



INFORMAL REQUEST FOR QUOTATIONS

(THIS IS NOT AN ORDER)

OCCUPATIONAL MEDICAL SERVICES AND TESTING

18-RFQ-009

SEPTEMBER 2017

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QUOTATION FORM

The Alaska Housing Finance Corporation (AHFC) is inviting licensed Occupational Medical Providers (Offerors) authorized to do business in the State of Alaska to submit quotations for providing a variety of work related medical services and testing to include pre-employment physical examinations, functional capacity testing, drug screenings by urinalysis, breath alcohol tests, respirator fit tests, hepatitis B vaccines, and other miscellaneous job related medical screenings to its employees for health and safety reasons on an as-needed basis.

Offerors may submit a quotation for one or more communities, but are not required to submit quotations for all communities. An administrative fee/cost if applicable, will be requested for facilitating services with a local provider in a community where the Offeror does not have a physical presence.

Contracts will be awarded to all responsive and responsible Offerors provided their quotation is reasonable and it is in the best interest of AHFC to accept it.

The initial term of the Contract between the parties shall be for a two (2) year period from the date the quote is accepted by AHFC. The Contract may be renewed for up to three (3) additional one (1) year periods at the sole discretion of AHFC.

AHFC's current contract for these services expires on January 23, 2018. The new Contract will take effect on January 24, 2018.

AHFC reserves the right to reject the quotation of any Offeror who has failed to comply with the Request for Quotation requirements.

Offeror must submit documentation showing its firm to be a duly licensed medical/testing agency and a current State of Alaska business license.

Please see Quotation Form and Scope of Services for additional details.

SUBMITTED BY: _____
(Name of Individual or Business Submitting Bid)

SUBMITTED TO: Alaska Housing Finance Corporation
4300 Boniface Parkway
Anchorage, Alaska 99504
Mailing Address: Post Office Box 101020
Anchorage, Alaska 99510
E-mail: submittals@ahfc.us

Receipt of Addenda numbered _____ is hereby acknowledged.
Failure to acknowledge all Addenda issued may result in the rejection of your offer.

INSTRUCTIONS:

Offeror shall carefully review this RFQ for defects and questionable or objectionable material. Questions concerning the RFQ must be delivered in writing, to the Sourcing and Contract Compliance Office on or before 3:00 p.m., October 5, 2017 via e-mail submittals@ahfc.us or fax (907) 330-8217. Copies of questions received, along with a written response from AHFC, will be emailed/faxed and/or mailed to Offerors who received this solicitation.

Email completed RFQs to Pat Cochran at submittals@ahfc.us or fax to 330-8217 no later than 3:00 p.m., October 24, 2017.

Offeror shall submit a completed "Quotation Form" in its entirety, including the signature page.

A signed and notarized copy of the AHFC Standard Terms and Conditions will be requested upon award of contract, and prior to the Notice to Proceed being issued

IMPORTANT NOTICE: If you received this solicitation from AHFC's Notices website (<https://www.ahfc.us/pros/notices/>) or any of the Plans Rooms, you should register with the Sourcing and Contract Compliance Office listed on this document to receive subsequent amendments. Failure to contact the Sourcing and Contract Compliance Office may result in the rejection of your offer.

If you have any questions, please call Tim Russell at 330-8239.

INFORMAL APPEAL PROCESS:

For informal procurements under 15AAC 150.341(b) estimated to cost more than \$2,000 but not more than \$5,000, an interested party shall attempt to informally resolve a dispute with the Contract Compliance Officer.

For procurements under 15AAC 150.341(c) estimated to cost more than \$5,000 but not more than \$25,000, an interested party shall attempt to informally resolve a dispute with the Contract Compliance Officer. If the attempt is unsuccessful, the interested party may protest the solicitation or the award by filing a written protest with the Contract Compliance Officer. The protest must be filed before the date and time the quotations or informal proposals are due to AHFC. The procedures and requirements set out in 15 AAC 150.220(b)-(h) apply to a protest under this subsection.

For informal procurements under 15AAC 150.341(d) estimated to cost more than \$25,000 but not more than \$200,000, an interested party shall attempt to informally resolve a dispute with the Contract Compliance Officer. If the attempt is unsuccessful, the interested party may protest the solicitation or the award by filing a written protest with the Contract Compliance Officer. The protest must be filed before the date and time the quotations or informal proposals are due to AHFC. The procedures and requirements set out in 15 AAC 150.220(b)-(h) apply to a protest under this subsection.

NOTE TO OFFERORS: AHFC is not obligated to any estimates provided and may exceed them if the need occurs and funding is available.

See Scope of Services for specifics and details on all services listed below.

Quotations submitted in response to this RFQ must remain valid for at least ninety (90) calendar days from date quotation is delivered to AHFC.

Offeror should indicate next to the community name if they are providing a quote whether they are providing a breakdown of costs per item for that community, or an administrative fee/cost for facilitating services with a local provider in that community.

QUOTATION SCHEDULE

ANCHORAGE - Offering services within this community, Yes_____ No_____		
ITEM#	SERVICE	AMOUNT PER TEST
(1)	Pre-employment Medical Exam.	\$ _____
(2)	Functional Capacity Test	\$ _____
(3)	Drug & Alcohol Test	\$ _____
(4)	Alcohol Screening	\$ _____
(5)	Drug Screening	\$ _____
(6)	Respirator/Asbestos Medical Evaluation	\$ _____
(7)	Respiratory Fit Test	\$ _____
(8)	Hepatitis B Vaccinations Exposure Blood Collection	\$ _____
AHFC makes no representation that Contractor will provide services as listed. Estimates provided are for the sole purpose of scoring quotations.		

BETHEL - Offering services within this community, Yes_____ No_____		
ITEM#	SERVICE	AMOUNT PER TEST
(1)	Pre-employment Medical Exam.	\$ _____
(2)	Functional Capacity Test	\$ _____
(3)	Drug & Alcohol Test	\$ _____
(4)	Alcohol Screening	\$ _____
(5)	Drug Screening	\$ _____
(6)	Respirator/Asbestos Medical Evaluation	\$ _____
(7)	Respiratory Fit Test	\$ _____
(8)	Hepatitis B Vaccinations Exposure Blood Collection	\$ _____
AHFC makes no representation that Contractor will provide services as listed. Estimates provided are for the sole purpose of scoring quotations.		

CORDOVA - Offering services within this community, Yes_____ No_____		
ITEM#	SERVICE	AMOUNT PER TEST
(1)	Pre-employment Medical Exam.	\$ _____
(2)	Functional Capacity Test	\$ _____
(3)	Drug & Alcohol Test	\$ _____
(4)	Alcohol Screening	\$ _____
(5)	Drug Screening	\$ _____
(6)	Respirator/Asbestos Medical Evaluation	\$ _____
(7)	Respiratory Fit Test	\$ _____
(8)	Hepatitis B Vaccinations Exposure Blood Collection	\$ _____
AHFC makes no representation that Contractor will provide services as listed. Estimates provided are for the sole purpose of scoring quotations.		

