

INVITATION TO BID (ITB) NUMBER

2518N008

RETURN THIS BID TO THE ISSUING OFFICE AT:

Department of Transportation & Public Facilities
Northern Region Procurement Office
2301 Peger Road
Fairbanks, Alaska 99709



THIS IS NOT AN ORDER DATE ITB ISSUED: February 7, 2018

ITB TITLE: Medical Examinations; Fairbanks International Airport, "As Needed".

SEALED BIDS MUST BE SUBMITTED TO THE DEPARTMENT OF TRANSPORTATION & PUBLIC FACILITIES AT THE ABOVE ADDRESS AND MUST BE TIME AND DATE STAMPED BY THE PURCHASING SECTION PRIOR TO 10:00 AM ON WEDNESDAY, FEBRUARY 28TH 2018, AT WHICH TIME THEY WILL BE PUBLICLY OPENED.

DELIVERY LOCATION: Fairbanks International Airport

DELIVERY DATE: As required

F.O.B. POINT: FINAL DESTINATION

IMPORTANT NOTICE: If you received this solicitation from the State's "Online Public Notice" web site, you must register with the Procurement Officer listed on this document to receive notification of subsequent amendments. Failure to contact the Procurement Officer may result in the rejection of your offer.

BIDDER'S NOTICE: By signature on this form, the bidder certifies that:

- (1) the bidder has a valid Alaska business license, or will obtain one prior to award of any contract resulting from this ITB. If the bidder possesses a valid Alaska business license, the license number must be written below or one of the following forms of evidence must be submitted with the bid:
 - a canceled check for the business license fee;
 - a copy of the business license application with a receipt date stamp from the State's business license office;
 - a receipt from the State's business license office for the license fee;
 - a copy of the bidder's valid business license;
 - a sworn notarized affidavit that the bidder has applied and paid for a business license;
- (2) the price(s) submitted was arrived at independently and without collusion and that the bidder is complying with:
 - the laws of the State of Alaska;
 - the applicable portion of the Federal Civil Rights Act of 1964;
 - the Equal Employment Opportunity Act and the regulations issued thereunder by the State and Federal Government; and
 - all terms and conditions set out in this Invitation to Bid (ITB).

If a bidder fails to comply with (1) at the time designated in the ITB for opening the state will disallow the Alaska Bidder Preference. If a bidder fails to comply with (2) of this paragraph, the state may reject the bid, terminate the contract, or consider the contractor in default. Bids must be also submitted under the name as appearing on the bidder's current Alaska business license in order to receive the Alaska Bidder Preference.

 Eric Johnson PROCUREMENT OFFICER	_____ COMPANY SUBMITTING BID	*DOES YOUR BUSINESS QUALIFY FOR THE ALASKA BIDDER PREFERENCE? [] YES [] NO
TELEPHONE NUMBER (907) 451-5102	_____ AUTHORIZED SIGNATURE	*DOES YOUR BUSINESS QUALIFY FOR THE ALASKA VETERAN PREFERENCE? [] YES [] NO
FAX NUMBER (907) 451-5238	_____ PRINTED NAME	*SEE ITB FOR EXPLANATION OF CRITERIA TO QUALIFY
EMAIL: eric.johnson@alaska.gov	_____ DATE	_____ E-MAIL ADDRESS
_____ ALASKA BUSINESS LICENSE NUMBER	_____ FEDERAL TAX ID NUMBER	_____ TELEPHONE NUMBER

INSTRUCTIONS TO BIDDERS:

1. INVITATION TO BID (ITB) REVIEW: Bidders shall carefully review this ITB for defects and questionable or objectionable material. Bidders' comments concerning defects and questionable or objectionable material in the ITB must be made in writing and received by the purchasing authority at least ten (10) days before the bid opening date. This will allow time for an amendment to be issued if one is required. It will also help prevent the opening of a defective bid, upon which award cannot be made, and the resultant exposure of bidders' prices. Bidders' original comments should be sent to the purchasing authority listed on the front of this ITB.

2. BID FORMS: Bidders shall use this and attached forms in submitting bids. A photocopied bid may be submitted.

3. SUBMITTING BIDS: Envelopes containing bids must be sealed, marked, and addressed as shown in the example below. Do not put the ITB number and opening date on the envelope of a request for bid information. Envelopes with ITB numbers annotated on the outside will not be opened until the scheduled date and time.

Bidder's Return Address

Department of Transportation & Public Facilities
Supply & Services
2301 Peger Road
Fairbanks, AK 99709

ITB Name & No.: Medical Examinations; Fairbanks International Airport, "As Needed"; 2518N008

Opening Date: February 28th, 2018 at 10:00 AM

ELECTRONIC BID SUBMISSION: Bids may be emailed to eric.johnson@alaska.gov, no later than the date and time listed on page one of this ITB as the deadline for receipt of bids, and must contain the ITB number in the subject line of the email. Emailed bids must be submitted as an attachment in PDF format. Please note that the **maximum** size of a single email (including *all* text and attachments) that can be received by the state is **20mb (megabytes)**. If the email containing the bid exceeds this size, the bid must be sent in multiple emails that are each less than 20 megabytes and each email must comply with the requirements described above. The state is not responsible for unreadable, corrupt, or missing attachments. It is the bidder's responsibility to contact the issuing office at [\(907\) 451-5102](tel:(907)451-5102) to confirm that the bid has been received. Failure to follow the above instructions may result in the bid being found non-responsive and rejected.

FAX BID SUBMISSION: Bids may be faxed to [\(907\) 451-2313](tel:(907)451-2313), no later than the date and time listed on page one of this ITB as the deadline for receipt of bids. It is the bidder's responsibility to contact the issuing office at [\(907\) 451-5102](tel:(907)451-5102) to make arrangements prior to faxing the bid and to confirm that the bid has been received. Failure to follow the above instructions may result in the bid being found non-responsive and rejected.

4. PRICES: The bidder shall state prices in the units of issue on this ITB. Prices quoted for commodities must be in U.S. funds and include applicable federal duty, brokerage fees, packaging, and transportation cost to the FOB point so that upon transfer of title the commodity can be utilized without further cost. Prices quoted for services must be quoted in U.S. funds and include applicable federal duty, brokerage fee, packaging, and transportation cost so that the services can be provided without further cost. Prices quoted in bids must be exclusive of federal, state, and local taxes. If the bidder believes that certain taxes are payable by the State, the bidder may list such taxes separately, directly below the bid price for the affected item. The State is exempt from Federal Excise Tax except the following:

- Coal - Internal Revenue Code of 1986 (IRC), Section 4121 - on the purchase of coal;

- “Gas Guzzler” - IRC, Section 4064 - on the purchase of low m.p.g. automobiles, except that police and other emergency type vehicles are not subject to the tax;
- Air Cargo - IRC, Section 4271 - on the purchase of property transportation services by air;
- Air Passenger - IRC, Section 4261 - on the purchase of passenger transportation services by air carriers.
- Leaking Underground Storage Tank Trust Fund Tax (LUST) - IRC, Section 4081 - on the purchase of Aviation Gasoline, Diesel Fuel, Gasoline, and Kerosene.

5. VENDOR TAX ID NUMBER: If goods or services procured through this ITB are of a type that is required to be included on a Miscellaneous Tax Statement, as described in the Internal Revenue Code, a valid tax identification number must be provided to the State of Alaska before payment will be made.

6. FILING A PROTEST: A bidder may protest the award of a contract or the proposed award of a contract for supplies, services, or professional services. The protest must be filed in writing and include the following information: (1) the name, address, and telephone number of the protester; (2) the signature of the protester or the protester's representative; (3) identification of the contracting agency and the solicitation or contract at issue; (4) a detailed statement of the legal and factual grounds of the protest, including copies of relevant documents; and (5) the form of relief requested. Protests will be treated in accordance with Alaska Statutes (AS) 36.30.560-36.30.610.

CONDITIONS:

1. AUTHORITY: This ITB is written in accordance with AS 36.30 and 2 AAC 12.

2. COMPLIANCE: In the performance of a contract that results from this ITB, the contractor must comply with all applicable federal, state, and borough regulations, codes, and laws; and be liable for all required insurance, licenses, permits and bonds; and pay all applicable federal, state, and borough taxes.

3. SUITABLE MATERIALS, ETC.: Unless otherwise specified, all materials, supplies or equipment offered by a bidder shall be new, unused, and of the latest edition, version, model or crop and of recent manufacture.

4. SPECIFICATIONS: Unless otherwise specified in the ITB, product brand names or model numbers specified in this ITB are examples of the type and quality of product required, and are not statements of preference. If the specifications describing an item conflict with a brand name or model number describing the item, the specifications govern. Reference to brand name or number does not preclude an offer of a comparable or better product, if full specifications and descriptive literature are provided for the product. Failure to provide such specifications and descriptive literature may be cause for rejection of the offer.

5. FIRM OFFER: For the purpose of award, offers made in accordance with this ITB must be good and firm for a period of ninety (90) days from the date of bid opening.

6. EXTENSION OF PRICES: In case of error in the extension of prices in the bid, the unit prices will govern; in a lot bid, the lot prices will govern.

7. BID PREPARATION COSTS: The State is not liable for any costs incurred by the bidder in bid preparation.

8. CONSOLIDATION OF AWARDS: Due to high administrative costs associated with processing of purchase orders, a single low bid of \$50 or less may, at the discretion of the State, be awarded to the next low bidder receiving other awards for consolidation purposes. This paragraph is not subject to the protest terms enumerated in “*INSTRUCTION TO BIDDERS*”, “*FILING A PROTEST*” above.

9. CONTRACT FUNDING: Bidders are advised that funds are available for the initial purchase and/or the first term of the contract. Payment and performance obligations for succeeding purchases and/or additional terms of the contract are subject to the availability and appropriation of funds.

10. CONFLICT OF INTEREST: An officer or employee of the State of Alaska may not seek to acquire, be a party to, or possess a financial interest in, this contract if (1) the officer or employee is an employee of the administrative unit that supervises the award of this contract; or (2) the officer or employee has the power to take or withhold official action so as to affect the award or execution of the contract.

11. ASSIGNMENT(S): Assignment of rights, duties, or payments under a contract resulting from this ITB is not permitted unless authorized in writing by the State of Alaska, Department of Administration, Division of General Services. Bids that are conditioned upon the State's approval of an assignment will be rejected as nonresponsive.

