GARY MONTSDEOCA, M.D., F.A.C.R.
3589 S. HIGHLANDS AVENUE
SEBRING, FLORIDA 33870
(863) 382-9100
(863) 382-8928 fax

HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS
PURCHASING DEPARTMENT

REQUEST FOR PROPOSAL (RFP)
15-015

FIREFIGHTER PHYSICAL EXAMINATIONS BASED ON THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 1582 STANDARD COMPREHENSIVE OCCUPATIONAL MEDICAL PROGRAM

GARY MONTSDEOCA, M.D. F.A.C.R.
Rheumatology
3589 South Highlands Avenue
Sebring, FL 33870
863-382-9100

December 18, 2014

Board of County Commissioners:

Enclosed you will find the bid for 2015 Highlands County Firefighters Physicals. We will provide physicals that conform to the current N.F.P.A. 1582 Standards.

I am a lifelong resident of Highlands County and have been in practice here since 1979. I am pleased to say I have provided these services to the Highlands County Fire Department since the requirement began, approximately 20 years ago. I am in many cases the only physician these individuals have ever seen professionally. My knowledge of their health status and how it has changed through the years gives me invaluable information which allows negative trends to be spotted earlier, preventing more serious heath consequences and lost time from work. I currently have ongoing contracts with the City of Sebring and Avon Park Fire Departments.

I am available for return to work evaluations and ongoing care of the Firefighters as needed. Please contact my office or me if you need any further information.

Sincerely,

Gary Montsdeoca, MD

SECTION XV. OFFICIAL PROPOSAL SUBMITTAL FORM

RFP 15-015 -- FIREFIGHTER PHYSICAL EXAMINATIONS BASED ON THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 1582 STANDARD COMPREHENSIVE OCCUPATIONAL MEDICAL PROGRAM

Gary Montsdeoca MD — PROPOSER

12-18-14 — DATE

- Vendor will accept payment by Visa Credit Card: YES (NO) CIRCLE ONE
- In compliance with Florida Statue 287.087 as a "Drug Free Workplace." (YES) NO CIRCLE ONE
  (*Required* - Please submit a statement on Company letterhead under Tab-A)
- Participating in E-Verify: (YES) NO CIRCLE ONE
  (*Required* - Please submit a copy of your enrollment confirmation under Tab-A)
- Claiming Local Preference: (YES) NO CIRCLE ONE
  (If yes, please complete and submit the Affidavit under Tab-A (see Pg 33)
- Insurance certificate (Acord form) Included: (YES) NO CIRCLE ONE
  (*Required* - Please submit with your response under Tab-A)
- PROPOSER has examined and carefully studied the RFP Document and the following Addenda(s) (receipt of all which is hereby acknowledged):

Date	Number	Date	Number	Date	Number
12-18-14	1				

Gary Montsdeoca MD — REPRESENTATIVE'S NAME

REPRESENTATIVE'S SIGNATURE

3589 S Highlands — ADDRESS

Sebring. Fl 33870 — CITY / STATE / ZIP

863-382-9100 — TELEPHONE NUMBER

fourinhand@earthlink.net — E-MAIL

THIS "OFFICIAL BID FORM" MUST BE USED TO SUBMIT THE BID.

[redacted]

AC# 5288120

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/23/2013	**ME 24449**	**416189**

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2015**

GARY MONTSDEOCA
3589 S HIGHLANDS AVE
SEBRING, FL 33870

Rick Scott
GOVERNOR

John H. Armstrong, MD, FACS
STATE SURGEON GENERAL

License renewal Currently ongoing

RHONDA YORK

National Phelbotomy and IV Therapist Certification

CERTIFCATION NUMBER: 22593-pt 04
EXPIRIATION DATE: 3-3-2015

E-Verify®

Employment Eligibility Verification

Welcome Gary Montsdeoca | User ID [redacted] | Last Login 09:34 AM - 12/17/2014 | Log Out

Click any ? for help

- Home
- My Cases
- New Case
- View Cases
- Search Cases
- My Profile
- Edit Profile
- Change Password
- Change Security Questions
- My Company
- Edit Company Profile
- Add New User
- View Existing Users
- Close Company Account
- My Reports
- View Reports
- My Resources
- View Essential Resources
- Take Tutorial
- View User Manual
- Share Ideas
- Contact Us

Enter User Profile Information

User ID: [redacted]

Last Name: Montsdeoca *

First Name: Gary *

M.I.:

Phone Number: (863) 382 - 9100 ext. *

Fax Number: (863) 382 - 8928

E-mail Address: *

Submit User Profile Changes | Cancel

LANCET INDEMNITY
"THE INSURANCE COMPANY PHYSICIANS TRUST"

CERTIFICATE OF INSURANCE

This is to certify that the Policy of insurance listed below has been issued to the Named insured and is in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this Certificate may be issued or may pertain, the insurance afforded by the Policy described herein is subject to all the terms, conditions and exclusions of said Policy.