FAIRBANKS - Offering services within this community, Yes_____ No_____		
ITEM#	SERVICE	AMOUNT PER TEST
(1)	Pre-employment Medical Exam.	\$ _____
(2)	Functional Capacity Test	\$ _____
(3)	Drug & Alcohol Test	\$ _____
(4)	Alcohol Screening	\$ _____
(5)	Drug Screening	\$ _____
(6)	Respirator/Asbestos Medical Evaluation	\$ _____
(7)	Respiratory Fit Test	\$ _____
(8)	Hepatitis B Vaccinations Exposure Blood Collection	\$ _____
AHFC makes no representation that Contractor will provide services as listed. Estimates provided are for the sole purpose of scoring quotations.		

JUNEAU - Offering services within this community, Yes_____ No_____		
ITEM#	SERVICE	AMOUNT PER TEST
(1)	Pre-employment Medical Exam.	\$ _____
(2)	Functional Capacity Test	\$ _____
(3)	Drug & Alcohol Test	\$ _____
(4)	Alcohol Screening	\$ _____
(5)	Drug Screening	\$ _____
(6)	Respirator/Asbestos Medical Evaluation	\$ _____
(7)	Respiratory Fit Test	\$ _____
(8)	Hepatitis B Vaccinations Exposure Blood Collection	\$ _____
AHFC makes no representation that Contractor will provide services as listed. Estimates provided are for the sole purpose of scoring quotations.		

KETCHIKAN - Offering services within this community, Yes_____ No_____		
ITEM#	SERVICE	AMOUNT PER TEST
(1)	Pre-employment Medical Exam.	\$ _____
(2)	Functional Capacity Test	\$ _____
(3)	Drug & Alcohol Test	\$ _____
(4)	Alcohol Screening	\$ _____
(5)	Drug Screening	\$ _____
(6)	Respirator/Asbestos Medical Evaluation	\$ _____
(7)	Respiratory Fit Test	\$ _____
(8)	Hepatitis B Vaccinations Exposure Blood Collection	\$ _____
AHFC makes no representation that Contractor will provide services as listed. Estimates provided are for the sole purpose of scoring quotations.		

KODIAK - Offering services within this community, Yes_____ No_____		
ITEM#	SERVICE	AMOUNT PER TEST
(1)	Pre-employment Medical Exam.	\$ _____
(2)	Functional Capacity Test	\$ _____
(3)	Drug & Alcohol Test	\$ _____
(4)	Alcohol Screening	\$ _____
(5)	Drug Screening	\$ _____
(6)	Respirator/Asbestos Medical Evaluation	\$ _____
(7)	Respiratory Fit Test	\$ _____
(8)	Hepatitis B Vaccinations Exposure Blood Collection	\$ _____
AHFC makes no representation that Contractor will provide services as listed. Estimates provided are for the sole purpose of scoring quotations.		

NOME - Offering services within this community, Yes_____ No_____		
ITEM#	SERVICE	AMOUNT PER TEST
(1)	Pre-employment Medical Exam.	\$ _____
(2)	Functional Capacity Test	\$ _____
(3)	Drug & Alcohol Test	\$ _____
(4)	Alcohol Screening	\$ _____
(5)	Drug Screening	\$ _____
(6)	Respirator/Asbestos Medical Evaluation	\$ _____
(7)	Respiratory Fit Test	\$ _____
(8)	Hepatitis B Vaccinations Exposure Blood Collection	\$ _____
AHFC makes no representation that Contractor will provide services as listed. Estimates provided are for the sole purpose of scoring quotations.		

SEWARD - Offering services within this community, Yes_____ No_____		
ITEM#	SERVICE	AMOUNT PER TEST
(1)	Pre-employment Medical Exam.	\$ _____
(2)	Functional Capacity Test	\$ _____
(3)	Drug & Alcohol Test	\$ _____
(4)	Alcohol Screening	\$ _____
(5)	Drug Screening	\$ _____
(6)	Respirator/Asbestos Medical Evaluation	\$ _____
(7)	Respiratory Fit Test	\$ _____
(8)	Hepatitis B Vaccinations Exposure Blood Collection	\$ _____
AHFC makes no representation that Contractor will provide services as listed. Estimates provided are for the sole purpose of scoring quotations.		

SITKA - Offering services within this community, Yes_____ No_____		
ITEM#	SERVICE	AMOUNT PER TEST
(1)	Pre-employment Medical Exam.	\$ _____
(2)	Functional Capacity Test	\$ _____
(3)	Drug & Alcohol Test	\$ _____
(4)	Alcohol Screening	\$ _____
(5)	Drug Screening	\$ _____
(6)	Respirator/Asbestos Medical Evaluation	\$ _____
(7)	Respiratory Fit Test	\$ _____
(8)	Hepatitis B Vaccinations Exposure Blood Collection	\$ _____
AHFC makes no representation that Contractor will provide services as listed. Estimates provided are for the sole purpose of scoring quotations.		

SOLDOTNA - Offering services within this community, Yes_____ No_____		
ITEM#	SERVICE	AMOUNT PER TEST
(1)	Pre-employment Medical Exam.	\$ _____
(2)	Functional Capacity Test	\$ _____
(3)	Drug & Alcohol Test	\$ _____
(4)	Alcohol Screening	\$ _____
(5)	Drug Screening	\$ _____
(6)	Respirator/Asbestos Medical Evaluation	\$ _____
(7)	Respiratory Fit Test	\$ _____
(8)	Hepatitis B Vaccinations Exposure Blood Collection	\$ _____
AHFC makes no representation that Contractor will provide services as listed. Estimates provided are for the sole purpose of scoring quotations.		

VALDEZ - Offering services within this community, Yes_____ No_____		
ITEM#	SERVICE	AMOUNT PER TEST
(1)	Pre-employment Medical Exam.	\$ _____
(2)	Functional Capacity Test	\$ _____
(3)	Drug & Alcohol Test	\$ _____
(4)	Alcohol Screening	\$ _____
(5)	Drug Screening	\$ _____
(6)	Respirator/Asbestos Medical Evaluation	\$ _____
(7)	Respiratory Fit Test	\$ _____
(8)	Hepatitis B Vaccinations Exposure Blood Collection	\$ _____
AHFC makes no representation that Contractor will provide services as listed. Estimates provided are for the sole purpose of scoring quotations.		

WRANGELL - Offering services within this community, Yes_____ No_____		
ITEM#	SERVICE	AMOUNT PER TEST
(1)	Pre-employment Medical Exam.	\$ _____
(2)	Functional Capacity Test	\$ _____
(3)	Drug & Alcohol Test	\$ _____
(4)	Alcohol Screening	\$ _____
(5)	Drug Screening	\$ _____
(6)	Respirator/Asbestos Medical Evaluation	\$ _____
(7)	Respiratory Fit Test	\$ _____
(8)	Hepatitis B Vaccinations Exposure Blood Collection	\$ _____
AHFC makes no representation that Contractor will provide services as listed. Estimates provided are for the sole purpose of scoring quotations.		