12. SUBCONTRACTOR(S): Within five (5) working days of notice from the state, the apparent low bidder must submit a list of the subcontractors that will be used in the performance of the contract. The list must include the name of each subcontractor and the location of the place of business for each subcontractor and evidence of each subcontractor's valid Alaska business license.

13. FORCE MAJEURE (Impossibility to perform): The contractor is not liable for the consequences of any failure to perform, or default in performing, any of its obligations under this Agreement, if that failure or default is caused by any unforeseeable Force Majeure, beyond the control of, and without the fault or negligence of, the contractor. For the purposes of this Agreement, Force Majeure will mean war (whether declared or not); revolution; invasion; insurrection; riot; civil commotion; sabotage; military or usurped power; lightning; explosion; fire; storm; drought; flood; earthquake; epidemic; quarantine; strikes; acts or restraints of governmental authorities affecting the project or directly or indirectly prohibiting or restricting the furnishing or use of materials or labor required; inability to secure materials, machinery, equipment or labor because of priority, allocation or other regulations of any governmental authorities.

14. LATE BIDS: Late bids are bids received after the time and date set for receipt of the bids. Late bids will not be accepted.

15. CONTRACT EXTENSION: Unless otherwise provided in this ITB, the State and the successful bidder/contractor agree: (1) that any holding over of the contract excluding any exercised renewal options, will be considered as a month-to-month extension, and all other terms and conditions shall remain in full force and effect and (2) to provide written notice to the other party of the intent to cancel such month-to-month extension at least thirty (30) days before the desired date of cancellation.

16. DEFAULT: In case of default by the contractor, for any reason whatsoever, the State of Alaska may procure the goods or services from another source and hold the contractor responsible for any resulting excess cost and may seek other remedies under law or equity.

17. DISPUTES: Any dispute arising out of this agreement shall be resolved under the laws of Alaska. Any appeal of an administrative order or any original action to enforce any provision of this agreement or to obtain any relief from or remedy in connection with this agreement may be brought only in the superior court for the State of Alaska.

18. CONSUMER ELECTRICAL PRODUCT: AS 45.45.910 requires that "...a person may not sell, offer to sell, or otherwise transfer in the course of the person's business a consumer electrical product that is manufactured after August 14, 1990, unless the product is clearly marked as being listed by an approved third party certification program." Electrical consumer products manufactured before August 14, 1990, must either be clearly marked as being third party certified or be marked with a warning label that complies with AS

45.45.910(e). Even exempted electrical products must be marked with the warning label. By signature on this bid the bidder certifies that the product offered is in compliance with the law. A list of approved third party certifiers, warning labels and additional information is available from: Department of Labor and Workforce Development, Labor Standards & Safety Division, Mechanical Inspection Section, P.O. Box 107020, Anchorage, Alaska 99510-7020, (907)269-4925.

19. SEVERABILITY: If any provision of the contract is declared by a court to be illegal or in conflict with any law, the validity of the remaining terms and provisions will not be affected; and, the rights and obligations of the parties will be construed and enforced as if the contract did not contain the particular provision held to be invalid.

SPECIAL CONDITIONS:

1.ORDER DOCUMENTS: Except as specifically allowed under this ITB, an ordering agency will not sign any vendor contract. The State is not bound by a vendor contract signed by a person who is not specifically authorized to sign for the State under this ITB. The State of Alaska Purchase Order, Contract Award and Delivery Order are the only order documents that may be used to place orders against the contract(s) resulting from this ITB.

2.BILLING INSTRUCTIONS: Invoices must be billed to the ordering agency's address shown on the individual Purchase Order, Contract Award or Delivery Order, not to the Division of General Services. The ordering agency will make payment after it receives the merchandise or service and the invoice. Questions concerning payment must be addressed to the ordering agency.

3.CONTINUING OBLIGATION OF CONTRACTOR: Notwithstanding the expiration date of a contract resulting from this ITB, the contractor is obligated to fulfill its responsibilities until warranty, guarantee, maintenance and parts availability requirements have completely expired.

PREFERENCES:

1. ALASKA BIDDER PREFERENCE: Award will be made to the lowest responsive and responsible bidder after an Alaska bidder preference of five percent (5%) has been applied. The preference will be given to a person who: (1) holds a current Alaska business license at the time designated in the invitation to bid for bid opening; (2) submits a bid for goods or services under the name on the Alaska business license; (3) has maintained a place of business within the state staffed by the bidder, or an employee of the bidder, for a period of six months immediately preceding the date of the bid; (4) is incorporated or qualified to do business under the laws of the state, is a sole proprietorship and the proprietor is a resident of the state, is a limited liability company organized under AS 10.50 and all members are residents of the state, or is a partnership under AS 32.06 or AS 32.11 and all partners are residents of the state; and, (5) if a joint venture, is composed entirely of ventures that qualify under (1) - (4) of this subsection. AS 36.30.170, AS 36.30.321(a) and AS 36.30.990[25]

2. ALASKA VETERAN PREFERENCE: If a bidder qualifies for the Alaska bidder preference under AS 36.30.321(a) and AS 36.30.990[25] and is a qualifying entity as defined in AS 36.30.321(f), they will be awarded an Alaska veteran preference of five percent (5%). The preference will be given to a (1) sole proprietorship owned by an Alaska veteran; (2) partnership under AS 32.06 or AS 32.11 if a majority of the partners are Alaska veterans; (3) limited liability company organized under AS 10.50 if a majority of the members are Alaska veterans; or (4) corporation that is wholly owned by individuals and a majority of the individuals are Alaska veterans, and may not exceed \$5,000. The bidder must also add value by actually performing, controlling, managing, and supervising the services provided, or for supplies, the bidder must have sold supplies of the general nature solicited to other state agencies, other governments, or the general public - AS 36.30.321(i).

3. USE OF LOCAL FOREST PRODUCTS: In a project financed by state money in which the use of timber, lumber and manufactured lumber is required, only timber, lumber and manufactured lumber products originating in this state from Alaska forests shall be used unless the use of those products has been determined to be impractical, in accordance with AS 36.15.010 and AS 36.30.322.

4. LOCAL AGRICULTURAL AND FISHERIES PRODUCTS PREFERENCE: When agricultural, dairy, timber, lumber, or fisheries products are purchased using state money, a seven percent (7%) preference shall be applied to the price of the products harvested in Alaska, or in the case of fisheries products, the products harvested or processed within the jurisdiction of Alaska, in accordance with AS 36.15.050.

5. ALASKA PRODUCT PREFERENCE: A bidder that designates the use of an Alaska Product which meets the requirements of the ITB specification and is designated as a Class I, Class II or Class III Alaska Product by the Department of Community & Economic Development shall receive a preference in the bid evaluation in accordance with AS 36.30.332 and 3 AAC 92.010.

6. EMPLOYMENT PROGRAM PREFERENCE: If a bidder qualifies for the Alaska bidder preference under AS 36.30.321(a) and AS 36.30.990[25], and is offering goods or services through an employment program as defined under 36.30.990(11), they will be awarded an Employment Program Preference of fifteen percent (15%) in accordance with AS 36.30.321(b).

7. ALASKANS WITH DISABILITIES PREFERENCE: If a bidder qualifies for the Alaska bidder preference under AS 36.30.321(a) and AS 36.30.990[25], and is a qualifying entity as defined in AS 36.30.321(d), they will be awarded an Alaskans with Disabilities Preference of ten percent (10%) in accordance with AS 36.30.321(d). A bidder may not receive both an Employment Program Preference and an Alaskans with Disabilities Preference.

8. PREFERENCE QUALIFICATION LETTER: Regarding preferences 6 and 7 above, the Division of Vocational Rehabilitation in the Department of Labor and Workforce Development maintains lists of Alaskan; [1] employment programs that qualify for preference, and [2] individuals who qualify for preference as Alaskan's with disabilities. In accordance with AS 36.30.321(i), in order to qualify for one of these preferences, a bidder must add value by actually performing, controlling, managing, and supervising the services provided, or for supplies, a bidder must have sold supplies of the general nature solicited to other state agencies, governments, or the general public.

As evidence of an individual's or a business' right to a certain preference, the Division of Vocational Rehabilitation will issue a certification letter. To take advantage of the preferences 6 or 7 above, an individual or business must be on the appropriate Division of Vocational Rehabilitation list at the time the bid is opened, and must attach a copy of their certification letter to their bid. The bidder's failure to provide this certification letter with their bid will cause the State to disallow the preference.

ALASKA BUSINESS LICENSE AND OTHER REQUIRED LICENSES: Prior to the award of a contract, a bidder must hold a valid Alaska business license. However, in order to receive the Alaska Bidder Preference and other related preferences, such as the Alaska Veteran and Alaskans with Disabilities Preference, a bidder must hold a valid Alaska business license at the time designated for bid opening. Bidders should contact the Department of Commerce, Community and Economic Development, Division of Corporations, Business, and Professional Licensing for information on these licenses.

Website: <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing.aspx>

Phone: (907) 465-2550

Email: license@alaska.gov

Acceptable evidence that the bidder possesses a valid Alaska business license may consist of any one of the following:

- (a) copy of an Alaska business license;
- (b) certification on the bid that the bidder has a valid Alaska business license and has included the license number in the bid (see front page);
- (c) a canceled check for the Alaska business license fee;
- (d) a copy of the Alaska business license application with a receipt stamp from the state's occupational licensing office; or
- (e) a sworn and notarized statement that the bidder has applied and paid for the Alaska business license.

You are not required to hold a valid Alaska business license at the time bids are opened if you possess one of the following licenses and are offering services or supplies under that specific line of business:

- fisheries business licenses issued by Alaska Department of Revenue or Alaska Department of Fish and Game,
- liquor licenses issued by Alaska Department of Revenue for alcohol sales only,
- insurance licenses issued by Alaska Department of Commerce, Community and Economic Development, Division of Insurance, or
- Mining licenses issued by Alaska Department of Revenue.

At the time designated for bid opening, all bidders must hold any other necessary applicable professional licenses required by Alaska Statute.

ALASKA BIDDER PREFERENCE: An Alaska Bidder Preference of five percent will be applied prior to evaluation. The preference will be given to a bidder who:

- (1) holds a current Alaska business license at the time designated for bid opening;

- (2) submits a proposal for goods or services under the name appearing on the bidder's current Alaska business license;
- (3) has maintained a place of business within the state staffed by the bidder, or an employee of the bidder, for a period of six months immediately preceding the date of the bid;
- (4) is incorporated or qualified to do business under the laws of the state, is a sole proprietorship and the proprietor is a resident of the state, is a limited liability company (LLC) organized under AS 10.50 and all members are residents of the state, or is a partnership under AS 32.06 or AS 32.11 and all partners are residents of the state; and
- (5) if a joint venture, is composed entirely of ventures that qualify under (1)-(4) of this subsection.

