

INVITATION TO PROPOSE

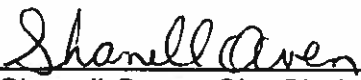
The City of Elko invites you to submit a Proposal for annual or pre-employment medical physicals for the City of Elko Fire Department. The successful bidder(s) will be selected based upon competitive and cost effective pricing, fiscal responsibility and established fee structures for a period of two (2) years.

Request for Proposal (RFP) and contract documents are available from the City Clerk, 1751 College Avenue, Elko, Nevada 89801, (775) 777-7126, during normal working hours or may be obtained through written request to the above address. Please also view City of Elko Bids online at:

http://www.elkocity.com/government/bidding_opportunities/index.php

Proposals must be received by Shanell Owen, City Clerk City of Elko, 1751 College Avenue, Elko, Nevada 89801, **no later than 3:00 p.m., local time July 3, 2017**. **Two copies** (including original) of the Proposal should be sealed in a package marked "Proposal for Medical Services, Elko City Fire Department" on the outside. The Proposal must be signed by a person or persons who can legally bind the Proposer.

Late Proposals will not be accepted.



Shanell Owen, City Clerk

Publish: June 8, 2017

REQUEST FOR PROPOSALS
FOR
MEDICAL SERVICES
FOR THE
ELKO CITY FIRE DEPARTMENT
ELKO, NEVADA
June 8, 2017

INVITATION TO PROPOSE

The City of Elko invites you to submit a Proposal for annual statutory fire service or pre-employment medical physicals. The City of Elko encourages DBE & WBE participation.

Request for Proposal (RFP) and contract documents are available from the City Clerk, 1751 College Avenue, Elko, Nevada 89801, (775) 777-7126, during normal working hours or may be obtained through written request to the above address. Please also view documents at City of Elko Website:

http://www.elkocity.com/government/bidding_opportunities/index.php. Interested parties must register with the City Clerk by providing Company Name, Address, Email and Phone Number to cityclerk@elkocitynv.gov.

Proposals must be received by Shanell Owen, City Clerk City of Elko, 1751 College Avenue, Elko, Nevada 89801, **no later than 3:00 p.m., local time July 3, 2017**. **Two copies** (including original) of the Proposal should be sealed in a package marked "Proposal for Medical Services, Elko City Fire Department" on the outside. The Proposal must be signed by a person or persons who can legally bind the Proposer.

Late Proposals will not be accepted.

MINIMUM REQUIREMENTS

Submitted quotes will be valid for a minimum period of two (2) calendar years from the time of award by the Elko City Council.

The physical requirements are outlined in a document and authorization letter that is issued annually to all career and volunteer personnel. Each employee will make appointments and furnish physical documents to the physician's office at the time of service. The physician will provide completed documents and requested test results back to the employer, along with the direct invoice for services to the employer.

The required elements of the Physical will be indicated on a Medical Authorization Sheet. The required elements will vary based on employee's age and EMS status.

Attached is a bid sheet of the physical requirements that we offer our Fire Department employees. **Bids are due no later than 3:00 p.m., local time July 3, 2017**. **City Council may award the bid on Tuesday, July 11, 2017**. The bid may be awarded to more than one provider based upon same bids for overall same cost of all services bid. The physician must be the sole biller for services for all aspects of the quote. (Example: the Physician bills the employer for the physical services, lab services, x-ray services, and other costs in a single invoice).

The City of Elko will notify the successful provider(s) in writing. This will be awarded to the primary physician(s) of record and is not transferrable without specific written request and approval of the City of Elko.

Please mail or deliver your bid package to: **Shanell Owen, City Clerk
City of Elko
1751 College Avenue
Elko, NV 89801**