WASILLA - Offering services within this community, Yes_____ No_____		
ITEM#	SERVICE	AMOUNT PER TEST
(1)	Pre-employment Medical Exam.	\$ _____
(2)	Functional Capacity Test	\$ _____
(3)	Drug & Alcohol Test	\$ _____
(4)	Alcohol Screening	\$ _____
(5)	Drug Screening	\$ _____
(6)	Respirator/Asbestos Medical Evaluation	\$ _____
(7)	Respiratory Fit Test	\$ _____
(8)	Hepatitis B Vaccinations Exposure Blood Collection	\$ _____
AHFC makes no representation that Contractor will provide services as listed. Estimates provided are for the sole purpose of scoring quotations.		

Administrative fee/cost for facilitating services with a local provider in a community where the Offeror does not have a physical presence. \$ _____

OFFERORS TO NOTE THE FOLLOWING:

1. Contracts will be awarded to all responsive and responsible Offerors provided their quotation is reasonable and it is in the best interest of AHFC to accept it.
2. The prices quoted on the Quotation Form submitted to AHFC must be honored for the first two (2) year period following AHFC's acceptance of the Quote. Prices for the subsequent Contract extensions, if any, are subject to negotiation between AHFC and the successful offeror. The Terms and provisions of this quote will become a material part of the Contract between the parties.
3. A current insurance certificate covering the insurance requirements listed in the AHFC Standard Terms and Conditions and a current business license must be submitted before a Notice to Proceed will be issued.
4. AHFC reserves the right to accept or reject any or all quotations and may require clarification supplemented through additional written submissions. AHFC will not be subject to payment for costs incurred for quotation preparation or contract preparation as a result of valid and legal termination of this RFQ or termination of any contract resulting from the award of the RFQ.
5. AHFC reserves the right to waive any or all informalities as may serve its best interests.
6. Payments under this Contract require funds from future annual appropriations by the Alaska Legislature. If sufficient funds are not appropriated to meet the payments required of AHFC under this Contract, this Contract shall terminate and AHFC will not be obligated to make payments under this Contract beyond the then current fiscal year for which funds have been appropriated.

SUBMITTED BY:

Firm Name

Date

Offeror - Printed Name

Signature

Title

Street Address

City/State/Zip Code

Telephone

Fax Number

Email Address

AHFC STANDARD TERMS AND CONDITIONS FOR SERVICES

This contract (the Contract) is made between _____ (the Contractor) and the Alaska Housing Finance Corporation (AHFC).

CONTRACTOR AND AHFC AGREE AS FOLLOWS:

1. **INCORPORATION BY REFERENCE.** The attached quotation form, and scope of services to be performed State-Wide in Alaska, is incorporated into this agreement.
2. **CONTRACTOR'S DUTIES.** Contractor shall diligently perform for AHFC all of its duties required by this agreement.
3. **NO ADDITIONAL WORK OR MATERIALS.** No claim for additional work, materials or services that are not specifically provided in this agreement, that are performed or furnished by the Contractor, will be allowed unless AHFC has ordered the same in advance of the work or services being performed or the materials being provided.
4. **INDEMNIFICATION.** Contractor shall indemnify, save harmless and defend AHFC and the State, its officers, agents, and employees from all liability, including costs and expenses, for all actions or claims resulting from injuries or damages sustained by any person or property arising directly or indirectly as a result of any error, omission, or negligent act of the Contractor, its subcontractors, or anyone directly or indirectly employed by Contractor in the performance of this Agreement.

All actions or claims, including costs and expenses, resulting from injuries or damage sustained by any person or property arising directly or indirectly from Contractor's performance under this Agreement which are caused by the joint negligence of AHFC and the Contractor shall be apportioned on a comparative-fault basis. Any such joint negligence on the part of AHFC must be a direct result of active and intentional involvement by AHFC.

5. **NO ASSIGNMENT OR DELEGATION.** Contractor may not assign or delegate this Agreement, or any part of it, or any right to any compensation or reimbursement paid under it, except with the express advance written consent of AHFC.
6. **OWNERSHIP OF RECORDS.** All records related to work performed by Contractor for AHFC under this Agreement are public records and the property of AHFC.
7. **INSURANCE.** Without limiting Contractor's indemnification, it is agreed that Contractor will purchase at its own expense and maintain in force at all times during the performance of services under this Contract, the following described policies of insurance.

Contractor must provide the required insurance certificates as described below to AHFC within ten (10) working days of request from AHFC. AHFC will not sign a contract, issue a notice to proceed, or make any payment absent the required insurance certificates.

AHFC Risk Management reserves the right, but not the obligation, to review and revise any of the following insurance requirements, based on insurance market conditions which may affect the availability or affordability of coverage; or based on changes in the scope of services or specifications that apply to this Contract. In addition, AHFC Risk Management reserves the right, but not the

AHFC STANDARD TERMS AND CONDITIONS FOR SERVICES

obligation, to review and reject any insurance policies failing to either meet the necessary criteria or that have been provided by an insurer in poor financial condition or legal status.

The requirements contained herein, as well as AHFC Risk Management review or acceptance of insurance maintained Contractor is not intended to, and shall not in any manner, limit or qualify the liabilities or obligations assumed by Contractor under this Contract.

Insurance policies required to be maintained by Contractor will name AHFC as additional insured for all coverage except Workers' Compensation, Professional Liability/E&O insurance, and specialized construction policies if determined acceptable to AHFC Risk Management.

Contractor and its subcontractors agree to obtain a waiver, where applicable, of all subrogation rights against AHFC, its officers, officials, employees and volunteers for losses arising from work performed by the Contractor and its subcontractors for AHFC. However, this waiver shall be inoperative if its effect is to invalidate in any way the insurance coverage of either party.

Where specific limits are shown, it is understood that they will be the minimum acceptable limits. If the Contractor's policy contains higher limits, AHFC will be entitled to coverage to the extent of such higher limits. The coverages and/or limits required are intended to protect the primary interests of AHFC, and the Contractor agrees that in no way will the required coverages and/or limits be relied upon as a reflection of the appropriate types and limits of coverage to protect Contractor against any loss exposure whether a result of this Contract or otherwise.

Failure to furnish satisfactory evidence of insurance or lapse of any required insurance policy is a material breach and grounds for termination of this Contract.

A. **Workers' Compensation Insurance:** Contractor will provide and maintain, for all employees of the Contractor engaged in work under the Contract, Workers' Compensation Insurance as required by AS 23.30.045. Contractor shall be responsible for ensuring that any subcontractor that directly or indirectly provides services under this Contract has Workers' Compensation Insurance for its employees. This coverage must include statutory coverage for all States in which employees are engaging in work and employer's liability protection for not less than \$100,000 per occurrence. Where applicable, coverage for all federal acts (i.e., USL & H and Jones Acts) must also be included.

B. **Commercial General Liability Insurance:** Contractor will provide and maintain Commercial General Liability Insurance with not less than \$1,000,000 per occurrence limit, and will include premises-operation, products/completed operation, broad form property damage, blanket contractual and personal injury coverage. Coverage shall not contain any endorsement(s) excluding or limiting contractual liability nor providing for cross liability.