ALASKA BIDDER PREFERENCE STATEMENT: In order to receive the Alaska Bidder Preference, the bid must also include a statement certifying that the bidder is eligible to receive the Alaska Bidder Preference.

If the bidder is a LLC or partnership as identified in (4) of this subsection, the statement must also identify each member or partner and include a statement certifying that all members or partners are residents of the state.

If the bidder is a joint venture which includes a LLC or partnership as identified in (4) of this subsection, the statement must also identify each member or partner of each LLC or partnership that is included in the joint venture and include a statement certifying that all of those members or partners are residents of the state.

BIDDERS WITH DISABILITIES: The State of Alaska complies with Title II of the Americans with Disabilities Act of 1990. Individuals with disabilities who may need auxiliary aids, services, and/or special modifications to participate in this procurement should contact the Department of Transportation & Public Facilities at one of the following numbers no later than Ten (10) days prior to bid opening to make any necessary arrangements.

Telephone: (907) 451-5102
Fax: (907) 451-2313
TDD: (907) 451-2363

COMPLIANCE WITH ADA: By signature of their bid the bidder certifies that they comply with the Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government.

Services or activities furnished to the general public on behalf of the state must be fully accessible. This is intended to ensure that agencies are in accordance with 28 CFR Part 35

Section 35.130 and that services, programs or activities furnished to the public through a contract do not subject qualified individuals with a disability to discrimination based on the disability.

PREFERENCE QUALIFICATION: In order to qualify for an Alaska Veterans Preference, Employment Program Preference, or Alaskans with Disabilities Preference, a bidder must add value by actually performing, controlling, managing, and supervising the services provided, or a bidder must have sold supplies of the general nature solicited to other state agencies, governments, or the general public.

CONTRACT PERFORMANCE LOCATION: By signature on their bid, the bidder certifies that all services provided under this contract by the contractor and all subcontractors shall be performed in the United States.

If the bidder cannot certify that all work will be performed in the United States, the bidder must contact the procurement officer in writing to request a waiver at least 10 days prior to the deadline for receipt of bids.

The request must include a detailed description of the portion of work that will be performed outside the United States, where, by whom, and the reason the waiver is necessary.

Failure to comply with these requirements may cause the state to reject the bid as non-responsive, or cancel the contract.

HUMAN TRAFFICKING: By signature on their bid, the bidder certifies that the bidder is not established and headquartered or incorporated and headquartered in a country recognized as Tier 3 in the most recent United States Department of State's Trafficking in Persons Report.

The most recent United States Department of State's Trafficking in Persons Report can be found at the following website: <http://www.state.gov/g/tip/>

Failure to comply with this requirement will cause the state to reject the bid as non-responsive, or cancel the contract

CONTRACT INTENT: This Invitation to Bid (ITB) is intended to result in the establishment of a term limit contract to perform required examinations in Fairbanks for the Department of Transportation & Public Facilities (DOT&PF). The successful contractor will be required to assess the physical health and capability of applicants for the following positions:

- Police Officer
- Fire Fighter
- Other commissioned officers that are required to undergo medical examinations.

The services must be completed by a licensed physician/physician assistant and will include medical history questionnaires, performing medical examination reports, reviewing patient medical records and writing functional assessments.

NOTICE OF INTENT TO AWARD: After the responses to this ITB have been opened and evaluated, a tabulation of the bids will be prepared. This tabulation, called a Notice of Intent to Award, serves two purposes. It lists the name of each company or person that offered a bid and the price they bid. It also provides notice of the state's intent to award a contract(s) to the bidder(s) indicated. A copy of the Notice of Intent will be mailed to each company or person who responded to the ITB. Bidders identified as the apparent low responsive bidders are instructed not to proceed until a Purchase Order, Contract Award, Lease, or some other form of written notice is given by the contracting officer. A company or person who proceeds prior to receiving a Purchase Order, Contract Award, Lease, or some other form of written notice from the contracting officer does so without a contract and at their own risk.

PAYMENT FOR STATE PURCHASES: Payment for agreements under \$500,000 for the undisputed purchase of goods or services provided to a state agency, will be made within 30 days of the receipt of a proper billing or the delivery of the goods or services to the location(s) specified in the agreement, whichever is later. A late payment is subject to 1.5% interest per month on the unpaid balance. Interest will not be paid if there is a dispute or if there is an agreement that establishes a lower interest rate or precludes the charging of interest.

PROMPT PAYMENT FOR STATE PURCHASES: The state is eligible to receive a 5% discount for all invoices paid within 15 business days from the date of receipt of the commodities or services and/or a correct invoice, whichever is later. The discount shall be taken on the full invoice amount. The state shall consider payment being made as either the date a printed warrant is issued or the date an electronic funds transfer (EFT) is initiated

FEDERAL EXCISE TAX: The State of Alaska is exempt from Federal Excise Tax except for the following:

- Coal - Internal Revenue Code of 1986 (IRC), Section 4121 - on the purchase of coal;
- "Gas Guzzler" - IRC, Section 4064 - on the purchase of low m.p.g. automobiles, except that police and other emergency type vehicles are not subject to the tax;
- Air Cargo - IRC, Section 4271 - on the purchase of property transportation services by air;
- Air Passenger - IRC, Section 4261 - on the purchase of passenger transportation services by air charter.
- Leaking Underground Storage Tank Trust Fund Tax (LUST) - IRC, Section 4081 - on the purchase of Aviation gasoline, Diesel Fuel, Gasoline, and Kerosene.

The State of Alaska is also exempt from State Motor Fuel Taxes. The appropriate exemption forms will accompany a contract(s) resulting from this ITB. The state is not exempt from the Federal Superfund Tax.

CONTRACT ADMINISTRATION: The administration of this contract is the responsibility of Eric Johnson, Procurement Officer, Department of Transportation & Public Facilities.

INDEMNIFICATION: The contractor shall indemnify, hold harmless, and defend the contracting agency from and against any claim of, or liability for error, omission or negligent act

of the contractor under this agreement. The contractor shall not be required to indemnify the contracting agency for a claim of, or liability for, the independent negligence of the contracting agency. If there is a claim of, or liability for, the joint negligent error or omission of the contractor and the independent negligence of the Contracting agency, the indemnification and hold harmless obligation shall be apportioned on a comparative fault basis. "Contractor" and "Contracting agency", as used within this and the following article, include the employees, agents and other contractors who are directly responsible, respectively, to each. The term "independent negligence" is negligence other than in the Contracting agency's selection, administration, monitoring, or controlling of the contractor and in approving or accepting the contractor's work.

INSURANCE: Without limiting contractor's indemnification, it is agreed that contractor shall purchase at its own expense and maintain in force at all times during the performance of services under this agreement the following policies of insurance. Where specific limits are shown, it is understood that they shall be the minimum acceptable limits. If the contractor's policy contains higher limits, the state shall be entitled to coverage to the extent of such higher limits. Certificates of Insurance must be furnished to the contracting officer prior to beginning work and must provide for a notice of cancellation, non-renewal, or material change of conditions in accordance with policy provisions. Failure to furnish satisfactory evidence of insurance or lapse of the policy is a material breach of this contract and shall be grounds for termination of the contractor's services. All insurance policies shall comply with, and be issued by insurers licensed to transact the business of insurance under AS 21.

Proof of insurance is required for the following:

Workers' Compensation Insurance: The contractor shall provide and maintain, for all employees engaged in work under this contract, coverage as required by AS 23.30.045, and; where applicable, any other statutory obligations including but not limited to Federal U.S.L. & H. and Jones Act requirements. The policy must waive subrogation against the state.

Commercial General Liability Insurance: covering all business premises and operations used by the contractor in the performance of services under this agreement with minimum coverage limits of \$300,000 combined single limit per occurrence.

Commercial Automobile Liability Insurance: covering all vehicles used by the contractor in the performance of services under this agreement with minimum coverage limits of \$300,000 combined single limit per occurrence.

Failure to supply satisfactory proof of insurance within the time required will cause the state to declare the bidder non-responsible and to reject the bid.

SUPPORTING INFORMATION: The state strongly desires that bidders submit all required technical, specification, and other supporting information with their bid, so that a detailed analysis and determination can be made by the contracting officer that the product offered meets the ITB specifications and that other requirements of the ITB have been met. However, provided a bid meets the requirements for a definite, firm, unqualified, and unconditional offer, the state

reserves the right to request supplemental information from the bidder, after the bids have been opened, to ensure that the products offered completely meet the ITB requirements. The requirement for such supplemental information will be at the reasonable discretion of the state and may include the requirement that a bidder will provide a sample product(s) so that the state can make a first-hand examination and determination.

A bidder's failure to provide this supplemental information or the product sample(s), within the time set by the state, will cause the state to consider the offer non-responsive and reject the bid.

FIRM, UNQUALIFIED AND UNCONDITIONAL OFFER: Bidders must provide enough information with their bid to constitute a definite, firm, unqualified and unconditional offer. To be responsive a bid must constitute a definite, firm, unqualified and unconditional offer to meet all of the material terms of the ITB. Material terms are those that could affect the price, quantity, quality, or delivery. Also included as material terms are those which are clearly identified in the ITB and which, for reasons of policy, must be complied with at risk of bid rejection for non-responsiveness.

NONDISCLOSURE AND CONFIDENTIALITY: Contractor agrees that all confidential information shall be used only for purposes of providing the deliverables and performing the services specified herein and shall not disseminate or allow dissemination of confidential information except as provided for in this section. The contractor shall hold as confidential and will use reasonable care (including both facility physical security and electronic security) to prevent unauthorized access by, storage, disclosure, publication, dissemination to and/or use by third parties of, the confidential information. "Reasonable care" means compliance by the contractor with all applicable federal and state law, including the Social Security Act and HIPAA. The contractor must promptly notify the state in writing if it becomes aware of any storage, disclosure, loss, unauthorized access to or use of the confidential information.

Confidential information, as used herein, means any data, files, software, information or materials (whether prepared by the state or its agents or advisors) in oral, electronic, tangible or intangible form and however stored, compiled or memorialized that is classified confidential as defined by State of Alaska classification and categorization guidelines (i) provided by the state to the contractor or a contractor agent or otherwise made available to the contractor or a contractor agent in connection with this contract, or (ii) acquired, obtained or learned by the contractor or a contractor agent in the performance of this contract. Examples of confidential information include, but are not limited to: technology infrastructure, architecture, financial data, trade secrets, equipment specifications, user lists, passwords, research data, and technology data (infrastructure, architecture, operating systems, security tools, IP addresses, etc).