Bid Sheet for City of Elko Fire Department— Medical Services

Under 40 – General Heart/Lung Exam (conducted in Elko) <i>“Career and Volunteer”</i>	Cost	Over 40 – General Heart/Lung Exam (conducted in Elko) <i>“Career and Volunteer”</i>	Cost
Physical Exam (includes the following) <ul style="list-style-type: none"> - Lung Examination - Audiometry with interpretation - Chest X-Ray/Interpretation - Pulmonary Function Test - Blood Pressure Monitoring - Urinalysis - Coronary Risk II (CBC + Chem. Panel + HDL + LDL) - Resting EKG – Under 40 	\$	Physical Exam (includes the following) <ul style="list-style-type: none"> - Lung Examination - Audiometry with interpretation - Chest X-Ray/Interpretation - Pulmonary Function Test - Blood Pressure Monitoring - Urinalysis - Coronary Risk II (CBC + Chem. Panel + HDL + LDL) - EKG Stress Test – Over 40 	\$
Physicians Written Report to Agency and to include OD Forms	\$	Physicians Written Report to Agency and to include OD Forms	\$
Hepatitis B “Titer” test (EMT)	\$	Hepatitis B “Titer” test (EMT)	\$
TB Skin Test	\$	TB Skin Test	\$
		Male Over 40 PSA	\$
		Female over 40 CA-125	\$
Total – Under 40 Heart/Lung Exam	\$	Total – Over 40 Heart/Lung Exam	\$

***Costs must be valid for a minimum of two (2) years.**

Authorized Signature: _____

Print Name: _____

Company Name: _____

Phone Number: _____

EXAMPLES OF MEDICAL FORMS



The City of Elko Fire Department

MEDICAL AUTHORIZATION

LAST NAME	FIRST NAME	MI	BIRTHDATE
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FIRE CHIEF MUST MARK PANEL FOR EMPLOYEE

	Yes	No
Physical Exam	✓	
Lung Examination	✓	
Audiometry with interpretation	✓	
Chest X-Ray/Interpretation (1-View)	✓	
Pulmonary Function Test (Spirometer Test)	✓	
Blood Pressure Monitoring	✓	
Urine Analysis (complete & glucose)	✓	
Coronary Risk II (CBC + Chem. Panel + HDL + LDL)	✓	
Resting EKG (under 40 years of age)		
EKG Stress Test (Treadmill (over 40 years of age)		
Hepatitis B "Titer" test (EMT)		
TB Screen (EMT)		
Male over 40 PSA		
Female over 40 CA -12S		

I find that the above named examinee is is not, physically capable of performing their assigned duties of Fire Fighter, in the Elko Fire Department

REMARKS OR FOLLOW UP TREATMENT REGOMMENDATIONS:

DATE	PRINTED OR TYPED NAME OF PHYSIGIAN	SIGNATURE:
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I HEREBY GIVE THE EXAMINING PHYSICIAN PERMISSION TO SUBMIT THIS MEDICAL REPORT TO THE CITY OF ELKO FIRE DEPARTMENT

DATE	SIGNATURE OF EMPLOYEE
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The City of Elko Fire Department

Firefighter Medical History Form (OD-1)

To the Firefighter: Please complete this form prior to your examination and present the completed form to the medical examiner. If the same examiner conducts both heart and lung examinations in any one year, only one History form need be completed.

LAST NAME	FIRST NAME	MI	AGE	DOB
ADDRESS	CITY	STATE	ZIP	
PERSONAL PHYSICIAN'S NAME	ORGANIZATION/EMPLOYER	OCCUPATION FIREFIGHTER		

IF THE ANSWER TO ANY QUESTION ON THIS FORM IS "YES", PLEASE EXPLAIN IN THE SPACE PROVIDED OR ON THE REVERSE SIDE.

	Yes	NO	
Have you ever had any trouble with your heart or been told that you had trouble with your heart?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been treated for high blood pressure or ever been told that your blood pressure was not normal?	<input type="checkbox"/>	<input type="checkbox"/>	
In the past five years, have you been hospitalized overnight for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	
In the past twelve (12) months, have you seen a doctor for anything other than routine checkups?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you or any of your immediate family (father, mother, sister, or brother) ever had any of the following? If yes, please indicate who has had the problem	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies (asthma, hay fever, bronchitis, skin, eczema)?	<input type="checkbox"/>	<input type="checkbox"/>	
Eye trouble (other than corrective lenses)?	<input type="checkbox"/>	<input type="checkbox"/>	
Blood pressure trouble?	<input type="checkbox"/>	<input type="checkbox"/>	
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>	
Heart attack?	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
Stroke?	<input type="checkbox"/>	<input type="checkbox"/>	
Gout?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you smoke? If you answer yes, indicate how much per day	No. packs, pipefuls, cigars etc	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced any prolonged shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have regular episodes of coughing?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you drink alcoholic beverages? If yes, indicate daily quantity	Indicate beverage and quantity	<input type="checkbox"/>	<input type="checkbox"/>
How many cups of coffee to you usually drink per day?			Quantity
Do you consider yourself overweight?	<input type="checkbox"/>	<input type="checkbox"/>	
The answers to the questions above are true to the best of my knowledge	Signature	Date	



