurse and/or Paramedic as required 30 minutes L-21/7, L-2/1 days, also as clinically indicated. N/A Attending FS and crewmember Nurse and/or Paramedic as required 60 minutes R+0, R+45/60 day (return to duty), also as clinically indicated. Attending FS and crewmember Nurse and/or Paramedic as required 30 minutes R+3, R+7/14 days, also N/A Attending FS and crewmember Nurse and/or Paramedic as required	

MEDB 1.1 Pre- and Postflight Physical Exam for Long Duration Crews



MedB 1.4 - Neurovestibular Assessment

Exam → [] Preflight [] Landing []+3 days []+7/14 days [] As needed _____

Crewmember _____ Date ____

	Pre-Landing Prophylactic			Post-Landing Treatment					
Fluids									
Medications	Med(s):	Med(s):							
Medications	Dose:	Dose:							
	Route (circle): PO - IM - IV	Route (circle): P	0 - IM -	IV				
Other									
Subjective									
			None	Mild	Moderate	Severe			
Dizziness (Feeling of n	novement or unsteadiness, NO tumblin	g or spinning)							
Vertigo	or spinning sensation, worse with head	movement)							
Lightheaded	or spinning sensation, worse with head	movement)							
	ak or faint, especially when rising to sta	nd)							
Objective			•	•					
Gaze / Ocular		Nystagmus → []No []Yes							
	eral gazes for 5 seconds, watch for atch for dysconjugate gaze; finger to	Fast beat (circle) → L / R / U / D, # of beats?							
	, watch for convergence)	Dysconjugate Gaze → [] No [] Yes							
		Convergence to Center → []No []Yes							
Finger to Nos (5 times per	[] No misses [] 1 miss [] 2 misses [] >2 misses								
Rising from Chair		[] Able [] Arms away from sides							
(Without use	[] Arms above waist [] Uses arms /can't do								
Romberg / Pr		Posture → [] Stable [] Sway / Missteps							
(Bare feet w/ pants rolled up; feet together, arms extended, eyes closed, push arms gently down		Any Drift → [] No [] Yes							
about 6 inches	Recovery → [] Close to original [] Far off (>6")								
Tandem Heel		[] Completes (sway is okay)							
(Bare feet w/ pants rolled up; eyes closed, walk to 5 m distant point, heel to toe, upper arms at sides.		[] Minor deviation, No missteps							
	de them to spot them.)	[] Moderate deviation, 1 – 2 missteps							
		[] Major deviation, >2 missteps, falls, or unable							

Comments:

File: RevisedMedB1.4-20Apr2017 (Check for latest version)

Flight Surgeon____/