

# INVITATION TO BID (ITB) NUMBER 2521C002

## RETURN THIS BID TO THE ISSUING OFFICE AT:



Department of Transportation & PF  
Division of Supply & Services  
2200 E. 42<sup>nd</sup> Avenue, Room 110  
Anchorage, Alaska 99508

**THIS IS NOT AN ORDER**

**DATE ITB ISSUED: SEPTEMBER 3, 2020**

### ITB TITLE: MEDICAL EXAMINATIONS POLICE & FIRE- TSAIA

SEALED BIDS MUST BE SUBMITTED TO THE DOT&PF, ANCHORAGE PROCUREMENT OFFICE FROM WHICH THEY WERE ISSUED AND MUST BE TIME AND DATE STAMPED BY THE PROCUREMENT OFFICE PRIOR TO **2:00 PM ON SEPTEMBER 17, 2020** AT WHICH TIME THEY WILL BE PUBLICLY OPENED.

LOCATION: SEE BID SCHEDULE  
DELIVERY DATE: SEE BID SCHEDULE  
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 there under 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.

DAN TRUBIANO  
PROCUREMENT OFFICER

TELEPHONE NUMBER  
907-269-0862 Phone  
907-269-0863 Fax  
907-269-0473 TDD

[daniel.trubiano@alaska.gov](mailto:daniel.trubiano@alaska.gov)

\_\_\_\_\_  
COMPANY SUBMITTING BID

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ALASKA BUSINESS LICENSE NUMBER

\_\_\_\_\_  
FEDERAL TAX ID NUMBER

\_\_\_\_\_  
TELEPHONE NUMBER

\*DOES YOUR BUSINESS QUALIFY FOR THE  
ALASKA BIDDER PREFERENCE?  
[ ] YES [ ] NO

\*DOES YOUR BUSINESS QUALIFY FOR THE  
ALASKA VETERAN PREFERENCE?  
[ ] YES [ ] NO

\*SEE ITB FOR EXPLANATION OF CRITERIA  
TO QUALIFY.

\_\_\_\_\_  
E-MAIL ADDRESS

**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 Transportation & PF  
2200 E. 42<sup>nd</sup> Avenue, Room 110  
Anchorage, Alaska 99508

ITB No.: **2521C002**

Opening Date: **SEPTEMBER 17, 2020 at 2:00 PM**

**ELECTRONIC BID SUBMISSION:** If sending electronically; bids must be emailed to [dotcrprocurement@alaska.gov](mailto:dotcrprocurement@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 10mb (megabytes). If the email containing the bid exceeds this size, the bid must be sent in multiple emails that are each less than 10 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) 269-0867 or 269-0873** 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:** If faxing a bid; send to (907) 269-0872, 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) 269-0867 or 269-0873** 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; 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 procurement officer of the contracting agency. 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 parties to a contract resulting from this ITB are not liable for the consequences of any failure to perform, or default in performing, any of its obligations under the contract, if that failure or default is caused by any unforeseeable Force Majeure, beyond the control of, and without the fault or negligence of, the respective party. For the purposes of this ITB, 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:** If a contractor has a claim arising in connection with a contract resulting from this ITB that it cannot resolve with the State by mutual agreement, it shall pursue a claim, if at all, in accordance with the provisions of AS 36.30.620 – 632.

**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.

**20. GOVERNING LAW; FORUM SELECTION:** A contract resulting from this ITB is governed by the laws of the State of Alaska. To the extent not otherwise governed by section 17 of these Standard Terms and Conditions, any claim concerning the contract shall be brought only in the Superior Court of the State of Alaska and not elsewhere.

**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(2)

**2. ALASKA VETERAN PREFERENCE:** If a bidder qualifies for the Alaska bidder preference under AS 36.30.321(a) and AS 36.30.990(2) 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(2), and is offering goods or services through an employment program as defined under 36.30.990(12), 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(2), 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](mailto: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 Division of Supply & Services at one of the following numbers no later than ten (10) days to make any necessary arrangements.