1. Name: Gary Montsdeoca MD
2. Address: 3589 S. Highlands Ave., Sebring, FL 33870
3. Specialty: Rheumatology / Internal Medicine / Part-time
4. Additional Insured's: (shared limits basis) N/A
5. Policy Number: LR091313002291
6. Policy Effective Date: 6/10/2014
7. Policy Expiration Date: 6/10/2015
8. Policy Retroactive Date: 6/10/2013
9. Limits of Liability: $250,000 PER CLAIM / $750,000 AGGREGATE
10. Type of Insurance: PHYSICIANS PROFESSIONAL LIABILITY INSURANCE

Lancet Indemnity will endeavor to mail (30) days written notice to the below named Certificate Holder, but failure to mail such notice will impose NO obligation of liability of any kind upon the Company.

11. Name and Address of Certificate Holder: Gary Montsdeoca MD
    3589 S. Highlands Ave., Sebring, FL 33870

12. Date Issued: 6/10/2014

Authorized Representative: _____
J. Dennis Watts, Chief Underwriting Officer

HIGHLANDS COUNTY LOCAL VENDOR PREFERENCE AFFIDAVIT OF ELIGIBILITY

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to
HIGHLANDS COUNTY BOARD OF COUNTY COMMISSIONERS

by GaryMontsdeoca, MD
[Print individual's name and title]

for GaryMontsdeoca, MD,PA
[Print name of Company/Individual submitting sworn statement]

Whose business address is 3589 S Highlands Ave, Sebring, FL 33870

(If applicable) its Federal Employer Identification Number (FEIN) is 592032494

(If the entity has no FEIN, include the Social Security Number of the individual signing this Sworn statement):_____.

2. LOCAL PREFERENCE ELIGIBILITY

A. Vendor/Individual has had a fixed office or distribution point located in and having a street address within Highlands County for at least twelve (12) months immediately prior to the issuance of the request for quotation, competitive bids or request for proposals by the County.

YES X NO _____

B. Vendor/Individual holds business license required by the County, and/or if applicable, the Municipalities:

YES X NO _____

C. Vendor/Individual employs at least one full-time employee, or two part-time employees whose primary residence is in Highlands County, or, if the business has no employees, the business shall be at least fifty (50) percent owned by one or more persons whose primary residence is in Highlands County.

YES X NO _____

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM SHALL BE CONSIDERED PUBLIC RECORD.

G Montsdeoca MD 12/11/14

[Signature and Date]

STATE OF FLORIDA, COUNTY OF HIGHLANDS

Subscribed and sworn before me, the undersigned notary public on this 11 day of December 20 14.

Laura A. Smith
NOTARY PUBLIC

SEAL

LAURA A. SMITH
Notary Public, State of Florida
My comm. expires May 25, 2017
Comm. No. FF 13452

Commission Expiration Date

GARY MONTSDEOCA, M.D.F.A.C.R.
DRUG-FREE WORKPLACE POLICY

We all must recognize that drug use and abuse negatively affects the company, the employee, job performance and co-workers. In this regard, Gary Montsdeoca, MD has adopted a Drug-Free workplace policy While we hope that this policy protects and benefits the company, we hope even more that it protects and benefits the employee and co-workers and creates a safe and efficient work environment. For the purpose of clarification, alcohol is considered a drug under this policy.

II. IMPAIRMENT PROHIBITED

No employee shall report for work or work impaired by any substance that is legal or illegal. "Impaired" means under the influence of a substance such that the employee's motor senses (i.e., sight, hearing, balance, reaction, reflex) or judgment either are or may be reasonably presumed to be affected.

III. POSSESSION PROHIBITED

No employee at any work site will possess any quantity of any substance, legal or illegal, which in sufficient quantity could cause impaired performance, except for authorized substances. "Work site" means any office, building, or property (including parking lots) owned or operated by the company, or any other site at which an employee performs work for the company. "Possess" means to have a drug or drugs either in or on an employee's person, personal effects, motor vehicle, tools, and areas entrusted to the employee such as desks, files and company vehicles.