C. **Automobile Liability Insurance:** Contractor will provide and maintain Automobile Liability Insurance covering all owned, hired and non-owned vehicles with coverage limits not less than \$1,000,000 per occurrence bodily injury and property damages. In the event Contractor does not own automobiles, Contractor agrees to maintain coverage for hired and non-owned liability which may be satisfied by endorsement to the CGL policy or by separate Business Auto Liability policy.

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D. **Professional Liability Insurance:** The Contractor will provide and maintain Professional Liability Insurance covering all errors, omissions or negligent acts of the Contractor, its subcontractors, or anyone directly or indirectly employed by them, made in the performance of this Contract which results in financial loss to the State. Minimum limits required are \$1,000,000; higher limits may be required based upon the scope of work for this Contract.

E. **Umbrella or Excess Liability:** Contractor may satisfy the minimum liability limits required above for CGL and Business Auto under an umbrella or excess liability policy. There is no minimum per occurrence limit under the umbrella or excess policy; however the annual aggregate limit shall not be less than the highest per occurrence limit stated above. Contractor agrees to endorse AHFC as an additional insured on the umbrella or excess policy unless the certificate of insurance states that the umbrella or excess policy provides coverage on a pure "true follow form" basis above the CGL and Business Auto policy.

F. **Certificates of Insurance:** Contractor agrees to provide AHFC with certificates of insurance evidencing that all coverages, limits and endorsements as described above are in full force and effect and will remain in full force and effect as required by this Contract. Certificates shall include a minimum thirty (30) day notice to AHFC of cancellation or non-renewal. The Certificate Holder address shall read:

Alaska Housing Finance Corporation
Risk Management Department
4300 Boniface Parkway
Anchorage, Alaska 99504
Fax (907) 330-8217
Email: risk@ahfc.us

G. **Information for Insurance Agents/Brokers:** Contractor is strongly encouraged to provide its insurance agent/broker with a copy of the insurance provisions of this Contract in order that the Contractor may timely obtain and maintain the required insurance and/or bonding.

8. **DISPUTES.** Any dispute arising under this Agreement that is not disposed of by mutual agreement shall be decided in accordance with the appropriate AHFC regulations governing agreement disputes or controversies.
9. **INDEPENDENT CONTRACTOR.** The Contractor and any agents, employees and officers of the Contractor act in an independent capacity and are not officers or employees or agents of AHFC in the performance of this Agreement.
10. **GOVERNING LAW.** This Agreement is governed by the laws of the State of Alaska. Any actions brought as a result of this Agreement shall be brought in the courts for the State of Alaska in the Third Judicial District in Anchorage, Alaska.
11. **OFFICIALS NOT TO BENEFIT.** Contractor must comply with all applicable State or federal laws regulating ethical conduct of public officers and employees.
12. **CAPTIONS, SEVERABILITY.** The captions and headings of the paragraphs of this Agreement are for convenience only and are not to be used to interpret or define the provisions of this Agreement. If any provision of this Agreement conflicts with applicable law, the conflict does not affect the other

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provisions of this Agreement which can be given effect without the conflicting provision. The provisions of this Agreement are declared to be severable.

13. **EQUAL OPPORTUNITY EMPLOYMENT.** Contractor certifies that it complies with the applicable portions of 42 U.S.C. 1971, 1975 and 2000 of the Civil Rights Act of 1964 and the civil rights laws in the Alaska Statutes, AS 18.80 2 AAC 12.120 (a) (4). Contractor further certifies that subcontracting will be allocated to meet goals established to eliminate and prevent discrimination.
14. **THIRD PARTIES NOT BENEFITED.** It is specifically agreed by the parties that they do not intend by any provisions of any part of this Agreement to create in the public or any member hereof a third party beneficiary hereunder, or to authorize anyone not a party to this Agreement to initiate a suit for damages pursuant to this Agreement.
15. **NON-WAIVER OF RIGHTS.** No waiver or default of any part of this Agreement by AHFC may operate as a waiver of any subsequent default of any part of this Agreement that is to be performed by the Contractor. Consent or notice by AHFC may not be construed as consent or notice in the future.
16. **PERMITS.** The Contractor shall be solely responsible and financially responsible for obtaining all required permits, licenses, and/or approvals to comply with municipal, borough, state and federal authority to operate Contractor's own business. The Contractor, as part of its services, may assist AHFC with obtaining permits and/or approvals for project work performed under this Contract, however, the Contractor shall be financially responsible for the costs of such project-related permits and/or approvals.

AHFC STANDARD TERMS AND CONDITIONS FOR SERVICES

IN WITNESS WHEREOF, the parties have executed this Contract on the dates set out below. This Contract takes effect on the date of its execution by AHFC.

CONTRACTOR: _____
(Authorized signature)

Date: _____

CONTRACTOR: _____
(Typewritten name)

FIRM NAME: _____

ADDRESS: _____

STATE OF ALASKA)
) ss
_____ JUDICIAL DISTRICT)

The foregoing instrument was executed by _____
and acknowledged before me this _____ day of _____, 2017.

Notary Public in and for Alaska
My Commission Expires: _____

Agreed to and Accepted by ALASKA HOUSING FINANCE CORPORATION

By: _____
(Authorized signature)

_____ Date

Gregory Rochon, Director of Administrative Services
(Typewritten name/title)

STATE OF ALASKA)
)ss
THIRD JUDICIAL DISTRICT)

The foregoing instrument was executed by _____ of Alaska Housing Finance Corporation, on behalf of the Corporation and acknowledged before me this _____ day of _____, 2017.

Notary Public in and for Alaska
My Commission Expires: _____

SCOPE OF SERVICES

INTENT:

The Alaska Housing Finance Corporation (AHFC) is inviting licensed Occupational Medical Providers authorized to do business in the State of Alaska to submit quotations for providing a variety of work related medical services, pre-employment physical examinations, functional capacity testing, drug screenings by urinalysis, breath alcohol tests, respirator fit tests, hepatitis B vaccines and other miscellaneous job related medical screenings to its employees for health and safety reasons on an as-needed basis. The Corporation has a statewide employee population of approximately 310, with the majority of the employees located in Anchorage. The annual hire rate averages about 55 employees; however, there is no guarantee of the number of employees that will be hired or tested each year. The services would be for AHFC's offices in Anchorage, Bethel, Cordova, Fairbanks, Juneau, Ketchikan, Kodiak, Nome, Seward, Sitka, Soldotna, Valdez, Wasilla, Wrangell and other locations may be included at a later date. The intent is to have multiple contracts in each of the locations. Offerors must have an office in the State of Alaska. Offerors may submit a quote for any of the locations, but is not required to provide a quote for all locations.

GENERAL INFORMATION:

Employees working for AHFC are located at various sites throughout Alaska and work a wide range of assignments. The work hours vary for employees from a standard work week to a non-standard "flexed schedule", and job assignments that often require maintenance personnel to be on call 24 hours a day, 7 days a week, necessitating shifts of varying lengths.