Telephone: 269-0862

Fax: 269-0872

TDD: 269-0473

**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:** The State of Alaska requires the services of a licensed physician/physician assistant to provide pre-employment examinations for the Ted Stevens Anchorage International Airport Fire and Police personnel. The successful contractor will be required to assess the physical health and capability of applicants for the following positions:

- Police Person
- Fire Fighter
- Other commissioned officers required to undergo medical examinations

The services will include reviewing medical history questionnaires, performing medical examination reports, reviewing patient medical records and writing functional assessments.

**DISCLOSURE OF BID CONTENTS:** All bid prices become public information at the bid opening. After the deadline for receipt of bids, all other bid material submitted become the property of the State of Alaska and may be returned only at the state's option. AS 40.25.110 requires public records to be open to reasonable inspection. All other bid information will be held in confidence during the evaluation process and prior to the time a Notice of Intent to Award is issued. Thereafter, bids will become public information.

Trade secrets and other proprietary data contained in bids may be held confidential if the bidder requests, in writing, that the procurement officer does so, and if the procurement officer agrees, in writing, to do so. The bidder's request must be included with the bid, must clearly identify the information they wish to be held confidential, and include a statement that sets out the reasons for confidentiality. Unless the procurement officer agrees in writing to hold the requested information confidential, that information will also become public after the Notice of Intent to Award is issued.

**EVALUATION OF BIDS:** After bid opening, the procurement officer will evaluate the bids for responsiveness. Bids deemed non-responsive will be eliminated from further consideration. An evaluation may not be based on discrimination due the race, religion, color, national origin, sex, age, marital status, pregnancy, parenthood, disability, or political affiliation of the bidder.

**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.

#### **FEDERALLY IMPOSED TARIFFS**

Changes in price (increase or decrease) resulting directly from a new or updated Federal Tariff, excise tax, or duty, imposed after contract award may be adjusted during the contract period or before delivery into the United States via contract amendment.

- **Notification of Changes:** The Contractor must promptly notify the Procurement Officer in writing of any new, increased, or decreased Federal excise tax or duty that may result in either an increase or decrease in the contact price and shall take appropriate action as directed by the Procurement Officer.



- **After-imposed or Increased Taxes and Duties:** Any Federal excise tax or duty for goods or services covered by this contract that was exempted or excluded on the contract award date but later imposed on the contractor during the contract period, as the result of legislative, judicial, or administrative action may result in a price increase provided:
  - a) The tax or duty takes effect after the contract award date and isn't otherwise addressed by the contract;
  - b) The contractor warrants, in writing, that no amount of the newly imposed Federal excise tax or duty or rate increase was included in the contract price, as a contingency or otherwise.
- **After-relieved or Decreased Taxes and Duties:** The contract price shall be decreased by the amount of any decrease in Federal excise tax or duty for goods or services under the contract, except social security or other employment taxes, that the Contractor is required to pay or bear, or does not obtain a refund of, through the Contractor's fault, negligence, or failure to follow instructions of the Procurement Officer.
- **State's Ability to Make Changes:** The State reserves the right to request verification of Federal excise tax or duty amounts on goods or services covered by this contract and increase or decrease the contract price accordingly.
- **Price Change Threshold:** No adjustment shall be made in the contract price under this clause unless the amount of the adjustment exceeds \$250.

**CONTRACT ADMINISTRATION:** The administration of this contract is the responsibility of Jesse Davis Chief, Anchorage Airport Police and Fire Department (907) 266-2407.

**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 procurement 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, for a period of one year 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.