IV. INSPECTIONS

1. For purposes of assuring compliance with the prohibition of possession of drugs, employees may be subject to inspection for drugs. Any refusal by the employee to submit to an inspection is an act of insubordination subject to disciplinary action.
2. An employee's person, work area, desk, files, company motor vehicle, and similar areas are subject to inspection for drugs at any time on a random or any other nondiscriminatory basis for purposes of complying with this policy. Similarly, an employee's own car, lunch box, personal containers, etc., may be inspected for drugs when brought onto any work site.

V. HELP AND MEDICAL TREATMENT

1. The company believes that drug use and abuse is an illness requiring medical

treatment. In this regard, the company will:
(a) Encourage affected individuals to voluntarily seek medical help.
(b) Assist supervisors in dealing with associated problems related to the employee's work performance.
(c) Discourage supervisors, fellow employees, and possibly family members from "covering up" for the affected individual.
2. If the employee seeks help prior to discovery of drug use and abuse, then confidentiality, job security, and promotional opportunities of the employee will be protected; if the employee does not seek help for drug abuse, and the problem comes to the attention of the company, then the employee will be subject to disciplinary action.
3. The company may refer an employee to a drug use and abuse counseling agency for help because of deteriorating job performance or excessive absenteeism of the employee associated with use and abuse of drugs.

VI. ELIGIBILITY FOR BENEFITS
Since misuse of drugs is a treatable illness, an employee participating in the company medical insurance program is eligible for insurance benefits as addressed in the insurance schedule for drug treatment.

VII. EFFECT ON COMPANY RULES
It is emphasized that recognizing drug use and abuse as an illness does not detract from company rules and regulations in respect to intoxication on the job, or having drugs on company property, which will continue to be enforced unless management approves otherwise.

VIII. DISCIPLINE
Any violation of this policy may result in summary discipline for the employee, up to and including discharge.


Signature

President
Title

1/5/2012
Date

GARY MONTSDEOCA, MD
3589 S. HIGHLANDS AVENUE
SEBRING, FL 33870
863-382-9100
863-382-8928 fax

TAB B: Evaluation Criteria

1. Dr. Gary Montsdeoca, MD is a life long resident of Highlands County. He opened his medical practice in 1979 and has been practicing medicine in Highlands County for 40 years. Dr Montsdeoca has provided physical assessments for Highlands County fire services for over 20 years. He is also available for ongoing care and return to work appointments.
2. Dr Montsdeoca's office staff includes: Rhonda York, medical assistant, Rebecca Campbell, front office and billing and Kim Vickers, office manager, all are full time employees. The office is open Monday through Thursday 8:00 am - 5:00 pm and Friday 9:00 am – 12:00 pm. The physicals are performed in two visits. The first part is the preliminary visit with the M.A. The second visit is with the Doctor and is a 40-minute appointment. All aspects of the physical are provided in-house, except for the stress test and chest x-rays. Subcontracts are in place with Sebring Heart Group for the stress test and Dr. Keatly Waldron for the chest x-rays. X-rays are taken at Dr. Waldron's office but are read by Dr. Montsdeoca.
3. Current workload is 12 with capacity of 22. We currently have contracts with Highlands County Fire Services, City of Sebring Fire Department and City of Avon Park Fire Departments. The physical is completed within two weeks from initial visit.
4. See attached for reference letters.
5. Dr. Montsdeoca is not a minority/woman owned business.
6. Dr. Gary Montsdeoca is located at 3589 South Highlands Avenue, Sebring, Florida 33870. He is accessible during his office hours Monday-Friday.
7. **Price templates**

1/15

Gary Montsdeoca, M.D., F.A.C.R.
Rheumatology
3589 S. Highlands Ave
Sebring, Florida 33870
Telephone: (863) 382-9100 Fax: (863) 382-8928

****

PATIENT NAME: _____ DATE: _____

ADDRESS: _____ SS#_____

TELEPHONE: (home)_____ (work)_____

DRIVERS LICENSE # _____ DATE OF BIRTH_____

HOW LONG HAVE YOU LIVED IN FLORIDA _____

PRESENT OCCUPATION _____

EYE EXAM_____

HEARING EXAM _____

BREATHING CAPACITY EXAM _____

CHEST X-RAY _____

EKG _____

LAB RESULTS

CBC _____

CHEM 20 _____

LIPID PROFILE _____

HEP B & C _____

PSA _____ (OPTIONAL—not included in physical)

TB TEST _____ DATE: _____

TB RESULT _____ DATE: _____

BOOSTERS NEEDED: TETNUS _____ HEPATITIS B _____

Figure E-1 Form for fire department physician's report.