The Corporation's job classifications do not fall under the Department of Transportation's requirements for mandatory drug and alcohol testing. However, the Corporation has a vital interest in maintaining a safe, healthy, and efficient working environment and feels it is imperative to have a comprehensive medical examination program for drug and alcohol testing, various employment related medical exams, and a qualified provider capable of meeting our needs. The Provider must comply with the State of Alaska regulations for Workplace Drug Testing programs as required by AS 23-10.600-23.10.699, and applicable Federal Workplace Drug Testing regulations. The Provider must retain a drug-testing laboratory approved or certified in accordance with AS 23-10.640. This RFQ is a multi-vendor and multi-year document and has been split into thirteen (13) cities and one out of state network. A contractor may submit bids for a single region or all.

This RFQ is for the provision of pre-employment medical examinations, drug screenings by urinalysis, breath alcohol tests, respirator fit tests, hepatitis B vaccines and other miscellaneous job related medical screenings. The services must consist of collecting specimens from employees subject to drug and alcohol testing, laboratory analysis, review of specimens and reporting of results. The successful Provider must have the ability to perform the administrative functions of employee scheduling and recordkeeping for employees sent to the clinics at the above locations. There is no guarantee of the number of employees that will require services at these locations.

A. Description of Services Required

The Provider must be able to provide post-offer/pre-employment medical examinations to job candidates who accept a conditional offer of employment for select positions, functional capacity testing for positions requiring physical activity, medical drug and alcohol screenings upon initial employment and as requested. For maintenance employees: medical clearance to wear a respirator, respirator fit tests, and hepatitis B vaccinations. Other miscellaneous job related medical screenings may be requested for applicants and employees of the Alaska Housing Finance Corporation. A copy of all job descriptions/class specifications will be given to the successful Provider.

SCOPE OF SERVICES

1. Pre-Employment Physical Examinations.

Physical examinations and tests are given to ensure that AHFC employees in physically demanding or safety-sensitive positions are fit and able to safely perform the essential functions of their jobs. The extent of the examination and procedures included in the examination depend on the requirements of the job.

“Pre-Employment physical” is understood, at a minimum, to include the following:

- Medical history – including pulmonary function, cardiac and musculoskeletal.
- Physical findings, including weight, height, blood pressure, pulse, and other vital signs.
- Basic vision (to include test to determine color blindness and depth perception) and basic hearing tests. (Audiogram-whisper test).
- Clinical Evaluation of the head, neck thyroid, eyes, ears, nose, throat, chest, heart, lungs, back, spine, and other parts of the body as deemed necessary for the position.
- Chest X-ray (if deemed necessary).
- EKG (if deemed necessary).
- Drug and Alcohol Screening.

2. Functional Capacity Testing

Functional Capacity Testing will be required for select positions in conjunction with the baseline physical, upon initial hire and as required, to determine if an employee is capable of performing the essential functions of positions that require a significant amount of bending, climbing, kneeling, lifting, or prolonged standing. (Lifting assessment appropriate to simulate job responsibility, etc. lift to knees, waist, chest or overhead).

3. Drug and Alcohol Tests

AHFC requires a 24-hour, 7 day per week service for breath alcohol and urine drug tests at a customary rate. The Provider must comply with and demonstrate a thorough and complete knowledge of Federal and State’s regulations for Drug and Alcohol Testing Programs, and any future Federal or State requirements for alcohol and drug testing. Drug and alcohol tests will be performed for the following:

- Pre- Employment drug/alcohol screening for all new hires
- Post- Accident (upon request)
- Accident or unsafe on duty job-related activities
- Reasonable cause/suspicion
- Return to duty

4. Alcohol Screening

AHFC will use the Evidential Breath Testing Device (EBT) for Alcohol testing. All newly hired employees and others that may fall into the categories above will be subject to this method of Alcohol testing.

a. Negative Alcohol test result

If the alcohol test results does not exceed the cut-off levels established by the Department of Health and Human Services the test is considered negative and is reported as such to the designated AHFC Representative within 2 business days.

SCOPE OF SERVICES

b. Positive alcohol test result

If the alcohol test results equal to or exceed the cutoff levels established by the Department of Health and Human Services, it shall be considered to have yielded a positive result and will require the employee be immediately removed from performing the job functions. In those situations, the technician for the Provider conducting the test will immediately notify the AHFC Representative by telephone, followed with a written, emailed, or faxed report. A confirmation test will be performed for positive screenings.

5. Drug Screening

The Provider will conduct drug screening by urinalysis on all newly hired employees and those listed in the drug and alcohol testing categories above. At a minimum, they will test for the following five drugs or class of drugs: marijuana metabolites, cocaine metabolites, amphetamines/methamphetamines, opiates metabolites and phencyclidine (PCP). Upon request, AHFC may request testing for other drugs.

A laboratory certified in accordance with AS 23.10.640 must perform analysis of the specimen. If a screening test is positive for a controlled substance, a confirmation test must be performed using gas chromatography/mass spectrometry (GC/MS) techniques at the cutoff levels specified by the U. S. Department of Health and Human Services. All tests and laboratory procedures, including the chain of custody must follow those established by the Department of Health and Human Services. For all drug screening, the chain of custody must be guaranteed by the Provider. The Provider must be willing to defend any legal challenges brought against AHFC regarding results of tests performed. The Provider must ensure a method of re-testing should an applicant or employee challenge the results of a drug screen. Specifically, a split specimen is required for all urine drug screens.

The Provider is responsible for obtaining a qualified Medical Review Officer (MRO) who is a licensed physician or doctor of osteopathy. The MRO must be knowledgeable in the following areas:

- a. Knowledgeable about and have clinical experience in controlled substances abuse disorders, including detailed knowledge of alternative medical explanations for laboratory confirmed drug test results.
- b. Knowledgeable of issues relating to adulterated and substituted specimens as well as the possible medical causes of specimens having an invalid result.
- c. Knowledgeable about MRO Guidelines and other related drug and alcohol regulations, and keep current on any changes to these materials.

6. Respirator/Asbestos Medical Evaluation

AHFC is required by OSHA to determine its employee's ability to use respirators in the workplace by providing a respirator medical evaluation. Additionally, AHFC employees may be exposed to asbestos containing material on their job and AHFC is required by OSHA to provide them with an asbestos medical examination. The tests for respirators will only be required Statewide for maintenance personnel.

To combine these requests, AHFC requests the Provider review the employee's response to the attached Medical Questionnaires, (or most recent OSHA questionnaire), and consult with each employee to determine if they are fit to wear a respirator and if they are fit to perform work tasks that may involve asbestos containing material.

Supplemental information concerning the duration and frequency of respirator use, the expected physical work effort, additional protective clothing and equipment to be worn, and temperature and humidity extreme that may be encountered, will be provided for each employee. The selected provider must:

SCOPE OF SERVICES

- a. Provide a consultation with the employee to determine if he/she is physically able to wear a respirator while conducting job duties. OSHA's Respirator Medical Evaluation questionnaire published in OSHA's Respiratory Protection Standard (CFR 1910.134 App C) is provided for the initial evaluation. Provide each employee with an asbestos physical in accordance with OSHA guidelines as contained in 1926.1101. A medical Questionnaire (1926.1101 App D) published in OSHA's Medical surveillance guidelines for asbestos, non-mandatory, is provided for the asbestos examination.
- b. Provide a follow-up medical evaluation to any employee who gives a positive response to any question among questions one (1) through nine (9) in Part A Section 2 of 1910-134 App C, to determine if the employee can safely perform his/her job function while wearing the respirator.