If confidential information is requested to be disclosed by the contractor pursuant to a request received by a third party and such disclosure of the confidential information is required under applicable state or federal law, regulation, governmental or regulatory authority, the contractor may disclose the confidential information after providing the state with written notice of the requested disclosure (to the extent such notice to the state is permitted by applicable law) and giving the state opportunity to review the request. If the contractor receives no objection from the state, it may release the confidential information within 30 days. Notice of the requested

disclosure of confidential information by the contractor must be provided to the state within a reasonable time after the contractor's receipt of notice of the requested disclosure and, upon request of the state, shall seek to obtain legal protection from the release of the confidential information.

The following information shall not be considered confidential information: information previously known to be public information when received from the other party; information freely available to the general public; information which now is or hereafter becomes publicly known by other than a breach of confidentiality hereof; or information which is disclosed by a party pursuant to subpoena or other legal process and which as a result becomes lawfully obtainable by the general public.

CONTRACT PERIOD: The length of the contract will be from the date of award through June 30, 2018, with the option to renew for Five (5) additional One (1) year terms under the same terms and conditions, as the original contract. Renewals are to be exercised solely by the state.

PRICE DECREASES: During the period of the contract all price decreases experienced by the contractor must be passed on to the state. A contractor's failure to strictly and faithfully adhere to this clause, within the time required, will be considered in breach of contract.

ALTERATIONS: The contractor must obtain the written approval from the contracting officer prior to making any alterations to the specifications contained in this ITB. The state will not pay for alterations that are not approved in advance and in writing by the contracting officer.

DELIVERY: Indicate, in the space provided under "Bid Schedule", the time required to provide examination results. Failure to make an entry in the space provided will be construed as an offer to deliver within Five (5) calendar days after the receipt of an order. Bids that specify deliveries in excess of Ten (10) calendar days after the receipt of an order will be considered non-responsive and the bids will be rejected.

F.O.B. POINT: The F.O.B. point for this ITB will be The Fairbanks International Airport. Test results must be delivered to the appropriate party either electronically, in person, or mailing the results in. The contractor will be required to prepare the test results and deliver them to the ultimate destination specified in the state's order. The medical facility administering these tests must be located within Twenty-five (25) miles of the Fairbanks International Airport.

INVOICES: Invoices must be sent directly to the ordering agency's address shown on the individual Purchase Order, Contract Award or Delivery Order. The ordering agency will only make payment after it receives the merchandise or service and the invoice. Question concerning payment must be addressed to the ordering agency.

THIRD-PARTY FINANCING AGREEMENTS NOT ALLOWED: Because of the additional administrative and accounting time required of state agencies when third party financing agreements are permitted, they will not be allowed under this contract.

SERVICE CONTRACT DEFICIENCIES: The contractor's failure to provide a service required by this contract will be grounds for the state to issue a Service Deficiency Claim (SDC) to the contractor. The SDC will be provided to the contractor in writing. The contractor will advise the state, in writing, of the corrective action being taken.

If a deficiency is not corrected within one (1) business day from the time it is issued, the state may issue another SDC and procure, from another contractor, the services necessary to correct the problem. The contractor will then be obligated to reimburse the state for the amount required to correct the problem.

If a contractor gets more than two substantiated SDCs in a 30-day period or a total of five substantiated SDCs in a 60-day period, it will be grounds for the state to declare the contractor in default.

WORKMANSHIP & MATERIALS: All work must be performed in a thorough and workmanlike manner and in accordance with current industry practices.

CONTRACT CANCELLATION: The state reserves the right to cancel the contract at its convenience upon Thirty (30) calendar days written notice to the contractor. The state is liable only for payment in accordance with the payment provisions of this contract for services or supplies provided before the effective date of termination.

METHOD OF AWARD: Award will be made as one lot to the lowest responsive and responsible bidder. In order to be considered responsive, bidders must bid on all items.

ADDITIONAL INFORMATION: At the time of bid submittal, vendors must include any copies of their in-house forms that may be required to be filled out by the applicant/employee at the time of the medical visit.

BACKGROUND INFORMATION

The Alaska Police Standards Council is a regulatory and quasi-judicial body that was created by Senate Bill 1, Chapter 178, and enacted by the State Legislature, effective July 7, 1972. Alaska Statute 18.65.140 created the Alaska Police Standards Council (APSC) under the Alaska Department of Public Safety. The Legislature granted the APSC the power to adopt regulations establishing minimum selection and training standards for employment as police officers, as well as other regulations for the administration of the act.

The Alaska Administrative Code 13 AAC 85.210 regulates the minimum qualifications for the selection of the positions listed above to include the APSC's Health Questionnaire and a medical examination by a licensed physician.

Department of Transportation & Public Facilities members are also Firefighters and may be required to complete a yearly State provided medical examination, in accordance with industry standards (NFPA 1582). Medical exams must meet all current NFPA 1582 requirements.

ESTIMATED ANNUAL USAGE

The department estimates approximately 30 examinations per year. This is an "As Needed" term limit contract, there is no minimum guaranteed usage for this contract.

GENERAL REQUIREMENTS

Pre-employment, Annual, and FBI Bomb Squad examinations will be conducted in Fairbanks.

The Department prefers and requests the contractor to assign two (2) physicians or physicians assistants to perform the majority of the examinations. Consistency in the way medical examinations are performed and individuals' physical capabilities are assessed and reported to the Department is crucial.

The services of a physician are required for New Hire Employee Medical Examinations

MANDATORY QUALIFICATIONS AND EXPERIENCE

In order for bids to be considered responsive, bidders must meet the following minimum requirements:

PROFESSIONAL QUALIFICATIONS FOR PHYSICIAN: Must be a graduate of a legally chartered medical school accredited by the Association of American Medical Colleges and Council on Medical Education of the American Medical Association. Physician to hold an unrestricted license to practice medicine in the State of Alaska and have a current Drug Enforcement Administration (DEA) registration number.

PROFESSIONAL QUALIFICATIONS FOR PHYSICIAN ASSISTANT: Must have a current State of Alaska license as required by 12 AAC 12.40.400. Individuals must have a written collaborative relationship with the assigned physician as outlined by 12 AAC 40.410. Individuals shall hold an unrestricted license to practice medicine in the State of Alaska and have a current Drug Enforcement Administrative (DEA) registration number.

PRIOR EXPERIENCE: Individual(s) must be a practicing adult primary care physician/physician assistant with a minimum of two (2) years of recent experience performing medical evaluations of applicants/employees for essential job functions and fit-for-duty evaluations. The two years of experience shall be in the previous 4 years.

CONTINUING EDUCATION: The successful contractor shall assure, at no additional cost to the State, that all persons working under the terms of the contract meet and maintain any and all legal requirements for licensing and Continuing Education.

The use of physicians and physician assistants in performing pre-employment medical examinations and return-to-duty/fit-for-duty evaluations will be restricted as follows:

Physicians or Physician Assistants may be used in performing pre-employment medical examination. However, according to State of Alaska Regulation 13 AAC 85.210, the Alaska State Police Standards Council Form F2A-B is required to be certified (signed) by a licensed physician.

A bidder's failure to meet these minimum requirements will cause their bid to be considered non-responsive and the bid will be rejected. **Evidence of meeting all these requirements are to be included with the bid.**

ADDITIONAL REQUIREMENTS

CONTRACT APPROVAL: This ITB does not, by itself, obligate the State. The State's obligation will commence when the contract is approved by the Department of Transportation and Public Facilities, Procurement Specialist. Upon written notice to the contractor, the State may set a different starting date for the contract. The State will not be responsible for any work done by the contractor, even work done in good faith, if it occurs prior to the contract start date set by the State.

PAYMENT PROCEDURES: The State will make payments based on a negotiated payment schedule at rates established in the contract. Each billing must consist of an itemized invoice with the support documentation to demonstrate provision of services sufficient to meet the minimum requirements for State fiscal accountability. All invoices shall be signed by the contractor. No payment will be made until invoices have been approved by the Airport Police and Fire Fighting Chief. All billings shall be submitted no later than 30 days after submission of the Medical Examination Reports, or other requested services. All billings shall reference the contract number.

INSPECTION & MODIFICATION – REIMBURSEMENT FOR UNACCEPTABLE DELIVERABLES: The contractor shall be responsible for the completion of all work set out in the contract. All work is subject to inspection, evaluation, and approval by the Airport Police and Fire Fighting Chief. The State may employ all reasonable means to ensure that the work is progressing and being performed in compliance with the contract. Should the procurement officer determine that corrections or modifications are necessary in order to accomplish its intent, the procurement officer may direct the contractor to make such changes. The contractor will not unreasonably withhold such changes. Substantial failure of the contractor to perform the contract may cause the State to terminate the contract in whole or in part. In this event, the State may require the contractor to reimburse monies paid (based on the identified portion of unacceptable work received) and may seek associated damages.

RECORDS: The records and other information compiled by the successful offeror in accordance with the duties and responsibilities of the ITB shall be the property of the Fairbanks International Airport Police and Fire Department. Copies of such records shall be provided to FAI within a reasonable period, and in accordance with the Scope of Work.

CONFLICT OF INTEREST: The successful bidder shall notify the Department immediately of any real or potential conflict of interest situations. This may include a past or current personal or professional relationship with a Department referral, etc. The Department will determine the validity of the conflict of interest claim and notify bidder of its decision.

INVESTIGATION & LITIGATION: Successful bidders are obligated to notify the procurement officer the next working day if, they, or any member of their contract staff, are being investigated for malpractice and/or ethical violations by a licensing board or professional organization, or if they are named as a party in a civil or criminal litigation relating to their professional activities. The State reserves the right to disallow the provision of contract services by any individual undergoing investigation and/or litigation under this section.

RELEASE OF MEDICAL RECORDS OR INFORMATION: The contractor shall obtain the necessary signed waivers to release copies of the records to the FAI if the legal reason exists to obtain the records.

RIGHT TO AUDIT RECORDS: AS 36.30.420 states: The State may audit the books of a contractor or a subcontractor to the extent that the books and records relate to the performance of the contract or subcontract. Books and records shall be maintained by the contractor for a period of three (3) years after the date of final payment under the contract.