Physical Exam Summary

Employer:

Employee's Name:	Position Title:
Date of Exam:	Examining Physician:

Components Performed	Within Normal Limits	Abnormal, Able to Perform Job Tasks	Abnormal, Unable to Perform Job Tasks	Significant Changes Noted from Previous Exam (if applicable)
☐ Physical exam				
☐ Audiogram				
☐ Pulmonary function				
☐ Treadmill stress				
☐ EKG-12 lead				
☐ Chest x-ray				
☐ Mammogram				
☐ Pelvic/Pap				
☐ Laboratory tests				
☐ Other				

Explanation of Abnormal Results/Significant Changes:

☐ Medically cleared to perform job tasks

☐ Denied medical clearance for current job tasks

NFPA Physical Exam Summary (1 of 2)

Figure E-1 ***(Continued.)***

H of P.I.: Mr./Ms. _____ is a _____ v.o. Fire Fighter Police Officer with the _____ department. The purpose of this annual physical is to establish fitness for the continuation of those duties. He/she has enjoyed good health. Mr./Mrs. _____ voiced the following questions:

Medical History
___ D.M.
___ HTN
___ CVD
___ Asthma

Surgical History
___ Orthopedic
___ ENT
___ Optho
___ Other

Medications

Allergies

Social History
___ Smoke
___ PPD
___ Quit
___ PkYr
___ Alcohol
___ Amount
___ Frequency

ROS
GI
___ Hematochezia
___ Stool caliber
___ Bowel habits
G.U.
___ Stones
___ Hematuria
CV
___ Chest pain
___ SOB
Resp
___ Cough
___ Wheezes
___ SOB

Exercise

FH
___ DM
___ HTN
___ CVD

Physical
Insert physical here

Audio
___ HFHL
___ Speech range

Vision
___ Near
___ Far
___ Corrected

Stool OB
___ Positive
___ Negative

UA
___ Blood
___ Protein
___ Glucose

EKG/TMT
___ HR
___ Target
___ Interp
___ Stage achieved

Pulm
FVC _____
% Pred _____
FEVI _____
% Pred _____

Blood
H/H _____
WBC _____
Glu _____
Chol _____
HDL _____
Ratio _____
Risk _____
LFTs
SGOT _____
SGPT _____
GGT _____
Other _____

NFPA Physical Exam Summary (2 of 2)

Figure E-2 Medical examination report form.

Medical Examination

1. NAME (Last)	(First)	(Middle)	2. SEX	3. DATE OF EXAMINATION

4. PLANT OR DIVISION	5. SOC. SEC. OR EMPLOYEE NO.	6. OCCUPATION	7. DATE LAST EXAMINATION

8. REASON FOR PRESENT EXAMINATION

☐ PRE-PLACEMENT ☐ D.O.T. ☐ SURVEILLANCE ☐ IMMIGRATION ☐ F.I.T.

9. TEMP.	10. PULSE	11. BLOOD PRESSURE	12. HEIGHT FT IN.	13. WEIGHT	14. TITMUS SNELLING

15. VISION	UNCORRECTED			CORRECTED			16. COLOR VISION (Use Code)*
DISTANT	RE 20/	BOTH	LE 20/	RE 20/	BOTH	LE 20/	
NEAR	RE 20/	BOTH	LE 20/	RE 20/	BOTH	LE 20/	17. PERIPHERAL

Clinical Evaluation

	Area Examined	* Use Code	Remarks (Describe all "Code 1s" in detail)
18.	Head and neck		
19.	Thyroid		
	Lymph nodes		
20.	Eyes		
	Fundi		
21.	Ears		
22.	Nose and sinuses		
23.	Mouth and throat		
24.	Teeth		
25.	Chest and lungs		
	Breast		
26.	Heart		
27.	Abdomen		
28.	Inguinal, e.g., hernia		
29.	Genitalia		

* Code: 0 — Within normal limits 1 — Significantly abnormal X — Not examined

NFPA Medical Examination Form (1 of 12)