**CONTRACT PRICE ADJUSTMENTS:** <https://www.bls.gov/cpi/data.htm>

- Contract prices for medical services will remain firm for a term of one year following the date of award.
- Contractors must request price adjustments, in writing, 30 days prior to the renewal date. Price adjustments will be made in accordance with the percentage change in the U.S. Department of Labor Consumer Price Index (CPI-U) for All Urban Consumers, medical care (CUURS49GSAM, CUUSS49GSAM), Urban Alaska.
- The price adjustment rate will be determined by comparing the percentage difference between the CPI-U in effect for Half 1 2020 (Jan-June 2020); and each Half 1 following the initial term of the contract. The percentage difference between those two CPI issues will be the price adjustment rate. The CPI-U base year six-month average is **635.255**

**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.

**ESTIMATED ANNUAL USE:** The estimated annual use quantities referenced in this ITB are only estimates and may vary more or less from the quantities actually purchased. The state will use the estimated annual use numbers for the evaluation and award of the ITB but the state does not guarantee any minimum purchase. Orders will be issued throughout the contract period by various state agencies on an as-needed basis. The estimated annual usage is **35** medical examinations.

**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 results within five (5) calendar days after examinations. Bids that specify results in excess of five (5) calendar days after the examinations may be considered non-responsive and the bids may be rejected.

**F.O.B. POINT:** The F.O.B. point for this ITB will be the medical facility with results to be forwarded to appropriate personnel, see bid schedule. The medical facility must be located within **ten (10) miles** from the Ted Stevens Anchorage International Airport located at 6040 Dehavilland Ave, Anchorage, AK 99502

**INVOICES:** The contractor must submit monthly itemized invoices directly to the state agency that uses the contract(s). Payment will only be made by the client state agency directly to the contractors. Any postage will be invoiced as a separate line item accompanied with actual receipts.

**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.

**CONTINUING OBLIGATION OF CONTRACTOR:** Regardless of the terms and conditions of any third-party financing agreement, the contractor agrees that none of its responsibilities under this contract are transferable and that the contractor alone will continue to be solely responsible until the expiration date of the contract. Such responsibilities include, but are not limited to, the provision of equipment, training, warranty service, maintenance, parts and the provision of consumable supplies. By signature on the face page of this ITB the bidder acknowledges this requirement and indicates unconditional acceptance of this continuing obligation clause.

**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 3 working days 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.

**QUALIFIED BIDDERS:** Per 2 AAC 12.875, unless provided for otherwise in the ITB, to qualify as a bidder for award of a contract issued under AS 36.30, the bidder must:

- 1) Add value in the contract by actually performing, controlling, managing, or supervising the services to be provided; or
- 2) Be in the business of selling and have actually sold on a regular basis the supplies that are the subject of the ITB.

If the bidder leases services or supplies or acts as a broker or agency in providing the services or supplies in order to meet these requirements, the procurement officer may not accept the bidder as a qualified bidder under AS 36.30.

**CONTRACT CANCELLATION:** The State reserves the right to cancel the contract at its convenience upon thirty (30) calendar day's 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 to the lowest responsive and responsible bidder. There are four (4) lots. In order to be considered responsive, bidders must bid on **all items within all lots** and must bid on **all four lots**.

**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.

### GENERAL REQUIREMENTS

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

The Department prefers and requests the contractor to assign two (2) physicians or physicians assistants to perform most 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 PRIOR

**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 Administration (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' 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 Ted Stevens Anchorage International Airport Police and Fire Department. Copies of such records shall be provided to TSAIA 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 TSAIA.

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

### SCOPE OF WORK

Applicants for the positions of Ted Stevens Anchorage International Airport Police and Fire Department, and other commissioned officers are required to undergo medical examinations as part of the application process to ensure that they meet the requirements for certification or to do the essential functions of their position. The medical examinations are to follow the Alaska Police Standards Council forms and NFPA 1582.

- The examinations are to be conducted by a physician licensed to practice within the State of Alaska, or a physician assistant who is under the management and supervision of such a physician;
- The examiner shall be familiar with the information furnished by the State on the Alaska Police Standards Council form F-2A and NFPA 1582 prior to commencing with the examination;
- The examiner shall be familiar with the duties of a police officer and fire fighter, which are outlined on page one of the Alaska Police Standards Council form F-2B and NFPA 1582 prior to the examination;

The examiner shall conduct a thorough physical examination of the applicant and complete necessary medical examinations notated on the bid schedule. This is to ensure that the applicant is able to perform the essential police and fire fighting functions of a Ted Stevens Anchorage International Airport Police and Fire Fighter position.