STANDARDS, POLICIES, AND FORMS: The contractor shall be required to adhere to contract conditions, standards, and policies set for medical examinations and forms utilized during the course of the contract. Contractor compliance with any revisions to the standards and forms as currently presented will also be required.

TRANSITION AT END OF CONTRACT: The contractor agrees to assist FAI and any subsequent provider in facilitating the transition between providers in the event of termination or completion of this contract. This includes extensions of this agreement at current rates to cover transition

STATE OF ALASKA ITB # 2518N008
Medical Examinations for Fairbanks International Airport

periods. This agreement is a condition precedent to the contractor's right to receive any final payment of funds under this contract.

SPECIFICATIONS

LOT 1: ANNUAL PHYSICAL

- *Airport Police to receive all documents listed on the Physicals Check List for this lot.
- *When completed mail all documents including labs to the PO Box listed on document Health Questionnaire; Document F-2A using an envelope clearly marked: **CONFIDENTIAL**
- *Hepatitis B series taken at employee's discretion.
- *Must be signed by a physician.
- *X-rays to be taken at Physicians discretion.
- *All tests must be completed
- *No drug screening will be conducted.
- *Lumbar x-ray to be provided on medical facility form.

LOT 2: FBI BOMB SQUAD

- *Notify employee of result completion for pick up.
- *The following tests must be completed: All tests described on the Physicals Check List for this lot.
- *Must be signed by a physician.
- *Employees to provide the following forms to Medical Facility to be a part of the examination packet:
 - Non-Personal Consent to Release Information Form FD-979a
 - Respirator Surveillance Questionnaire
 - Medical Record Form 93

LOT 3: PRE-EMPLOYMENT PHYSICAL

- *The following tests to be completed: All tests described on the Physicals Check List for this lot.
- *Airport Police to receive all documents back, including all labs.
- *Mail all documents marked **CONFIDENTIAL** to PO Box on document Health Questionnaire; Document F-2A
- *Mail applicant copy of physical and labs.
- *No vaccines given to new hires.
- *Must be signed by a physician.
- *Drug and Alcohol testing results to be provided on medical facility form.

BID SCHEDULE

See Attached Bid Schedule for pricing data to be entered.

GUARANTEED DELIVERY: _____ calendar days after receipt of order.

ORDERING ADDRESS: _____

Contact: _____

Phone: _____

Toll Free: _____

Email: _____

Bid Schedule Fairbanks International Airport Medical Examinations

LOT 1 Annual Physical

LOT 2 FBI Bomb Squad

LOT 3 Pre-Employment Physical

ANNUAL PHYSICAL		
Items	Records/Tests	Price per test
1	Fit for Duty:	\$
2	Certification of Respirator Wear Fitness:	\$
3	Audiogram:	\$
4	CMP & Lipid Panel:	\$
5	Pulmonary Function:	\$
6	PPD Screening:	\$
7	Visual Acuity Test:	\$
8	Hep Bs Antibody:	\$
9	VDRL:	\$
10	Urinalysis:	\$
11	Hepatitis B Series:	\$
12	<i>(Optional) Shots</i>	\$
13	PA Chest X-Ray:	\$
14	Lumbar X-Ray: *	\$

FBI BOMB SQUAD		
Items	Records/Tests	Price per test
1	Medical Examination:	\$
2	Physical Capacities Form:	\$
3	Respirator Surveillance Questionnaire:	\$
4	BMI Chart:	\$
5	Blood Type/RH Factor:	\$
6	Audiogram:	\$
7	PPD Screening:	\$
8	Chest X-Ray PA/L :	\$
9	Visual Acuity Test and Color Visio:	\$
10	Pulmonary Function:	\$
11	EKG:	\$
12	Urinalysis w/micro:	\$
13	VDRL:	\$
14	Report of Medical History:	\$
15	Non-Personnel Conset to Release Information:	\$

PRE-EMPLOYMENT PHYSICAL		
Items	Records/Tests	Price per test
1	Police Standards F2A - F2B:	\$
2	Certification of Respirator Wear Fitness:	\$
3	Drug Screen: *	\$
4	Audiogram:	\$
5	CMP & Lipid Panel:	\$
6	Pulmonary Function:	\$
7	PPD Screening:	\$
8	Urinalysis w/micro:	\$
9	Visual Acuity Test and Color Vision:	\$
10	VDRL:	\$
11	HEP Bs Antibody:	\$

Total LOT 1 (Items 1-14) \$ _____

Total LOT 2 (Items 1-15) \$ _____

Total LOT 3 (Items 1-11) \$ _____

GRAND TOTAL LOTS 1 - 3 \$ _____

State of Alaska Airport Police

PHYSICALS CHECK LIST

Patient Name: _____

Date of Service: _____

Clinic: _____

Services Authorized

PRE-EMPLOYMENT PHYSICAL LOT 3
Yes--- Drug Screen
Complete physical <i>(F2A & F2B Forms)</i>
Certification of Respirator Wear Fitness (6 pages)
DOT Drug Screen
Audiogram
CMP & Lipid Panel <i>(Health Survey)</i>
Pulmonary Function
PPD Screening
Visual Acuity Test and Color Vision
Urinalysis w/micro
VDRL
HEP Bs Antibody

ANNUAL PHYSICAL LOT 1
No--- Drug Screen
Medical Examination Report <i>(Fit for Duty)</i>
Certification of Respirator Wear Fitness (6 pages)
Audiogram
CMP & Lipid Panel <i>(Health Survey)</i>
Pulmonary Function
PPD Screening
Visual Acuity Test
Hep Bs Antibody
VDRL
Urinalysis
Hepatitis B Series <i>(Optional)</i>
PA Chest X-Ray <i>(Optional)</i>
Lumbar X-Ray <i>(Optional)</i>

FBI BOMB SQUAD LOT 2
No--- Drug Screen
Report of Medical Examination (Form 88)
Medical Record (Form 93)
Physical Capacities Form
Max Weight by Height
Consent to Release Inf.
Certification of Respirator Wear Fitness (6 pages)
BMI Chart
Blood Type/RH factor
Audiogram
PPD Screening
Chest X-Ray PA/L <i>(+PPD history only)</i>
Visual Acuity Test and Color Vision
Pulmonary Function
EKG (Required)
Urinalysis w/micro
VDRL

- **NO VACCINES** given to new hires
- **Send by encrypted email** all documents
To: Wendy.menze@alaska.gov

Alaska Police Standards Council
 PO BOX 111200
 Juneau, Alaska 99811-1200

- Mail **copy** of physical & labs
To Applicant (patient)

- **NO DRUG SCREENS FOR ACTIVE EMPLOYEES**
- Encrypted Email to Airport Police:
 - Sean.martines@alaska.gov
- 1. Fit for Duty Form
- 2. Respirator Certification Survey & Clearance-

Mail all copies of physicals and labs

in a separate envelope marked "Confidential" to:
 Airport Police & Fire Department
 6450 Airport Way Suite #1
 Fairbanks, Alaska 99709
 Attn: Officer (Name)

- Must be signed by a physician only
- The **APPLICANT WILL PICK UP** original

completed documents including copies of labs
- All unshaded areas of physical form must
be completed.
- All tests noted must be completed



ALASKA POLICE STANDARDS COUNCIL

Health Questionnaire **F-2A**

Medical Examination Report **F-2B**

**For Police, Village Police, Correctional/
Probation/Parole and Municipal
Correctional Officers**

WARNING TO HIRING AGENCY

Forms F-2A & F-2B must not be completed until a conditional offer of employment has been made to the candidate.

Completed forms F-2A & F-2B should be maintained in a separate file to ensure confidentiality and to limit access.

CONFIDENTIAL RECORDS

HEALTH QUESTIONNAIRE

**COMPLETE THIS FORM PRIOR TO YOUR PHYSICAL EXAMINATION AND
GIVE IT TO THE EXAMINER AT THE TIME OF EXAMINATION.**

CANDIDATE'S NAME (Last, First, Middle)		ADDRESS
DATE OF BIRTH	AGE	CURRENT OCCUPATION
HIRING AGENCY		

**SECTION
A**

Have you ever or do you now have any of the following? For "YES" answers, supply full details in Section "B" on page 2. If the condition required hospitalization, check the corresponding box.

CONDITION	YES	NO	HOSP	CONDITION	YES	NO	HOSP
1. Head injury				21. Skin condition			
2. Back trouble or back pain				22. Any complications from childhood diseases			
3. Any defects of bones or joints including amputations, broken bones or dislocations				23. Sensitivity to dust			
4. Pernicious anemia, leukemia				24. Other allergies			
5. Rheumatism or arthritis				25. Cancer or malignancy			
6. Trick or locked knee/knee injury				26. Tumor, growth, or cyst			
7. Foot trouble				27. Polio			
8. Eye injury, surgery, or disease				28. Rheumatic fever			
9. Have you ever worn glasses/contact lens				29. Heart trouble (including circulatory)			
10. Hard of hearing or hearing problems				30. High or low blood pressure			
11. Headaches				31. Varicose veins			
12. Mental illness or nervous breakdown				32. Diabetes or sugar in urine			
13. Addiction to drugs or alcohol				33. Colitis			
14. Fainting or dizzy spells, epilepsy				34. Gall bladder trouble			
15. Hepatitis, jaundice, liver ailment				35. Kidney or bladder trouble			
16. Disorder of the nervous system				36. Hemorrhoids or piles			
17. Tuberculosis or lung disease				37. Rupture or hernia			
18. Shortness of breath or asthma				38. Mononucleosis			
19. Any type of blood disorder				39. Any contagious disease			
20. Bronchitis							

MEDICAL EXAMINATION REPORT

To Be Completed by a Licensed Physician, Nurse Practitioner, or Physician Assistant

INSTRUCTIONS TO EXAMINER:

Please review Health Questionnaire (F-2A), before examining the candidate. Do not forward this report until lab results are received. Use section 12 for explanation of details, if necessary.

Name (<i>Last, First, Middle</i>)		Sex Male _____ Female _____	Birth Date
Height (<i>w/o shoes</i>)	Weight	Social Security Number	

INFORMATION FOR EXAMINER

Alaska Police Standards Council regulations require that police, correctional, probation/parole, village police and municipal correctional officer employed by a police department or the Department of Corrections shall be examined by a licensed physician, nurse practitioner, or physician assistant. The examination report must conclude that, in the opinion of the examiner, the applicant has the ability to physically perform the duties of a law enforcement officer.