Figure E-2 ***(Continued.)***

30.	Pelvis		
31.	Anus and rectum		
	Prostate		
	Proctoscopic		
32.	Spine		
33.	Skin		
34.	Arms		
	Hands		
35.	Legs		
	Feet		
36.	Peripheral-Vascular		
37.	Neurologic		
38.	Emotional status		
39.	Other		

40. Urine dip:	Glucose:	Albumin:	S.G.:
	Heme:	Leukocyte-Esterase:	Other:

41. Flex	42. Step test	43. Body fat	44. PFT	45. Audio
46. Chest x-ray (use 0, 1, or X)	47. EKG (use 0, 1, or X) and specify test used			48. Hemocult
49. Back eval.	50. Tetanus	51. PPD	52. Stress test	

* Code: 0 — Within normal limits 1 — Significantly abnormal X — Not examined

NFPA Medical Examination Form (2 of 12)

Figure E-2 ***(Continued.)***

53. Other x-ray or laboratory findings

54. Physician's summary, remarks, and diagnoses, including recommendations made to patient (include code numbers for diagnoses and conditions found)

55. Recommendations/Restrictions	56. R.N. signature
☐	
☐	57. Physician's signature
☐	
	58. Patient's signature

59. Work qualification:	60. Contact person:	61. Date:	62. Initial:

* Code: 0 — Within normal limits 1 — Significantly abnormal X — Not examined

Figure E-2 ***(Continued.)***

Health History	Yes	No	If "Yes," Give Details.
Have You Had Any Surgeries/Operations:			
On your back, arm, leg, or knee?	☐	☐	
To treat a hernia?	☐	☐	
Varicose veins?	☐	☐	
Other operations?	☐	☐	
Have you ever been hospitalized?	☐	☐	
Allergy — Have You Ever Had or Do You Currently Have:			
Serious allergy?	☐	☐	
Bad reaction to any medication?	☐	☐	
Advised not to take any medication (e.g., aspirin)?	☐	☐	
Skin — Have You Ever Had or Do You Currently Have:			
Hives/eczema or rash?	☐	☐	
Chronic skin problems (e.g., cuts slow to heal)?	☐	☐	
Excessive skin dryness?	☐	☐	
Problems with "easy bruising"?	☐	☐	
Chemical or jewelry rash/sensitivity?	☐	☐	
Neuro — Have You Ever Had or Do You Currently Have:			
A psychiatric or emotional problem?	☐	☐	
Numbness/weakness/paralysis?	☐	☐	
Dizziness or fainting spells?	☐	☐	
Severe/frequent or migraine headaches?	☐	☐	
Head injury, concussion, or skull fracture?	☐	☐	
Neurological disorders?	☐	☐	
Seizures or blackouts?	☐	☐	
Stroke?	☐	☐	
Eyes/Ears — Have You Ever Had or Do You Currently Have:			
Hearing loss?	☐	☐	
Frequent ear infections?	☐	☐	

NFPA Medical Examination Form (4 of 12)

Figure E-2 ***(Continued.)***

Health History	Yes	No	If "Yes," Give Details.
Ringing in ears?	☐	☐	
Other ear problems?	☐	☐	
Glaucoma or cataracts?	☐	☐	
Red eyes?	☐	☐	
Eye injury/vision loss?	☐	☐	
Other eye problems (e.g., strain from VDT use)?	☐	☐	
Glasses/contacts?	☐	☐	
Date of last vision screen?	☐	☐	
Head/Neck — Have You Ever Had or Do You Currently Have:			
Date of last dental exam:	☐	☐	
Recent problems with teeth/dentures?	☐	☐	
Frequent mouth ulcers/infections?	☐	☐	
Sinus or hay fever?	☐	☐	
Frequent sore throats?	☐	☐	
Frequent nose bleeds?	☐	☐	
Trouble with thyroid (e.g., taking thyroid medication)?	☐	☐	
Problem requiring radiation treatment to the neck area?	☐	☐	
Lungs — Have You Ever Had or Do You Currently Have:			
Asthma or wheezing?	☐	☐	
Coughed up any blood?	☐	☐	
Shortness of breath without apparent reason?	☐	☐	
TB or a positive skin test for TB?	☐	☐	
Pneumonia or pleurisy?	☐	☐	
Do you cough every day, especially in the morning?	☐	☐	
Pain or tightness in chest?	☐	☐	
More than three episodes of bronchitis in one year?	☐	☐	
Ever smoked tobacco in any form?	☐	☐	How long: Yrs. Packs per day: When quit:
Had a chest x-ray?	☐	☐	Last time:

Figure E-2 ***(Continued.)***

Health History	Yes	No	If "Yes," Give Details.
Heart — Have You Ever Had or Do You Currently Have:			
Rheumatic fever or heart murmur?	☐	☐	
Heart disease?	☐	☐	
Treated for heart condition?	☐	☐	
Unusually cold or bluish-colored hands or feet?	☐	☐	
High blood pressure. If "Yes," how is it treated?	☐	☐	❑ Medicine ❑ Diet ❑ Exercise
Do you have a history of elevated cholesterol?	☐	☐	
Anemia or any blood disease?	☐	☐	
Phlebitis, varicose veins, or blood clots/ poor circulation?	☐	☐	
Chest pain with activity?	☐	☐	
GI — Have You Ever Had or Do You Currently Have:			
Ulcers?	☐	☐	
Hiatal hernia?	☐	☐	
Indigestion, pain, or unusual burning in stomach?	☐	☐	
Vomiting of blood?	☐	☐	
Bloody/tarry bowel movements?	☐	☐	
Colitis or nervous stomach?	☐	☐	
Yellow jaundice or hepatitis?	☐	☐	
Problems with your pancreas?	☐	☐	
Gallbladder disease?	☐	☐	
Kidneys — Have You Ever Had or Do You Currently Have:			
Bladder or kidney infections?	☐	☐	
Kidney stones?	☐	☐	
Burning or discomfort on urination, or frequent urination?	☐	☐	
Hernia?	☐	☐	
Blood in urine?	☐	☐	

Figure E-2 ***(Continued.)***

Health History	Yes	No	If "Yes," Give Details.
Miscellaneous — Have You Ever Had or Do You Currently Have:			
Diabetes or sugar in your blood or urine?	☐	☐	
Cancer of any kind?	☐	☐	
Muscle-Skeletal — Have You Ever Had or Do You Currently Have:			
Arthritis, rheumatism, neck, back, or spine injury or disease?	☐	☐	
Been treated for a back problem?	☐	☐	
Recurrent stiffness or back pain?	☐	☐	
Bursitis, tendonitis?	☐	☐	
Recurrent pulled muscles or sprains?	☐	☐	
Hand or wrist injury or problem?	☐	☐	
Hip or knee injury or problem?	☐	☐	
Ankle or foot injury or problem?	☐	☐	
Frostbite?	☐	☐	
Job requiring heavy lifting or standing, or sitting for long periods of time?	☐	☐	
Any broken bones?	☐	☐	
For Females Only — Have You Ever Had or Do You Currently Have:			
Menstrual irregularities?	☐	☐	
Recurrent problems of the female organs?	☐	☐	
Breast masses or lumps?	☐	☐	
Do you practice monthly breast self-exam?	☐	☐	
Have you ever had a mammogram?	☐	☐	
Date of last pap smear:	☐	☐	
For Males Only — Have You Ever Had or Do You Currently Have:			
Prostate or testicular problems?	☐	☐	
Breast tenderness, swelling, or lumps?	☐	☐	
Do you practice monthly testicular self-exam?	☐	☐	

NFPA Medical Examination Form (7 of 12)

Figure E-2 ***(Continued.)***

Health History

General Lifestyle I.

(Check the answer that best describes you.)

General health	❑ Poor	❑ Fair	❑ Good	❑ Excellent
% Seatbelt use	❑ 0–24%	❑ 25–49%	❑ 50–74%	❑ 75–100%
Daily stress	❑ Low	❑ Moderate	❑ High	
Average hours sleep	❑ 6 hours or less	❑ 7–8 hours	❑ 8 hours or more	
Average meals daily	❑ 1 meal	❑ 2 meals	❑ 3 or more	
Number of eggs per week	❑ 0–1	❑ 2	❑ 3 or more	
Average number red meat meals per week	❑ 0–1	❑ 2–3	❑ 3 or more	
Average number of alcoholic beverages/beers per week	❑ 0–5	❑ 6–14	❑ 15 or more	

	Yes	No	If "Yes," Give Details.
Do you exercise three times per week? 30–40 minutes each time? Identify types of exercise.	☐	☐	_____
Are you more than 30% above your ideal weight?	☐	☐	_____
Have you received a tetanus booster in the last 10 years?	☐	☐	_____
Have you been immunized against hepatitis B?	☐	☐	Year immunized: _____
Do you take any prescription medication?	☐	☐	_____
Do you take nonprescription medication (or over-the-counter drug) on a regular basis?	☐	☐	_____

General Lifestyle II.