It will be the responsibility of the examiner to provide a written recommendation to the Ted Stevens Anchorage International Airport Police and Fire Department regarding the applicant's/employee's capabilities to perform the essential functions of the job. NFPA 1582 details the comprehensive medical program for Fire departments. The examiner will provide the specific category and determination using NFPA 1582 criteria for Fit For Duty (FFD) determination. It is the State's responsibility to make sure the final determination of the applicant's/employee's ability to perform the essential function.

Example:

Employee Fit For Duty Determination

Category	NFPA citation and Description	FFD (Y/N)
B	6.10.1.2, Mitral Stenosis mild and in sinus rhythm	Y
B	6.4.2(2), Lasik surgery > 4 weeks	Y
A	6.4.1(2), Color perception	N

The successful bidder's physician(s) or physician assistant(s) assigned to perform the exams shall review and understand the essential functions of an Airport Police and Fire Fighter. The successful bidder shall review the position description and essential functions list and the list of duties on the Medical Examination Report, F2B and NFPA 1582. The successful bidder may also meet with the TSAIA Police and Fire Fighter Chief. The review and understanding of the essential functions, visit/discussion with the TSAIA Police Fire Fighter Chief will not be billable to the Department.

### OTHER SERVICES REQUIRED

**EXTENDED LEAVE:** The contractor shall notify and coordinate with the TSAIA Police and Fire Fighting Department in the event of an extended leave of absence (in excess of 14 days). If there is a sufficient number of qualified staff available in the office/clinic to perform services under this contract and the absence of one or more will not substantially impact the quality or timely delivery of services, this should not be an issue.

**PROFESSIONAL EXPERTISE:** The contractor shall provide professional expertise as a witness for the Department, upon request. For example, this may occur if there is a grievance action filed against the State that stems from personnel selection/action taken by the Department based on the advice or recommendation of the physician conducting the physical evaluation.

**WORK SCHEDULE:** The medical examinations shall be scheduled only by the TSAIA designee, and efforts will be made to coordinate the exams with other pre-employment tests or activities. The contractor will be provided with as much advance notice as possible and will work with the TSAIA designee to schedule mutually agreeable appointments. The contractor shall submit the completed results to the TSAIA designee within five (5) days of the completed examination.

**CANCELLATION OR NO-SHOWS:** The TSAIA designee shall notify the contractor immediately of any appointment cancellations they receive from the applicants/employees. If the applicant/employee notifies the contractor directly of the need to cancel or reschedule, the contractor may reschedule and shall notify TSAIA of the change. The contractor shall not charge TSAIA for applicants/employees who do not make their scheduled appointments, nor shall they charge for any cancellations.

**SPECIFICATIONS****LOT 1: ANNUAL PHYSICAL**

- \*Airport Police to receive attachments: See Bid Schedule and associated attachments.
- \*When completed mail all documents including labs to the PO Box listed on document A 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.

**LOT 2: FBI BOMB SQUAD**

- \*Notify employee of result completion for pick up.
- \*The following tests must be completed: See Bid Schedule and associated attachments
- \*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: See Bid Schedule and associated attachments
- \*Airport Police to receive all documents back, including all labs.
- \*Mail all documents marked **CONFIDENTIAL** to PO Box on document A.
- \*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.

**LOT 4: ANNUAL (Optional Tests)**

- \* The results of these tests may be sent separate from the Department annual Fit-For-Duty Physical The officer understands that these may be scheduled separately and require additional off-site locations.
- \* If not conducted in conjunction with the department annual physical, the officer must schedule these tests on his/her own time. Tests can only be completed once per calendar year.