The duties of a **police officer** and **village police officer** include, but may not be limited to, performance of the following activities:

<ol style="list-style-type: none"> 1. use of firearms 2. driving emergency vehicles 3. handcuffing prisoners 4. administer first aid 5. rescue operations 6. lifting and carrying 0-70 lbs. 7. direct traffic 8. subdue prisoners 9. pursue suspects 10. walking-lateral mobility 11. walking rough terrain 12. bending 13. stooping 	<ol style="list-style-type: none"> 14. crouching 15. sitting 16. standing 17. standing for long periods 18. kneeling 19. twisting body 20. pushing 21. pulling 22. running 23. sense of touch 24. reaching 25. gripping hands and fingers 26. climbing stairs 	<ol style="list-style-type: none"> 27. climbing ladders 28. hearing alarms 29. hearing voice conversation 30. color identification 31. close vision 32. far vision 33. side vision-depth perception 34. night vision 35. maintaining balance 36. operating passenger vehicles 37. finger dexterity 38. speaking
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The duties of a **correctional and municipal correctional officer** include, but may not be limited to, performance of the following activities:

<ol style="list-style-type: none"> 1. use of firearms 2. handcuffing prisoners 3. administer first aid 4. lifting and carrying 0-70 lbs. 5. subdue prisoners 6. walking-lateral mobility 7. bending 8. stooping 9. intervene in fire, riot and medical emergencies 10. fingerprint inmates wrist rotation 11. write reports - finger dexterity 12. pursue escaping prisoners on foot 	<ol style="list-style-type: none"> 13. crouching 14. sitting 15. standing 16. standing for long periods 17. kneeling 18. twisting body 19. pushing 20. pulling 21. running 22. sense of touch 23. reaching 24. gripping hands and fingers 25. hearing alarms 	<ol style="list-style-type: none"> 26. hearing voice conversation 27. color identification 28. close vision 29. far vision 30. side vision-depth perception 31. night vision 32. maintaining balance 33. finger dexterity 34. speaking 35. physically control combative and disruptive persons
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The duties of a **probation/parole officer** include, but may not be limited to, performance of the following activities:

1. standing 2. maintain balance 3. twisting body 4. sitting 5. finger dexterity 6. walking-lateral mobility 7. gripping hands and fingers	8. search-persons, building and vehicles 9. hear normal voice conversations 10. operate standards passenger vehicles 11. physically control combative and disruptive persons	12. transport arrested persons 13. frisk search for weapons 14. vision and coordination to prepare and proofread reports 15. sensory ability to observe and recognize specific persons, vehicles, evidence, and or property
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Working conditions for a **correctional, probation/parole and municipal correctional officer** includes, but may not be limited to, the following:

1. Exposure to inside temp. extremes 2. exposure to sun 3. exposure to outside temp. extremes 4. dampness 5. high/low humidity 6. noisy work areas 7. work at heights 8. work in confined areas 9. work in crowded areas 10. working alone 11. exposure to intense light 12. exposure to noxious odors	13. work on high ladders 14. work in remote locations 15. wearing helmets 16. wearing safety glasses 17. wearing special clothing 18. wearing ear plugs/muffs 19. wearing rubber boots 20. exposure to bee stings 21. exposure to dust or pollen 22. exposure to fumes 23. working with mental patients 24. air travel	25. working long hours 26. working night shifts 27. working day shifts 28. working weekends 29. exposure to tobacco smoke 30. working at high elevations 31. working remote from emergency medical assistance 32. working with mentally challenged persons
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VISION & HEARING																	
<p>1. VISUAL ACUITY</p> <p><u>DISTANCE</u> Uncorrected: R20/____L20/____B20/____ Corrected: R20/____L20/____B20/____</p> <p><u>NEAR VISION</u> Uncorrected: R20/____L20/____B20/____ Corrected: R20/____L20/____B20/____</p>	<p>2. HORIZONTAL FIELD OF VISION</p> <p>Right: ____ Left: ____ Both: ____</p> <p>Check if Present:</p> <p>Scotoma: ____</p> <p>Quadrantonopia (large blind spot): ____</p>	<p>3. COLOR PERCEPTION (ISHIHARA COLOR PLATES MUST BE USED) <i>(Note any deficiencies)</i></p> <p>Red: ____ Green: ____</p> <p>Yellow: ____ Color Plates: ____</p> <p>Vision capable of distinguishing basic color groups against a favorable background</p>															
<p>4. CORRECTION</p> <p>None: ____ Spectacles: ____</p> <p>Hard contact Lenses: ____</p> <p>Soft Contact Lenses: ____</p> <p>Required if uncorrected vision is 20/80 or more.</p>	<p>5. HEARING: (AUDIOMETER MUST BE USED)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">500HZ</th> <th style="text-align: center;">1000HZ</th> <th style="text-align: center;">2000HZ</th> <th style="text-align: center;">3000HZ</th> </tr> </thead> <tbody> <tr> <td>dbL</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>dbR</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> <p>Hearing aid used? _____ Note any abnormalities in section 12.</p>			500HZ	1000HZ	2000HZ	3000HZ	dbL	_____	_____	_____	_____	dbR	_____	_____	_____	_____
	500HZ	1000HZ	2000HZ	3000HZ													
dbL	_____	_____	_____	_____													
dbR	_____	_____	_____	_____													

6. Head (*Note any defect, disease or injury involving eyes, ears, nose, mouth and throat.*)

7. CARDIOVASCULAR SYSTEM

TYPE OF ACTION	BLOOD PRESSURE	PULSE RATE	SOUNDS	RHYTHM
A. At rest				
B. After moderate exercise				
C. Two minutes after exercise				
D. Circulation to extremities			E. Note any abnormality	
F. Pulmonary Function				
G. Nervous system (<i>describe any pathology or abnormal reflexes</i>)				

8. ABDOMEN

Masses
Tenderness
Hernia
Genito-Urinary System (<i>note any abnormalities</i>)

9. MUSCULO - SKELETAL

(Test by bending, stooping, squatting, also by head, arm, and finger motions.)

Spine:	Mobility	Symmetry	Posture
Upper Extremities:	Limited function		
Lower Extremities:	Limited function		

Skin (*scars, varicosities, disease, abnormalities - nature and severity*)

10. CONTAGIOUS DISEASES

Does the applicant have contagious hepatitis?

Does the applicant have contagious tuberculosis?

11. LABORATORY

Urinalysis	SP Gravity	ALB	Sugar
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12. **COMMENTS/SUMMARY**

CERTIFICATION

Examiner Please Read Carefully

Are there any conditions, physical, mental or emotional, which in your opinion suggest further examination?

Do you have any reservations about this candidate's ability to physically and mentally perform the duties of the job?

I hereby certify that I have completed a physical examination and have reviewed Form F-2A (Health Questionnaire) for: _____.

(Patient's Name MUST BE ENTERED HERE)

This applicant is found to be:

(“Physically capable” or “Not physically capable” MUST BE CHECKED BELOW)

Physically capable of performing the essential functions of the job checked below.

Not physically capable of performing the essential functions of the job checked below.

- Police Officer Village
- Police Officer
- Correctional/Probation/Parole Officer
- Municipal Correctional Officer

EXAMINER'S NAME, ADDRESS & TELEPHONE #

EXAMINER'S SIGNATURE (MANDATORY)

DATE:



**Fairbanks International
AIRPORT POLICE & FIRE**

FIT FOR DUTY

The duties of a **police officer** include, but may not be limited to, performance of the following activities:

1. use of firearms	14. crouching	27. climbing ladders
2. driving emergency vehicles	15. sitting	28. hearing alarms
3. handcuffing prisoners	16. standing	29. hearing voice conversation
4. administer first aid	17. standing for long periods	30. color identification
5. rescue operations	18. kneeling	31. close vision
6. lifting and carrying 0-70 lbs.	19. twisting body	32. far vision
7. direct traffic	20. pushing	33. side vision-depth perception
8. subdue prisoners	21. pulling	34. night vision
9. pursue suspects	22. running	35. maintaining balance
10. walking-lateral mobility	23. sense of touch	36. operating passenger vehicles
11. walking rough terrain	24. reaching	37. finger dexterity
12. bending	25. gripping hands and fingers	38. speaking
13. stooping	26. climbing stairs	

I hereby certify that I have completed a physical examination to:

_____ (Patient's name)

This applicant is found to be:

_____ Physically capable of performing the essential functions of the job.

_____ Not physically capable of performing the essential functions of the job.

Physician's Signature

Date

Medical Facility: _____

Mail this form along with Respirator Use Surveillance Questionnaire and Certification of Respirator Wear Fitness to:

Airport Police & Fire Department
6450 Airport Way Suite #1
Fairbanks, AK 99709

RESPIRATOR USE SURVEILLANCE QUESTIONNAIRE

Part A, Section 1 (Mandatory) the following information must be provided by every employee who has been selected to use any type of respirator (Please print).

1. Name (Last, First, MI)	2. DOB	3. Age	4. Date
5. Gender	6. Height	7. Weight	8. Job Title
9. Phone number best to reach you		10. E-mail:	

11. Has your employer told you have to contact the Physician, who will review this questionnaire?

Yes No

12. Check the type of respirator you will use (you can check one or more categories):

- N.R. or P disposable respirator (filter-mask, non-cartridge type only)
- Half or full face negative pressure respirator
- Powered air purifying
- Supplied air
- Self-contained breathing apparatus (SCBA)

What will the respirator be protecting you from? **Oxygen deficient environments, smoke, fire, gas, particulates, and all other hazards involved in firefighting duties.**

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

Part A. Section 2. (Mandatory) Questions 1 through 10 below must be answered by every employee who has been selected to use any type of respirator.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you currently smoke tobacco? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you smoked tobacco in the last month?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you had any of the following conditions? | | |
| a. Seizures..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Diabetes. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Allergic reactions that interfere with your breathing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Claustrophobia (fear of closed-in places)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Trouble smelling odors..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had any of the following pulmonary or lung problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. a. Asbestosis | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Asthma | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Chronic bronchitis | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Emphysema | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pneumonia | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Tuberculosis..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Silicosis..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Pneumothorax (collapsed lung) | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Lung cancer..... | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| | <u>Yes</u> | <u>No</u> |
| j. Broken ribs..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Any chest injuries or surgeries..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Any other lung problems that you've been told about..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please comment on any "yes" answers for 4 (a-l):