Do you participate in a workplace wellness/help promotion program?	☐	☐	_____
Which of the following would you like to see offered and would you participate in?			
Cholesterol screen	☐	☐	_____
Blood pressure screen	☐	☐	_____
Weight loss	☐	☐	_____
Nutrition program	☐	☐	_____
Stress management	☐	☐	_____
Smoking cessation	☐	☐	_____
CPR	☐	☐	_____

Figure E-2 ***(Continued.)***

Health History	Yes	No	If "Yes," Give Details.
Blood drive	☐	☐	
Health risk appraisal	☐	☐	
Self-directed exercise	☐	☐	
Health education program	☐	☐	
Women's health	☐	☐	
Work History I. Have you ever:			
Been restricted in your work or given "light duty" because of your health or injury?	☐	☐	
Left a job because of health problems?	☐	☐	
Been injured on the job and treated by a doctor?	☐	☐	
Received compensation for an industrial injury or illness?	☐	☐	
Are you receiving any health care treatment (e.g., physical therapy, chiropractic, acupuncture, medical, etc.)?	☐	☐	
Been hospitalized in the last five years?	☐	☐	
Have you had any illness or injury that we have not asked you about?	☐	☐	
Work History II:			
Do you have hobbies, such as furniture refinishing, painting, hunting, shooting, or model building?	☐	☐	
Do you moonlight or have a second job?	☐	☐	
Work History III. Exposures — Have You Ever Worked Around the Following:			
Chemical plant?	☐	☐	
Coke oven?	☐	☐	
Construction?	☐	☐	
Cotton, flax, or hemp mill?	☐	☐	
Electronics plant?	☐	☐	
Farm?	☐	☐	
Foundry?	☐	☐	

NFPA Medical Examination Form (9 of 12)

Figure E-2 ***(Continued.)***

Health History	Yes	No	If "Yes," Give Details.
Hazardous waste industry?	☐	☐	
Hospital?	☐	☐	
Lumber mill?	☐	☐	
Metal production?	☐	☐	
Mine?	☐	☐	
Nuclear industry?	☐	☐	
Paper mill?	☐	☐	
Pharmaceutical?	☐	☐	
Plastic production?	☐	☐	
Pottery mill?	☐	☐	
Refinery?	☐	☐	
Rubber processing plant?	☐	☐	
Sand pit or quarry?	☐	☐	
Service station?	☐	☐	
Shipyard?	☐	☐	
Smelter?	☐	☐	
Have You Ever Worked With or Been Exposed To:			
Aldrin?	☐	☐	
Arsenic?	☐	☐	
Asbestos?	☐	☐	
Benzene?	☐	☐	
Benzidine?	☐	☐	
Beryllium?	☐	☐	
BIS chlormethyl ether?	☐	☐	
Cadmium?	☐	☐	
Carbon disulfide?	☐	☐	
Carbon tetrachloride?	☐	☐	
Chlorine?	☐	☐	
Chlordane?	☐	☐	
Chloroform?	☐	☐	

NFPA Medical Examination Form (10 of 12)

Figure E-2 ***(Continued.)***

Health History	Yes	No	If "Yes," Give Details.
Chloroprene?	☐	☐	
Chromates?	☐	☐	
Chromic acid mist?	☐	☐	
Cutting oils?	☐	☐	
DDT?	☐	☐	
Dieldrin?	☐	☐	
Dioxin?	☐	☐	
Dust, coal?	☐	☐	
Dust, sandblasting?	☐	☐	
Dust, other?	☐	☐	
Ethyl dibromide?	☐	☐	
Ethylene oxide?	☐	☐	
Extreme heat or cold?	☐	☐	
Heptachlor?	☐	☐	
Hexachlorobenzene?	☐	☐	
Isocyanates (TDI, MDI)?	☐	☐	
Loud or continuous noise?	☐	☐	
Mercury?	☐	☐	
Methylene chloride?	☐	☐	
Microwaves, lasers?	☐	☐	
Nickel?	☐	☐	
PCBs?	☐	☐	
Pesticides, herbicides?	☐	☐	
Phenols?	☐	☐	
Phosgene?	☐	☐	
Plastics?	☐	☐	
Radioactive materials?	☐	☐	
Roofing materials?	☐	☐	
Rubber?	☐	☐	
Silica?	☐	☐	

Figure E-2 ***(Continued.)***

Health History	Yes	No	If "Yes," Give Details.
Solvents/degreasers?	☐	☐	
Soots and tars?	☐	☐	
Spray painting?	☐	☐	
TRI/PER chloroethylene?	☐	☐	
Vinyl chloride?	☐	☐	

List any toxins/chemicals/biological hazards you might currently be exposed to: _____

Work History IV.
Jobs — Start with the Most Recent:

Date (Year to Year)	Company	Position	Any Work Hazards

I certify that the above information is true and complete to the best of my knowledge. I hereby give _____ _____ permission to release work-related information to the proper authorities of my employer or the company for which I am a job applicant.