The Provider will provide AHFC with written recommendations and opinions regarding the employee's ability to use the respirator or perform work tasks that may involve asbestos containing material. The Provider shall provide the following information:

- a. The Provider's opinion whether the employee has any detected medical conditions (OSHA 1926.1101 (m) (4) (i) (A)).
- b. Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator;
- c. A statement that the Provider has provided the employee with a copy of the Provider's written recommendation.

7. Respirator Fit Tests

Respiratory Fit Tests are required before an employee is allowed to use a respirator with a negative or positive pressure tight-fitting facemask.

An unlimited quantity of qualitative fit tests (QLFT) or quantitative fit tests (QNFT) are to be provided as directed in OSHA guidelines 1910.134(f).

AHFC will provide:

- a. Letter to provider requesting test for employee.
- b. Employee to call and schedule appointment.
- c. Respirator for fit test.

Provider to provide any/all services as required by OSHA guidelines 1910.134(f) including at least the following:

- a. Review with the employee:
 1. The proper way to put on a respirator, proper positioning, strap tension and determining the acceptable fit.
- b. Review for comfort of respirator. Have the employee put on the mask and wear for 5 minutes in order to assess comfort. When assessing comfort, a check for:
 1. Position on the nose
 2. Room for eye protection (have them put on eye protection)
 3. Room to talk
 4. Position on face and cheeks

SCOPE OF SERVICES

- c. Determination of adequacy of respirator fit by checking:
 - 1. Chin placement
 - 2. Strap tension
 - 3. Fit across nose bridge
 - 4. Size of mask-goes from nose to chin
 - 5. Look in mirror for self-observation
- d. Perform qualitative fit tests (QLFT) or quantitative fit tests (QNFT) as directed in OSHA guidelines 1910.134(f).

A written statement detailing pass/fail for respirator wear for each employee will be provided to AHFC from the Provider.

8. Hepatitis B Vaccinations/Exposure Blood Collection

AHFC may request Hepatitis B vaccinations for employees who may have exposure based on their job duties (OSHA 1910.1030). In addition, employees that experience an unknown pathogen exposure may benefit from blood collection to determine actual exposure.

- a. Provide Hepatitis B vaccination series to AHFC employees.
- b. Collect and test blood for HBV and HIV serological status for employees exposed to blood borne pathogens.
- c. Collect and test for HBV and HIV serological status for source individuals, if HBV or HIV status is unknown.

Hepatitis B vaccination records will be returned to AHFC. Exposure blood tests will remain confidential between the Provider and AHFC's employee.

B. Consultative/Medical Review

The Provider must be available to consult with and advise AHFC management by telephone or in person as needed. Direct communication with the physician(s) or medical personnel is required on an as needed basis.

- a. The Physician(s) assigned to perform the medical services of this contract will have thorough knowledge of laws governing occupational medicine, have an understanding of the requirements to perform AHFC's relevant jobs, be available to attend meetings, and be prepared to discuss and make recommendations to the Corporation on employee's fitness for work and reasonable issues as requested.
- b. The Provider will provide recommendations and/or participate in training programs for employees and supervisors on drugs/alcohol; urine drug testing and respirator fit tests as requested.
- c. The Provider will immediately notify the designated Human Resources staff member when an employee is not cleared to perform the work being considered, and has been referred to his or her personal physician for evaluation and/or treatment. Additionally, immediate notification is required when the medical status has been upgraded, allowing the employee to return to work.

C. Scope of Services

1. The scope of services shall include the following: Pre-employment medical examinations, drug and alcohol screenings (as requested), functional capacity testing, respirator/asbestos medical evaluations, fit tests, and hepatitis B shots. As requested, medical examinations may be required for other purposes.

SCOPE OF SERVICES

Each position will have a job specific protocol to identify specific diagnostic tests to be included in the medical/physical examination for all applicants for a specific job.

2. The protocol for each medical examination must meet established criteria, or the Provider must establish new criteria to ensure the job applicant can perform the essential functions of the specified job. All protocols must meet the approval of AHFC's Human Resources Director. The provider will be required to keep on file established protocols for each type of position and follow these protocols in conducting examinations of applicants or employees referred for such positions.

3. Questions arising from an individual's ability to perform the essential functions of a job should be directed to the AHFC Human Resource Director or designee, for discussion prior to reaching a decision. This discussion is limited to the concerns relating to the performance of a specific job function(s). AHFC has the responsibility of preventing individuals from working who are not physically qualified or who are not capable of performing in a safe and efficient manner. Although it will be AHFC's decision, not the physician's, to hire or retain an employee, we desire and expect a competent opinion from the examiner.

4. The contract administrator for any contract awarded under this RFQ will be the Director of Human Resources, or their designee.

D. Reporting Requirements

1. For all drug screening in which the initial screen identifies positive presence of the specified substance, a qualified Medical Review Officer (MRO) shall question the specimen donor. It will not be acceptable to have a member of the nursing staff act in lieu of the MRO.

2. The Provider shall prepare and maintain all required records to ensure the chain of custody in conducting drug screening. This includes the proper notification and recording of individuals to be tested, referring department, and all consent forms permitting the taking and analysis of a specimen.

3. The Provider must ensure that they have available a secure holding area for any individual unable to provide a specimen until such individual becomes able to provide the required specimen after consumption of allowable amount of fluid.

4. Reporting of results from drug screening must be in writing with reports faxed to a secure fax machine within the Human Resources Department preceded by a telephone call or email to the designated Human Resources Representative to alert that confidential information is about to be faxed.

5. Any positive results are to be reported by immediate telephone call to the designated Human Resources Representative and followed with a written, emailed or faxed report.

E. Documentation/Record Keeping/Automated Transfer of Information

1. The Provider will document all examinations, tests and findings, including but not limited to using and completing appropriate AHFC forms, affidavits and medical evaluation certificates, furnishing progress reports and correspondence as necessary. Documentation and record keeping will be in accordance with AHFC policy and all State and Federal Requirements.

2. The Provider will require AHFC employees reporting for drug and alcohol tests to present a picture I.D. to confirm identity.

3. The Provider will document on the Medical Referral form, the date and time employees arrive and depart with an electronic date/time stamper.

4. Results of drug and alcohol tests will be reported to the Human Resource Representative via automated systems. The Provider will provide AHFC with a hard copy of all drug and alcohol test information.