#
#
#
#

- | | | |
|--|--------------------------|--------------------------|
| | <u>Yes</u> | <u>No</u> |
| 5. Do you currently have any of the following symptoms of pulmonary or lung illness? | | |
| a. Shortness of breath..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Shortness of breath when walking fast on level ground or up a slight hill or incline | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Shortness of breath when walking with other people at an ordinary pace on level ground..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have to stop for breath when walking at your own pace on level ground..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Shortness of breath when washing or dressing yourself..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Short of breath that interferes with your job..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Cough that produces phlegm (thick sputum)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Coughing that wakes you early in the morning..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Coughing that occurs mostly when you are lying down..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Coughing up blood in the last month..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Wheezing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Wheezing that interferes with your job..... | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Chest pain when you breathe deeply..... | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Any other symptoms that you think may be related to lung problems..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had any of the following cardiovascular or heart problems: | | |
| a. Heart Attack..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Stroke..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Angina..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Heart failure..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Swelling in your legs or feet..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Heart arrhythmia (heart beating irregularly)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. High blood pressure..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other heart problem that you've been told about..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever had any of the following cardiovascular or heart symptoms? | | |
| a. Frequent pain or tightness in your chest..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pain or tightness in your chest during physical activity..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Pain or tightness in your chest that interferes with your job..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. In the past two years, have you noticed your heart skipping or missing a beat..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Heartburn or indigestion that is not related to eating..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Any other symptoms that you think may be related to heart or circulation problems. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you currently take medication for any of the following problems? | | |
| a. Breathing or lung problems..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Heart trouble..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Blood pressure..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Seizures (fits)..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please comment on any "yes" answers above:

#
#
#
#

9. If you've used a respirator, have you ever had any of the following problems? (If you've never used a Respirator, check the following space and go to question 10. _____)

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Eye irritation..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Skin allergies or rashes..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | Yes | No |
| c. Anxiety..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. General weakness or fatigue..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Any other problems that interferes with your use of a respirator..... | <input type="checkbox"/> | <input type="checkbox"/> |

10. Would you like to talk to the health professional who will review this questionnaire about your answers to this questionnaire?.....

Complete questions 11-14 if you have been selected to wear a full-face or SCBA respirator. For employees who have been selected to use other types of respirators, answering these questions is voluntary.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 11. Have you ever: | | |
| a. Lost vision in either eye (temporarily or permanently)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Had an injury to your ears, including a broken ear drum..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Had a back injury..... | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| 12. Do you currently have any of the following vision problems? | | |
| a. Wear contact lenses..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wear glasses..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Color blind..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Any other eye or vision problems..... | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|--------------------------|--------------------------|
| 13. Do you currently have any of the following hearing problems? | | |
| a. Difficulty hearing..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Wear a hearing aid..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Any other hearing or ear problems..... | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|--------------------------|--------------------------|
| 14. Do you currently have any of the following musculoskeletal problems? | | |
| a. Weariness in any of your arms, hands, legs, or feet..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Back pain..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Difficult fully moving your arms and legs..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Pain or stiffness when you lean forward or backward at the waist..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Difficulty fully moving your head up or down..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Difficulty fully moving your head side to side..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Difficulty bending at your knees..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Difficulty squatting to the ground..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Climbing a flight of stairs or a ladder carrying more than 25 pounds..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Any other muscle or skeletal problem that interferes with using a respirator..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please comment on any "yes" answers above:

#
#
#
#

Part B Section 1

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place **Yes** **No**
that has lower than normal amounts of oxygen?.....
If "yes" do you have feelings of dizziness, shortness of breath, pound in your
chest or other symptoms when you're working under these conditions.....
2. At work or at home, have you ever been exposed to hazardous solvents, hazardous
Airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact
with hazardous chemicals.....

If "yes", name the chemicals if you know them: _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 3. Have you ever worked with any of the materials or under any of the conditions listed below: | | |
| a. Asbestos..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Silica (e.g., in sandblasting)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tungsten/cobalt (e.g., grinding or welding this material)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Beryllium..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Aluminum..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Coal (e.g., mining)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Iron..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Tin..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Dusty environments..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Any other hazardous exposures..... | <input type="checkbox"/> | <input type="checkbox"/> |

If "yes", describe these exposures: _____

4. List any second jobs or side businesses you have : _____

5. List your previous occupations. _____

6. List your current and previous hobbies. _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 7. Have you been in the military services?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If "yes", were you exposed to biological or chemical agents (either in training or
combat)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever worked on a HAZMAT team?..... | <input type="checkbox"/> | <input type="checkbox"/> |

9. 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)..... **Yes** **No**

10. Will you be using any of the following items with your respirator(s)?
a. HEPA Filters.....
b. Canisters (e.g., gas masks).....
c. Cartridges.....

11. How often are you expected to use the respirator(s) (Circle all that apply to you?)
a. Escape only (no rescue).....
b. Emergency rescue only.....
c. Less than 5 hours per week.....
d. Less than 2 hours per day.....
e. 2 to 4 hours per day.....
f. Over 4 hours per day.....

12. During the period you are using the respirator(s), is your work effort: **Yes** **No**
a. Light (less than 200 kcal per hour).....

If "yes", how long does this period last during the average shift: _____ hrs. _____ min.
Examples of a light work effort are sitting while writing, typing, drafting or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

b. Moderate (200 to 350 kcal per hour)..... **Yes** **No**

If "yes", how long does this period last during the average shift: _____ hrs. _____ min.
Examples of moderate work effort are 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 heavy load (about 100 lbs.) on level surface.

c. Heavy (about 350 kcal per hour)..... **Yes** **No**

If "yes", how long does this period last during the average shift: _____ hrs. _____ min.
Examples of heavy work are lifting a heavy load (about 50 lbs) from the floor to your waist or shoulder; working on a loading dock; shoveling, standing while brick-laying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator..... **Yes** **No**

If "yes", describe this protective clothing and/or equipment: **Bunker gear, Firefighting equipment, etc...**

14. Will you be working under hot conditions (temperature exceeding 77 degrees F)....

15. Will you be working under humid conditions.....

16. Describe the work you'll be doing while you're using your respirator(s): **All duties involved in rescue and Firefighting**

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s). (For example, confined spaces, life-threatening gases): **Confined space, life-threatening gases, smoke particulates, Carbon fibers, etc...**

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

a. Name of first toxic substance: **Multiple fire toxins**
Estimated maximum exposure level per shift: _____
Duration of exposure per shift: _____

b. Name of second toxic substance: _____
Estimated maximum exposure level per shift: _____
Duration of exposure per shift: _____

c. Name of third toxic substance: _____
Estimated maximum exposure level per shift: _____
Duration of exposure per shift: _____

Name of any other toxic substances that you'll be exposed to while using your respirator(s): _____

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (e.g., rescue, security): **Responsible for being first responder to any hazardous material calls in the vicinity of the airport. Rescue, Security, etc...**

Chief Sean Martines
Airport Police & Fire
6450 Airport Way Suite #1
Fairbanks, Alaska 99709
Telephone No. (907)
474-2530 Fax No. (907)
474-2544

CERTIFICATION OF RESPIRATOR WEAR FITNESS

This is to certify that _____, employed by
The State of Alaska, Department of Transportation and Public Facilities, Fairbanks International
Airport, has been examined
on _____
At _____ by _____

It is found that the above individual:

- Has no detected medical condition(s), which would place him/her at increased risk of impaired health from work in hazardous materials operations/emergency response or from routine use of a respirator.
- May work in hazardous material operations/emergency response, With the use of a respirator, with commended **limitation(s)**.
(Physician: Please provide attached explanation(s) and/or recommendation(s)).
- Has a detected medical condition(s), which would place him/her at Increased risk of impaired health from work in hazardous materials Operation/emergency response or from use of a respirator.
(Physician: Please provide attached explanation(s) and/or recommendation(s)).

Physician's Signature

Date

MEDICAL RECORD

REPORT OF MEDICAL EXAMINATION

1. LAST NAME - FIRST NAME - MIDDLE NAME		2. IDENTIFICATION NO.	3. GRADE AND COMPONENT OR POSITION
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code)		5. EMERGENCY CONTACT (Name and address of contact)	
6. DATE OF BIRTH 17, AGE	8. SEX DFEMALE DMALE	9. RELATIONSHIP OF CONTACT	
10. PLACE OF BIRTH	11cE WHITE DBLACK DAMERICAN INDIAN/ ALASKA NATIVE	DHISPANIC WHITE	DHISPANIC BLACK DASIAN/PACIFIC ISLANDER
12a. AGENCY	12b. ORGANIZATION UNIT	13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN	
14. NAME OF EXAMINING FACILITY OR EXAMINER AND ADDRESS		15. RATING OR SPECIALTY OF EXAMINER	
		16. PURPOSE OF EXAMINATION	

CLINICAL EVALUATION

NOR- •A.III	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR •M.III	NOR- M.III	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- ••III
	A. HEAD, FACE, NECK AND SCALP			0. PROSTATE (Over 40 or clinically indicated)	
	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)			P. TESTICULAR	
	C. DRUMS			Q. ANUS AND RECTUM (Hemorrhoids, Fissures) (Hemocult Results)	
	D. NOSE			R. ENDOCRINE SYSTEM	
	E. SINUSES			S. G-U SYSTEM	
	F. MOUTH AND THROAT			T. UPPER EXTREMITIES (Strength, range of motion)	
	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)			U. FEET	
	H. OPHTHALMOSCOPIC			V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	I. PUPILS (Equality and reaction)			W. SPINE, OTHER MUSCULOSKELETAL	
	J. OCULAR MOTILITY (Associated parallel movements nystagmus)			X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	K. LUNGS AND CHEST			Y. SKIN, LYMPHATICS	
	L. HEART (T/1/rust, size, rhythm, sounds)			Z. NEUROLOGIC (Equilibrium tests under item 41)	
	M. VASCULAR SYSTEM (Varicosities, etc.)			AA. PSYCHIATRIC (Specify and personality deviation)	
	N. ABDOMEN AND VISCERA (Include hernia)			BB. BREASTS	
				cc. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary.)