**BID SCHEDULE**

**F.O.B.:** Contractors Location; must be located within a 10 mile radius of the Ted Stevens Anchorage International Airport located at 6040 Dehavilland Ave, Anchorage, AK 99502

**Contractor's Location:** \_\_\_\_\_  
\_\_\_\_\_

**Guaranteed Delivery:** \_\_\_\_\_/days after receipt of order.

The time required to provide examination results. Failure to make an entry in the space provided will be construed as an offer to deliver results within five (5) calendar days after examinations. Bids that specify results in excess of five (5) calendar days after the examinations may be considered non-responsive and the bids may be rejected.

**BIDDER'S INFORMATION:**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Contact

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Fax Number

**DOCUMENTS REQUIRED AT TIME OF BID OPENING:**

- Complete and submit Page 1 of the ITB
- Complete and submit Bid Schedule (pages 17-19)
- All Mandatory Return Amendments (if applicable)
- Evidence of Mandatory Qualifications and Prior Experience (see pages 13-14)
- Additional Information, Copies of all In-House Medical Forms (see page 13)

**DOCUMENTS REQUIRED UPON CONTRACT AWARD:**

- Alaska Business License (see page 6)
- Proof Of Insurance (see page 9)

# State of Alaska

## Airport Police and Fire Department

ANNUAL (LOT 1)		
Items	Price	Records/Test
1	\$	Medical Exam Report (Fit for Duty)
2	\$	certification of respirator wear fitness (6 pages)
3	\$	Audiogram
4	\$	CMP & Lipid Panel
5	\$	Pulmonary Function
6	\$	Q-Gold
7	\$	Visual Acuity and Color
8	\$	Urinalysis w/micro
9	\$	HEP B series if indicated
10	\$	Cotinine screen
11	\$	ECG
12	\$	Chest Xray every 5 years or as medically indicated

FBI BOMB SQUAD (LOT 2)		
Items	Price	Records/Test
1	\$	Report of Medical Exam (Form 88)
2	\$	Mecial Record (Form 93)
3	\$	certification of respirator wear fitness (6 pages)
4	\$	Audiogram
5	\$	Consent to Release Inf.
6	\$	Pulmonary Function
7	\$	Q-Gold
8	\$	Visual Acuity and Color
9	\$	Urinalysis w/micro
10	\$	Blood Type/RH factor
11	\$	Max Weight by Height
12	\$	Chest X-ray PA/L (+PPD history only)
13	\$	BMI Chart
14	\$	Physical Capacity Form
15	\$	EKG

PRE-EMPLOYMENT (LOT 3)		
Items	Price	Records/Test
1	\$	F2A & F2B forms
2	\$	<b>DOT Drug Screen</b>
3	\$	certification of respirator wear fitness (6 pages)
4	\$	Audiogram
5	\$	CMP & Lipid Panel
6	\$	Pulmonary Function
7	\$	Q-Gold
8	\$	Visual Acuity and Color
9	\$	Urinalysis w/micro
10	\$	HEP B antibody (no vaccine)
11	\$	ECG
12	\$	Chest Xray

**Total Lot 1 (Items 1-12) \$**\_\_\_\_\_

1. Fit for Duty Form
  2. Respirator Cert. Survey & Clearance
- Mail all copies of physicals and labs  
in separate envelope marked with  
employee name, "Confidential" to  
Airport Police and Fire Dept.  
PO Box 190629  
Anchorage, AK 99519-0629

**Total Lot 2 (Items 1-15) \$**\_\_\_\_\_

- \* Must be signed by physician
- \* The Applicant WILL PICK UP original  
and completed documents including  
copies of labs
- \* All unshaded areas of physical form  
must be completed
- \* All tests noted must be completed

**Total Lot 3 (Items 1-12) \$**\_\_\_\_\_

Mail ALL DOCUMENTS including labs  
in separate envelope marked with  
employee name, "Confidential" to