The City of Elko Fire Department

Firefighter Lung Examination Form (OD-2)

LAST NAME		FIRST NAME		MI	AGE	DOB
ADDRESS		CITY			STATE	ZIP
PERSONAL PHYSICIAN'S NAME		ORGANIZATION/EMPLOYER		OCCUPATION FIREFIGHTER		

PHYSICAL

HEIGHT	WEIGHT	BLOOD PRESSURE	OVERWEIGHT <input type="checkbox"/> Yes <input type="checkbox"/> No
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CHEST X-RAY

Normal Abnormal (specify):

STETHOSCOPIC EXAMINATION OF THE LUNGS

Normal Abnormal (specify):

SPIROMETER TEST* (Optional for Volunteer Firefighters)

*Spirometer testing is to be conducted in accordance with Social Security Regulations entitled "Rules for Determining Disability and Blindness", SSA Publication No. 64-014, I.C.N. 436850

Normal Abnormal (specify):

It is recommended that you contact your personal physician for advice concerning correction of....

EXAMINER'S SIGNATURE	EXAMINER'S TYPED OR PRINTED NAME	DATE
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PLEASE SIGN ONE COPY OF THIS FORM AND SUBMIT IT TO YOUR EMPLOYER OR ORGANIZATION

EMPLOYEE'S SIGNATURE	DATE
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The City of Elko Fire Department

Firefighter Extensive Heart Examination Form (OD-3)

LAST NAME		FIRST NAME		MI	AGE	DOB
ADDRESS		CITY			STATE	ZIP
PERSONAL PHYSICIAN'S NAME		ORGANIZATION/EMPLOYER		OCCUPATION FIREFIGHTER		

PHYSICAL

HEIGHT	WEIGHT	BLOOD PRESSURE	OVERWEIGHT <input type="checkbox"/> Yes <input type="checkbox"/> No
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EKG

Normal Abnormal (specify):

STRESS EKG*

*If 40 years old or older, or if abnormalities with resting EKG and no contraindications to performing test exist

Normal Abnormal (specify):

STETHOSCOPIC EXAMINATION OF THE HEART

Normal Abnormal (specify):

Triglycerides	Cholesterol	Urine Glucose
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It is recommended that you contact your personal physician for advice concerning correction of....

EXAMINER'S SIGNATURE	EXAMINER'S TYPED OR PRINTED NAME	DATE
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PLEASE SIGN ONE COPY OF THIS FORM AND SUBMIT IT TO YOUR EMPLOYER OR ORGANIZATION

EMPLOYEE'S SIGNATURE	DATE
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**The City of Elko
Fire Department**

**Firefighter Hearing
Examination Form (OD-5)**

LAST NAME		FIRST NAME			MI	AGE	DOB
ADDRESS		CITY			STATE	ZIP	
PERSONAL PHYSICIAN'S NAME		ORGANIZATION/EMPLOYER			OCCUPATION FIREFIGHTER		

AUDIOMETRIC RESULTS

FREQUENCY IN HERTZ (Hz), RIGHT EAR							FREQUENCY IN HERTZ (Hz), LEFT EAR						
500	1000	2000	3000	2300	6000	8000	500	1000	2000	3000	2300	6000	8000
AVERAGE OF 2K, 3K AND 4K RESULTS							AVERAGE OF 2K, 3K AND 4K RESULTS						

OTOSCOPIC EXAMINATION		
LEFT		RIGHT
	NORMAL APPEARANCE	
	EXCESSIVE WAX OR DEBRIS	
	ABNORMAL APPEARANCE	

RECOMMENDATIONS	
<input type="checkbox"/>	MEDICAL REFERRAL
<input type="checkbox"/>	RETEST RECOMMENDED
<input type="checkbox"/>	COMPLETE AUDIOGRAM

REMARKS:

AUDIOMETER		SERIAL NUMBER		CALIBRATION DATE	
TESTERS NAME		TITLE	TESTER'S SIGNATURE		TEST DATE/TIME

PLEASE SIGN ONE COPY OF THIS FORM AND SUBMIT IT TO YOUR EMPLOYER/ORGANIZATION

EMPLOYEE'S SIGNATURE	DATE
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