SCOPE OF SERVICES

5. Results of physical examinations will be reported to the Human Resource Representative via email, or fax. All results must be reported as pass/fail.
6. The Provider will inform employees in writing of any results/findings requiring further medical evaluation.
7. The Provider will provide AHFC's Human Resource Department with a hard copy of all pre-employment physical examination and drug test information including completed examination forms, laboratory reports, signed employee consent forms, and physical results classification.
8. Records of AHFC physicals and drug/alcohol tests will be retained for the duration of the contract. Upon termination or expiration of the contract, all physical examinations, drug and alcohol records will be electronically transferred to AHFC for archival. All records must be transmitted prior to payment of the final invoice. All medical records, including medical histories, results of examinations, etc., are to be retained by the provider and treated as confidential. The provider must comply with the Health Insurance Portability and Accountability Act (HIPPA) of 1996, as amended.
9. Upon request from AHFC, all records pertaining to the Corporation and its employees may be transferred, in full, either to AHFC or to any other Provider so designated.
10. The Provider will have the ability to electronically transfer data files in the format required by AHFC listing employees selected for testing. Information must include, but not be limited to, employee name, employee identification number, job title, and type of test.

F. Provider Requirements

1. The Provider will provide alcohol, drug and pre-employment physical examination results on a daily basis via automated information systems, as required by AHFC. In the case of equipment malfunction on the part of the Provider, the Provider will provide courier service on a daily basis.
2. The Provider must be available for walk-in appointments for local areas as necessary.
3. Results of negative drug/alcohol tests will be available to AHFC within two working days. If a MRO is unable to contact an AHFC employee to discuss a positive test result within 24 hours, AHFC's Human Resource Director or designee will be contacted. The Human Resource Director or designee will facilitate the employee communication with the MRO.
4. Pass/fail results of physical examinations and negative pre-employment drug tests will be available to AHFC within two working days. Notification of positive pre-employment drug tests will adhere to Department of Health and Human Services current Procedures for Workplace Drug and Alcohol Testing Programs. If a MRO is unable to contact an AHFC applicant to discuss a positive test result within 24 hours, AHFC's Human Resource Director or designee will be contacted. AHFC has the responsibility of preventing individuals from working who are not physically qualified or who are not capable of performing in a safe efficient manner.
5. The Provider will have adequate facilities, equipment, personnel, and resources to provide the complete scope of occupational medical services required.
6. Physician(s) assigned to AHFC's contract are required to have recent occupational medicine experience and a comprehensive knowledge of State and Federal Drug and Alcohol Regulations, the Americans with Disabilities Act, and the terms of this contract, the physical requirements to perform the AHFC jobs relevant to this contract, and related AHFC policies and procedures.
7. The provider must be familiar with OSHA regulations concerning fit tests; the equipment used to perform fit tests and must have at least two years of previous experience.

SCOPE OF SERVICES

8. AHFC reserves the option to review the credentials, interview the physician(s) and key medical personnel prior to their assignment to AHFC's Contract. AHFC reserves the right of approval of physician(s) or key personnel assigned to this contract. AHFC also reserves the right to approve drug and alcohol testing laboratories.

9. The Provider will provide AHFC with a chart detailing its Organizational Structure and a written policy on routes of communication.

G. AHFC Employees Authorized To Request Service

The employees in the following positions shall be authorized to request the specified services for the Corporation. All test results relating to Pre-employment physicals, alcohol and drugs, reasonable cause/suspicion, post-accident, return-to-duty will be sent to the authorized AHFC Employee staff member only. Respirator, Hepatitis and Fit test results will be sent to the designated Risk Manager.

Employee Job Title	Service
Human Resources Director, or designee AHFC Deputy Executive Director	Full scope of services.
Human Resources Officer Human Resources Specialist	Full scope of services. May authorize special exams with prior approval of the Human Resources Director. Return to work drug tests, post-accident (if requested), and reasonable cause alcohol and drug tests.
Human Resources Officer Human Resources Specialist	Pre-employment physicals and pre-employment drug test results.
Admin Services Manager/Risk Risk Management Specialist	Respirator/Asbestos Medical Evaluation Respirator fit test Hepatitis B Vaccinations Blood collection – possible pathogen exposure

H. Compensation and Payment

AHFC shall pay the Provider for services actually rendered and performed satisfactorily by the Provider. Invoices shall be submitted no later than the fifteenth of each calendar month. The Provider shall provide the following information on the face of the invoice: the title and number of the contract; a statement of the type of services rendered; the name of the employee; employee ID number, job title and date of service. The provider must list charges for the type of services performed by any other person, hospital or laboratory or entity, other than the Provider.

The Provider must present all invoices for the previous year no later than January 15 of the New Year. Invoices will be sent to the AHFC Human Resources Department P.O. Box 100320, Anchorage, Alaska, 99510-0320.

Date: _____

Respirator History Questionnaire

Last: _____ First: _____ Middle Initial: _____

SSN: _____ Date of Birth: _____ Sex: Male Female

Company: _____ Job Title: _____ Job Location: _____

Check the type of respirator you will use (check all that apply): Full Half SCBA Supplied Air Don't Know

Have you worn a respirator? Yes No If Yes, what type(s)? _____

The following questions must be answered.

	YES	NO
1. Do you currently smoke tobacco, or have you smoked tobacco in the last month?	_____	_____
2. Have you ever had any of the following conditions:		
Seizures (or fits, epilepsy, convulsions)	_____	_____
Diabetes (sugar diabetes)	_____	_____
Allergic reactions that interfere with your breathing	_____	_____
Claustrophobia (fear of closed-in spaces)	_____	_____
Trouble smelling odors	_____	_____
3. Have you ever had any of the following pulmonary or lung problems:		
Asbestosis	_____	_____
Asthma	_____	_____
Chronic bronchitis	_____	_____
Emphysema	_____	_____
Pneumonia	_____	_____
Tuberculosis	_____	_____
Pneumothorax (collapsed lung)	_____	_____
Lung Cancer	_____	_____
Broken Rib(s)	_____	_____
Any chest injuries	_____	_____
Any other lung problems/injuries?	_____	_____
4. Do you currently have any of the following symptoms or lung illness:		
Shortness of breath	_____	_____
Shortness of breath when walking fast on level ground or walking up a slight hill or incline	_____	_____
Shortness of breath when walking with other people at an ordinary pace on level ground	_____	_____
Have to stop for breath when walking at your own pace on level ground	_____	_____
Shortness of breath when washing or dressing yourself	_____	_____
Coughing that produces phlegm	_____	_____
Coughing that wakes you early in the morning	_____	_____
Coughing that occurs mostly when you are lying down	_____	_____
Coughing up blood in the last month	_____	_____
Wheezing	_____	_____
Wheezing that interferes with your job	_____	_____
Chest pain when you take a deep breath	_____	_____
Any other symptoms that you think may be related to lung problems?	_____	_____
5. Have you ever had any of the following cardiovascular or heart problems:		
Heart attack	_____	_____
Stroke	_____	_____
Angina	_____	_____
Heart failure	_____	_____
Swelling in your legs or feet (not caused by walking)	_____	_____
Heart arrhythmia (heart beating irregularly)	_____	_____
High blood pressure	_____	_____
Any other heart problem that you are aware of?	_____	_____
6. Have you ever had any of the following cardiovascular or heart problems:		
Frequent pain or tightness in your chest	_____	_____
Pain or tightness in your chest during physical activity	_____	_____
In the past two years, have you noticed your heart skipping or missing a beat	_____	_____
Heartburn or indigestion that is not related to eating	_____	_____
Any other symptoms that you think may be related to heart or circulation problems?	_____	_____

YES NO

7. Do you currently take any medication for any of the following problems:
- Blood pressure _____
 - Seizures (fits, convulsions, epilepsy) _____
 - Breathing or lung problems _____
 - Heart trouble? _____
8. Have you used a respirator? _____
- If NO, skip to question 9. If YES, have you ever had any of the following problems:
- Eye irritation _____
 - Skin allergies or rashes _____
 - Anxiety _____
 - General weakness or fatigue _____
 - Any other problems that interfere with your use of a respirator? _____
9. Would you like to talk to the provider about your answers to this questionnaire? _____

Answering the following questions to the best of your ability.