Airport Police and Fire Dept.  
PO Box 190629  
Anchorage, AK 99519-0629

State of Alaska  
Airport Police and Fire Department

LOT 4 ANNUAL (OPTIONAL)		
Items	Price	Records/Test
1	\$	Vitamin D
2	\$	CBC
3	\$	Hemoglobin A1C
4	\$	PSA (males over 40 or if recommended by physician)
5	\$	Stress Test w/12 lead (over 40 or if recommended by physician)
6	\$	Mammogram (females over 40 or if recommended by physician)
7	\$	Calcium Screening Test (if recommended by physician)
8	\$	Fecal occult blood testing (annually over 40 y.o.)
9	\$	TSH
10	\$	Pap Smear (females)

These tests are optional and available to current employees at department expense

The results of these tests may be sent separate from the Department annual Fit-For-Duty Physical

The officer understands that these may be scheduled separately and require additional off-site locations

If not conducted in conjunction with the department annual physical, the officer must schedule these on his/her own time. Tests can only be completed once per calendar year.

**Total Lot 4 (Items 1-10) \$** \_\_\_\_\_

Mail all copies of physicals and labs in separate envelope marked with employee name, "Confidential" to

Airport Police and Fire Dept.  
PO Box 190629  
Anchorage, AK 99519-0629

**TOTAL BID LOTS 1-4 \$** \_\_\_\_\_



# **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		

<b>SECTION A</b>	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							

[illegible]

<b>EXAMINERS CONSULTED</b> (For any of the questions answered "YES", identify the Question Number and Examiner Information.)			
#	DATE	EXAMINER	ADDRESS (Number, Street, City, State, Zip)

**I acknowledge that information contained on this form will be used by the council for purposes of determining my eligibility and qualifications for training, employment, and certification. Any falsification, withholding of information or failure to answer all questions completely and accurately may cause forfeiture of all rights to this employment or training.**

**I certify under penalty of PERJURY that the foregoing is true and accurate to the best of my knowledge.**

**DONE at \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
**Candidate Signature**

<b>HEALTH QUESTIONNAIRE F-2A REVIEWED BY:</b>		<b>EXAMINER'S NAME, ADDRESS, AND TELEPHONE #</b>
<b>EXAMINER'S SIGNATURE</b>	<b>DATE</b>	

## 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 (Last, First, Middle)		Sex Male_____ Female_____	Birth Date
Height (w/o shoes)	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:

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	

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

1. use of firearms	13. crouching	26. hearing voice conversation
2. handcuffing prisoners	14. sitting	27. color identification
3. administer first aid	15. standing	28. close vision
4. lifting and carrying 0-70 lbs.	16. standing for long periods	29. far vision
5. subdue prisoners	17. kneeling	30. side vision-depth perception
6. walking-lateral mobility	18. twisting body	31. night vision
7. bending	19. pushing	32. maintaining balance
8. stooping	20. pulling	33. finger dexterity
9. intervene in fire, riot and medical emergencies	21. running	34. speaking
10. fingerprint inmates wrist rotation	22. sense of touch	35. physically control combative and disruptive persons
11. write reports - finger dexterity	23. reaching	
12. pursue escaping prisoners on foot	24. gripping hands and fingers	
	25. hearing alarms	