<p style="text-align: right;">) Fixed 3 Partial 30 dentures x)</p> <p style="text-align: right;">L E F T</p>	<p>REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES</p>
---	---

19. TEST RESULTS (Copies of results are preferred as attachments)

<p>A. URINALYSIS: (1) SPECIFIC GRAVITY</p> <p>(2) URINE ALBUMIN</p> <p>(3) URINE SUGAR</p> <p>c. SYPHILIS SEROLOGY (Specify test used and results)</p>	<p>4. MICROSCOPIC</p> <p>B. CHEST X-RAY OR PPD (Place, date, ntm number and result)</p> <p>E. BLOOD TYPE AND RH FACTOR</p> <p>F. OTHER TESTS</p>
--	--

MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT 121. WEIGHT **r** COLOR HAIR 123. COLOR EYES 124. BUILD 126. TEMPERATURE
 11 SLENDER =MEDIUM =HEAVY =OBESE

26. BLOOD PRESSURE (Arm at heart level)				27. PULSE (Arm at heart level)									
A SITIING SITIING DIAS.	IsYs. RECU- I BENT	B. IsYs. ID1As.	C. IsYs. STANDING (5 mln.)	DIAS.	A SITIING IB. RECUMBENT	C. STANDING (3 mins) / D. AFTER EXERCISE IE. 2 MINS AFTER							
28. DISTANT VISION			29. REFRACTION			30. NEAR VISION							
RIGHT 20/	CORR. TO 20/	BY	S.	EX	CORR. TO	BY							
LEFT 20/	CORR. TO 20/	BY	s.	EX	CORR. TO	BY							
31. HETEROPHORIA (Spec/f/f distance)													
FSO	EXO	R.H.	L.H.	PRISM DV.	PRISM CONY. CT	PC	PD						
32. ACCOMMODATION			33. COLOR VISION (Test used and result)			34. DEPTH PERCEPTION (Test used and score)							
RIGHT	LEFT					UNCORRECTED	CORRECTED						
35. FIELD OF VISION			36. NIGHT VISION (Test used and score)			37. REDLENSTEST							
RIGHT	LEFT					38. INTRAOCULAR TENSION							
39. HEARING			40. AUDIOMETER				41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)						
RIGHT WV	15	SV	115	250	500	1000	2000	3000	4000	6000	8000		
				256	512	1024	2048	2896	4096	6144	8192		
LEFT WV	/15	SV	/15										
42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY													

(Use additional sheets if necessary)

44. SUMMARY OF DEFECTS AND DIAGNOSES (Use diagnoses with item numbers)

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

46. EXAMINEE (Check)

A. IS QUALIFIED FORB. IS NOT QUALIFIED FOR

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

48. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

49. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

45A. PHYSICAL PROFILE

P | U | L | H | E | S

45B. PHYSICAL CATEGORY

A | B | C | E

MEDICAL RECORD

REPORT OF MEDICAL HISTORY

DATE OF EXAM

NOTE: This information is for official and medically-confidential use only and will not be released to unauthorized persons

1. NAME OF PATIENT (<i>Last, first, middle</i>)			2. IDENTIFICATION NUMBER	3. GRADE
4a. HOME STREET ADDRESS (<i>Street or RFD; City or Town; State; and ZIP Code</i>)			5. EXAMINING FACILITY	
4b. CITY	4c. STATE	4d. ZIP CODE		
6. PURPOSE OF EXAMINATION				

7. STATEMENT OF PATIENT'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (*Use additional pages if necessary*)

a. PRESENT HEALTH	b. CURRENT MEDICATION		REGULAR OR INTERM.
c. ALLERGIES (<i>Include insect bites/stings and common foods</i>)			
		d. HEIGHT	e. WEIGHT
8. PATIENT'S OCCUPATION		9. ARE YOU (<i>Check one</i>)	
		<input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

10. PAST/CURRENT MEDICAL HISTORY

CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW	CHECK EACH ITEM	YES	NO	DON'T KNOW
Household contact with anyone with tuberculosis				Shortness of breath				Bone, joint or other deformity			
				Pain or pressure in chest				Loss of finger or toe			
Tuberculosis or positive TB test				Chronic cough				Painful or "trick" shoulder or elbow			
Blood in sputum or when coughing				Palpitation or pounding heart				Recurrent back pain or any back injury			
				Heart trouble							
Excessive bleeding after injury or dental work				High or low blood pressure				"Trick" or locked knee			
				Cramps in your legs							
Suicide attempt or plans				Frequent indigestion				Foot trouble			
Sleepwalking				Stomach, liver or intestinal trouble				Nerve Injury			
Wear corrective lenses				Gall bladder trouble or gallstones				Paralysis (<i>including infantile</i>)			
								Epilepsy or seizure			
Eye surgery to correct vision				Jaundice or hepatitis				Car, train, sea or air sickness			
Lack vision in either eye											
Wear a hearing aid				Broken bones				Frequent trouble sleeping			
Stutter or stammer				Adverse reaction to medication				Depression or excessive worry			
Wear a brace or back support				Skin diseases				Loss of memory or amnesia			
Scarlet fever				Tumor, growth, cyst, cancer				Nervous trouble of any sort			
Rheumatic fever				Hernia				Periods of unconsciousness			
Swollen or painful joints				Hemorrhoids or rectal disease				Parent/sibling with diabetes, cancer, stroke or heart disease			
Frequent or severe headaches											
Dizziness or fainting spells				Frequent or painful urination				X-ray or other radiation therapy			
Eye trouble				Bed wetting since age 12				Chemotherapy			
Hearing loss				Kidney stone or blood in urine				Asbestos or toxic chemical exposure			
Hearing loss											
Recurrent ear infections				Sugar or albumin in urine				Plate, pin or rod in any bone			
Chronic or frequent colds											
Severe tooth or gum trouble				Sexually transmitted diseases				Easy fatigability			
Sinusitis				Recent gain or loss of weight				Been told to cut down or criticized for alcohol use			
Hay fever or allergic rhinitis											
Head injury				Eating disorder (anorexia bulimia, etc.)				Used illegal substances			
Asthma				Arthritis, Rheumatism, or Bursitis				Used tobacco			
				Thyroid trouble or goiter							

11. FEMALES ONLY

CHECK EACH ITEM	YES	NO	DON'T KNOW	DATE OF LAST MENSTRUAL PERIOD	DATE OF LAST PAP SMEAR	DATE OF LAST MAMMOGRAM
Treated for a female disorder						
Change in menstrual pattern						

CHECK EACH ITEM. IF "YES" EXPLAIN IN BLANK SPACE TO RIGHT. LIST EXPLANATION BY ITEM NUMBER.

ITEM	YES	NO
12. Have you been refused employment or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.		
b. Inability to perform certain motions.		
c. Inability to assume certain positions.		
d. Other medical reasons <i>(If yes, give reasons.)</i>		
13. Have you ever been treated for a mental condition? <i>(If yes, specify when, where, and give details.)</i>		
14. Have you ever been denied life insurance? <i>(If yes, state reason and give details.)</i>		
15. Have you had, or have you been advised to have, any operation. <i>(If yes, describe and give age at which occurred.)</i>		
16. Have you ever been a patient in any type of hospital? <i>(If yes, specify when, where, why, and name of doctor and complete address of hospital.)</i>		
17. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? <i>(If yes, give complete address of doctor, hospital, clinic, and details.)</i>		
18. Have you ever been rejected for military service because of physical, mental, or other reasons? <i>(If yes, give date and reason for rejection.)</i>		
19. Have you ever been discharged from military service because of physical, mental, or other reasons? <i>(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)</i>		
20. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability? <i>(If yes, specify what kind, granted by whom, and what amount, when, why.)</i>		
21. Have you ever been arrested or convicted of a crime, other than minor traffic violations. <i>(If yes, provide details.)</i>		
22. Have you ever been diagnosed with a learning disability? <i>(If yes, give type, where, and how diagnosed.)</i>		

23. LIST ALL IMMUNIZATIONS RECEIVED

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service. I understand that falsification of information on Government forms is punishable by fine and/or imprisonment.

24a. TYPED OR PRINTED NAME OF EXAMINEE	24b. SIGNATURE	24c. DATE
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NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY".

25. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA *(Physician shall comment on all positive answers in Items 7 through 11. Physician may develop by interview any additional medical history deemed important, and record any significant findings here.)*

26a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	26b. SIGNATURE	26c. DATE
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Non-Personnel Consent to Release Information

To Whom It May Concern:

I hereby give consent to any authorized representative of the Federal Bureau of Investigation to obtain any information in your files pertaining to my academic, achievement, athletic, attendance, credit (including credit card and payment device numbers), disciplinary, employment, law enforcement (including, but not limited to, any record of charge, prosecution, or conviction for civil or criminal offenses), military, or professional license records (including any grievance records). I hereby direct each entity to which this form is presented to release such information upon request of the authorized recipient as described above, regardless of any other agreement or direction I may have made.

This consent is executed with full knowledge and understanding that the information is for the official use of the Federal Bureau of Investigation in connection with its determination of my suitability for employment and/or eligibility for new or continued access to classified information. Consent is granted for the Federal Bureau of Investigation to furnish such information as is described above to third parties in the course of fulfilling its official responsibilities.

Copies of this consent that show my signature are as valid as the original signed by me. This consent is valid for one (1) year from the date signed.

Signature (sign in ink)	Full Name (type or print clearly)	Date Signed
Other Names Used		Social Security Account No.
Signature of Parent or Guardian (if required)	Place of Birth	Date of Birth
Signature of Witness	Name & Title of Witness	

PRIVACY ACT STATEMENT

Authority: The collection of information requested by this form is authorized under Executive Order 10450, Security Requirements for Government Employees; Executive Order 12968, Access to Classified Information; and the Fair Credit Reporting Act, 15 U.S.C. §§1681 et seq. We are requesting your Social Security Account Number (SSAN) under Executive Order 9397, Numbering System for Federal Accounts Relating to Individual Persons. Providing requested information is voluntary; however, failure to furnish the requested information and consent will likely affect your eligibility for new or continued employment and/or access to classified information.

Principal Purpose: The information will be used principally to obtain such academic, achievement, athletic, attendance, credit, disciplinary, educational, employment, law enforcement, military, and professional license records as may be necessary to determine your suitability for employment and/or eligibility for new or continued access to classified information. Your SSAN identifies you throughout your affiliation with the U.S. Government and in most of the above-listed transactions. We will use your SSAN to accurately identify your records and to process investigations, inquiries, and/or determinations related to this consent.

Routine Uses: In addition to disclosures within the Department of Justice on a need-to-know basis, information reported on this form may be disclosed in accordance with all applicable routine uses as may be published at anytime in the Federal Register, including all routine uses for the FBI Central Records System. These routine uses include the following disclosures: to potential sources in order to locate, seek, and obtain information or records pertaining to you; to any appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, or security matters to which the information may be relevant; to non-FBI employees performing Federal assignments; to courts or adjudicative bodies when the FBI considers it has an interest in the proceedings; or as otherwise mandated by law, treaty, or Executive Order.