10. Have you ever lost vision in either eye (temporarily or permanently)? _____
11. Do you currently have any of the following vision problems:
- Wear contact lenses _____
 - Wear glasses _____
 - Color blind _____
 - Any other eye or vision problems? _____
12. Have you ever had an injury to your ears, including a broken ear drum? _____
13. Do you currently have any of the following hearing problems:
- Difficulty hearing _____
 - Wear a hearing aid _____
 - Any other hearing or ear problems? _____
14. Have you ever had a back injury? _____
15. Do you currently have any of the following musculoskeletal problems?
- Weakness in any of your arms, hands, legs, or feet _____
 - Back pain _____
 - Difficulty fully moving your arms and legs _____
 - Pain or stiffness when you lean forward or backward at the waist _____
 - Difficulty fully moving your head up or down _____
 - Difficulty fully moving your head side to side _____
 - Difficulty bending at your knees _____
 - Difficulty squatting to the ground _____
 - Difficulty climbing a flight of stairs or a ladder carrying more than 25 pounds _____
 - Any other muscular or skeletal problems that might interfere with using a respirator _____
16. In your present job are you:
- Working at high altitudes (over 5,000 feet) _____
 - In a place that has lower than normal amounts of oxygen _____
 - If YES, do you have feelings of dizziness, shortness of breath, pounding in your chest or other symptoms when you are working under these conditions? _____
17. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals or have you come into skin contact with hazardous chemicals? _____
- If YES, please list the names of the chemicals: _____
18. Have you ever worked with any of the materials or under any of the conditions listed below:
- Asbestos _____
 - Beryllium _____
 - Aluminum _____
 - Iron _____
 - Tin _____
 - Cadmium _____
 - Isocyanates _____
 - Silica (i.e. rock drilling/dust) _____
 - Tungsten/Cobalt (i.e. grinding or welding this material) _____
 - Coal dust (i.e. mining, power plants) _____
 - Any other hazardous exposures _____
 - Dusty environments _____
 - Welding fumes _____
 - Agricultural dust _____
 - If YES, please describe exposures below: _____

19. List any second jobs/side businesses you have: _____

Patient Name: _____ Date: _____

20.	List previous occupations: _____			
21.	List your current and previous hobbies: _____			
		YES	NO	
22.	Have you been in the military services? If YES, were you exposed to biological or chemical agents (either in training or combat)?	_____	_____	
23.	Have you ever worked on a HAZMAT team?	_____	_____	
24.	Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications)? If YES, list the medications below: _____	_____	_____	
25.	Will you be using any of the following items with your respirator(s)? HEPA filters Canisters (i.e. gas masks) Cartridges	_____	_____	
26.	How often are you expected to use the respirator(s)? Check all that apply. Escape only (no rescue) Emergency rescue only Less than 5 hours per week Less than 2 hours per day 2 – 4 hours per day Over 4 hours per day	_____	_____	
27.	What types of work do you do during the period you are using the respirator(s)? Light If YES, how long does this period last during the average shift? _____ hours _____ minutes i.e. sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1 – 3 lbs.) or controlling machines. Moderate If YES, how long does this period last during the average shift? _____ hours _____ minutes i.e. sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5 degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface. Heavy If YES, how long does this period last during the average shift? _____ hours _____ minutes i.e. lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8 degree grade about 2 mph; or climbing stairs with a heavy load (about 50 lbs).	_____	_____	
28.	Will you be wearing protective clothing and/or equipment (other than the respirator) when using your respirator? If YES, describe this protective clothing and or equipment below: _____	_____	_____	
29.	Will you be working under hot conditions (temperature exceeding 77° F)?	_____	_____	
30.	Will you be working under humid conditions?	_____	_____	
31.	Describe the work you will be doing while you are using your respirator(s): _____			
32.	Describe any special or hazardous conditions you might encounter when you are using your respirator(s), for example, confined space, etc: _____			
33.	Provide the following information for each toxic substance that you'll be exposed to when using your respirator(s): Name of the first toxic substance: _____ Duration of exposure per shift: _____ Estimated maximum exposure level per shift: _____ Name of the second toxic substance: _____ Duration of exposure per shift: _____ Estimated maximum exposure level per shift: _____ Name of the third toxic substance: _____ Duration of exposure per shift: _____ Estimated maximum exposure level per shift: _____ The name of any other toxic substances that you'll be exposed to while using your respirator: _____			

Patient Name: _____ Date: _____

34. Describe any special responsibilities you will have while using your respirator(s) that may affect the safety and wellbeing of others (i.e. records)

Please describe any positive responses to questions 1 – 15. Include medications and doses.

Question # Detailed Description

I certify that I have completed the above questionnaire accurately and completely. I consent to a physical examination as required to determine my ability to use respiratory equipment in conjunction with my employment. I understand that the written opinion as to my capability to use a respirator will be conveyed to management.

Signature

Date

On-Site Examination

The purpose of the history and exam is to identify any disqualifying reasons for use of a respirator. These generally fall under the following medical areas: No compromising heart, lung, or airway problems: no syncopal, seizure, or claustrophobic/behavioral disorders; no significant musculoskeletal problems. Following medication inquiry, history shall be confined to shortness of breath, cough, wheeze, external capacity, and brief past or present cardiopulmonary symptomatology. Additional history of syncope, blackout, seizure, claustrophobia, or past mask intolerance is relevant. Examination requires only a blood pressure, airway exam, hear-lungs, and general assessment.

Item	Normal	Abnormal	Elaborate on abnormal items
Facial Configuration, Airway	_____	_____	_____
Eardrum(s) Perforation(s)	_____	_____	_____
Lungs	_____	_____	_____
Heart	_____	_____	_____
Other	_____	_____	_____

BP: _____ Pulse: _____ Weight: _____ Height: _____

Examiner

Date

I have been informed that I should follow up with my personal physician in regard to the following medical problems:

- Not Applicable
- Hypertension
- Diabetes
- Lung Disorders
- Other

I have been advised that I should notify my supervisor and coworkers of personal medical conditions as follows:

- Not Applicable
- Hypertension
- Diabetes
- Lung Disorders
- Other

I have been advised to:

- Not Applicable
- Reduce my fat and caloric intake
- Increase my aerobic exercise
- Quit Smoking
- Wear hearing protection when exposed to loud or excessive noise
- Other

Signature

Date

Patient Name: _____ Date: _____