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
---	---	--

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																		
<b>1. VISUAL ACUITY</b> <u>DISTANCE</u> Uncorrected: R20/____L20/____B20/____  Corrected: R20/____L20/____B20/____  <b>NEAR VISION</b> Uncorrected: R20/____L20/____B20/____  Corrected: R20/____L20/____B20/____	<b>2. HORIZONTAL FIELD OF VISION</b> Right:____Left:____Both:____  Check if Present: Scotoma:____  Quadrantonopia (large blind spot):____	<b>3. COLOR PERCEPTION (ISHIHARA COLOR PLATES MUST BE USED)</b> <i>(Note any deficiencies)</i>  Red:____Green:____  Yellow:____Color Plates:____  <input type="checkbox"/> Vision capable of distinguishing basic color groups against a favorable background																
<b>4. CORRECTION</b>  None:____Spectacles:____ Hard contact Lenses:____ Soft Contact Lenses:____ Required if uncorrected vision is 20/80 or more.	<b>5. HEARING: (AUDIOMETER MUST BE USED)</b>  <table border="0"> <tr> <td></td> <td>500HZ</td> <td>1000HZ</td> <td>2000HZ</td> <td>3000HZ</td> </tr> <tr> <td>dbL</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>dbR</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> Hearing aid used?_____Note any abnormalities in section 12.				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				
<i>(Test by bending, stooping, squatting, also by head, arm, and finger motions.)</i>				
Spine:	Mobility	Symmetry	Posture	
Upper Extremities:	Limited function			
Lower Extremities:	Limited function			
Skin ( <i>scars, varicosities, disease, abnormalities - nature and severity</i> )				
10. CONTAGIOUS DISEASES				
Does the applicant have contagious hepatitis?				
Does the applicant have contagious tuberculosis?				
11. LABORATORY				
Urinalysis	SP Gravity	ALB	Sugar	





## TED STEVENS ANCHORAGE INT'L AIRPORT POLICE AND 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  
P.O. Box 190629  
Anchorage, AK 99519-3244

# 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 employee told you have to contact \_\_\_\_\_ who will ☒ Yes ☐ No  
review this questionnaire?

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 fire fighting 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.

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| 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? |                          |                          |
| 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?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. \_\_\_\_\_)

- |  | <u>Yes</u>               | <u>No</u>                |
|--|--------------------------|--------------------------|
| a. Eye irritation.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Skin allergies or rashes.....   | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          |
|  | <u>Yes</u>               | <u>No</u>                |
| 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.**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 11. Have you ever:   | <u>Yes</u>               | <u>No</u>                |
| 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: \_\_\_\_\_

\_\_\_\_\_

- |  | <b><u>Yes</u></b>        | <b><u>No</u></b>         |
|--|--------------------------|--------------------------|
| 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. \_\_\_\_\_

\_\_\_\_\_

- |   | <b><u>Yes</u></b>        | <b><u>No</u></b>         |
|---|--------------------------|--------------------------|
| 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: \_\_\_\_\_  
\_\_\_\_\_

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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s). (For example, confined spaces, life-threatening gases): \_\_\_\_\_  
\_\_\_\_\_

---

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: \_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STATE OF ALASKA**  
**Department of Transportation and Public Facilities**  
**Division of Ted Stevens International Airport**



Chief Jesse Davis  
Airport Police & Fire  
P O Box 190629  
Anchorage AK 99519-0629  
Telephone No. (907) 266-2407  
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**CERTIFICATION OF RESPIRATOR WEAR FITNESS**

This is to certify that \_\_\_\_\_, employed by  
The State of Alaska, Department of Transportation and Public Facilities, Ted Stevens Anchorage  
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		DATE OF EXAM	
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	7. AGE	8. SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		9. RELATIONSHIP OF CONTACT	
10. PLACE OF BIRTH		11. RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/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- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL	NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
	A. HEAD, FACE, NECK AND SCALP			O. 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, Fistulae) (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 (Thrust, 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.)

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES					
1 2 3		Restorable Teeth		1 2 3		Non-Restorable Teeth		1 2 3		Missing Teeth		1 2 3		Replaced by dentures				1 2 3		Fixed Partial dentures	
0		/		/		x		x		x		x		x				x		x	
32 31 30		32 31 30		32 31 30		32 31 30		32 31 30		32 31 30		32 31 30		32 31 30				32 31 30		32 31 30	
R I G H T		1 2 3		4 5 6		7 8 9		10 11 12		13 14 15		16		L E F T							
		32 31 30		29 28 27		26 25 24		23 22 21		20 19 18		17									

19. TEST RESULTS (Copies of results are preferred as attachments)			
A. URINALYSIS: (1) SPECIFIC GRAVITY		B. CHEST X-RAY OR PPD (Place, date, film number and result)	
(2) URINE ALBUMIN		4. MICROSCOPIC	
(3) URINE SUGAR			
C. SYPHILIS SEROLOGY (Specify test used and results)		D. EKG	
		E. BLOOD TYPE AND RH FACTOR	
		F. OTHER TESTS	



NAME	IDENTIFICATION NO.	NO. OF SHEETS ATTACHED
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### MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT	21. WEIGHT	22. COLOR HAIR	23. COLOR EYES	24. BUILD <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	26. TEMPERATURE
26. BLOOD PRESSURE (Arm at heart level)				27. PULSE (Arm at heart level)	
A. SITTING	SYS. DIAS.	B. RECUMBENT	SYS. DIAS.	C. STANDING (3 mins.)	D. AFTER EXERCISE
28. DISTANT VISION		29. REFRACTION		30. NEAR VISION	
RIGHT 20/	CORR. TO 20/	BY	S.	CX	CORR. TO BY
LEFT 20/	CORR. TO 20/	BY	S.	CX	CORR. TO BY
31. HETEROPHORIA (Specify distance)					
FSO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT
32. ACCOMMODATION		33. COLOR VISION (Test used and result)		34. DEPTH PERCEPTION (Test used and score)	
RIGHT	LEFT			UNCORRECTED	
35. FIELD OF VISION		36. NIGHT VISION (Test used and score)		37. RED LENS TEST	
RIGHT	LEFT			38. INTRAOCULAR TENSION	
39. HEARING		40. AUDIOMETER			
RIGHT WV	/15 SV	/15	250	500	1000
			256	512	1024
LEFT WV	/15 SV	/15	2000	3000	4000
			2048	2896	4096
			6000	8000	8192
41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)					

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

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

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	45A. PHYSICAL PROFILE					
	P	U	L	H	E	S
46. EXAMINEE (Check) A. <input type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR	45B. PHYSICAL CATEGORY					
47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	A	B	C	E		
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					

## 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			
Tuberculosis or positive TB test				Pain or pressure in chest				Loss of finger or toe			
Blood in sputum or when coughing				Chronic cough				Painful or "trick" shoulder or elbow			
Excessive bleeding after injury or dental work				Palpitation or pounding heart				Recurrent back pain or any back injury			
Suicide attempt or plans				Heart trouble				"Trick" or locked knee			
Sleepwalking				High or low blood pressure				Foot trouble			
Wear corrective lenses				Cramps in your legs				Nerve Injury			
Eye surgery to correct vision				Frequent indigestion				Paralysis <i>(including infantile)</i>			
Lack vision in either eye				Stomach, liver or intestinal trouble				Epilepsy or seizure			
Wear a hearing aid				Gall bladder trouble or gallstones				Car, train, sea or air sickness			
Stutter or stammer				Jaundice or hepatitis				Frequent trouble sleeping			
Wear a brace or back support				Broken bones				Depression or excessive worry			
Scarlet fever				Adverse reaction to medication				Loss of memory or amnesia			
Rheumatic fever				Skin diseases				Nervous trouble of any sort			
Swollen or painful joints				Tumor, growth, cyst, cancer				Periods of unconsciousness			
Frequent or severe headaches				Hernia				Parent/sibling with diabetes, cancer, stroke or heart disease			
Dizziness or fainting spells				Hemorrhoids or rectal disease				X-ray or other radiation therapy			
Eye trouble				Frequent or painful urination				Chemotherapy			
Hearing loss				Bed wetting since age 12				Asbestos or toxic chemical exposure			
Recurrent ear infections				Kidney stone or blood in urine				Plate, pin or rod in any bone			
Chronic or frequent colds				Sugar or albumin in urine				Easy fatigability			
Severe tooth or gum trouble				Sexually transmitted diseases				Been told to cut down or criticized for alcohol use			
Sinusitis				Recent gain or loss of weight				Used illegal substances			
Hay fever or allergic rhinitis				Eating disorder (anorexia bulimia, etc.)				Used tobacco			
Head injury				Arthritis, Rheumatism, or Bursitis							
Asthma				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.