Date: _____ Signature: _____

Examiner: _____

RISKS FOR CV DISEASE

1. OVER AGE 45
2. MALE
3. FAMILY HISTORY CAD
4. SMOKING
5. HIGH BLOOD PRESSURE
6. OBESITY
7. DIABETES
8. HYPERLIPIDEMIA

COMMENTS: FASTING

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL				
CHOLESTEROL, TOTAL	200		125-200 mg/dL	TP
HDL CHOLESTEROL	44		> OR = 40 mg/dL	TP
TRIGLYCERIDES	49		<150 mg/dL	TP
LDL-CHOLESTEROL		**146 H**	<130 mg/dL (calc)	TP
Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.				
CHOL/HDLC RATIO	4.5		< OR = 5.0 (calc)	TP
NON HDL CHOLESTEROL	156		mg/dL (calc)	TP
Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.				
COMPREHENSIVE METABOLIC PANEL				TP
GLUCOSE	88		65-99 mg/dL Fasting reference interval	
UREA NITROGEN (BUN)	15		7-25 mg/dL	
CREATININE	0.91		0.60-1.35 mg/dL	
eGFR NON-AFR. AMERICAN	113		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	131		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	142		135-146 mmol/L	
POTASSIUM	4.2		3.5-5.3 mmol/L	
CHLORIDE	108		98-110 mmol/L	
CARBON DIOXIDE	23		19-30 mmol/L	
CALCIUM	9.6		8.6-10.3 mg/dL	
PROTEIN, TOTAL	6.9		6.1-8.1 g/dL	
ALBUMIN	4.5		3.6-5.1 g/dL	
GLOBULIN	2.4		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.9		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.6		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	77		40-115 U/L	
AST	16		10-40 U/L	
ALT	32		9-46 U/L	
CBC (INCLUDES DIFF/PLT)				TP
WHITE BLOOD CELL COUNT	6.8		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.26		4.20-5.80 Million/uL	
HEMOGLOBIN	14.4		13.2-17.1 g/dL	
HEMATOCRIT	44.0		38.5-50.0 %	
MCV	83.5		80.0-100.0 fL	
MCH	27.4		27.0-33.0 pg	
MCHC	32.8		32.0-36.0 g/dL	
RDW	14.1		11.0-15.0 %	
PLATELET COUNT	268		140-400 Thousand/uL	
ABSOLUTE NEUTROPHILS	4434		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1945		850-3900 cells/uL	
ABSOLUTE MONOCYTES	299		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	95		15-500 cells/uL	

12/3/14

Test Name	In Range	Out Of Range	Reference Range	Lab
ABSOLUTE BASOPHILS	27		0-200 cells/uL	
NEUTROPHILS	65.2		%	
LYMPHOCYTES	28.6		%	
MONOCYTES	4.4		%	
EOSINOPHILS	1.4		%	
BASOPHILS	0.4		%	
C-REACTIVE PROTEIN	0.29		<0.80 mg/dL	TP

Please be advised that patients taking Carboxypenicillins may exhibit falsely decreased C-Reactive Protein levels due to an analytical interference in this assay.

HEPATITIS C ANTIBODY	NON-REACTIVE		NON-REACTIVE	TP
SIGNAL TO CUT-OFF	0.02		<1.00	
HEPATITIS B SURFACE ANTIBODY (QUANT)	189		mIU/mL	TP

Patient has immunity to hepatitis B virus.

Effective May 12, 2014 this test is being performed using the Ortho Vitros Chemiluminesence method. Quantitative results from this method should not be used interchangeably with other methods.

PERFORMING SITE:

TP QUEST DIAGNOSTICS-TAMPA, 4225 E. FOWLER AVE, TAMPA, FL 33617 Laboratory Director: LUIS A DIAZ-ROSARIO,MD, CLIA: 10D0291120

12/3/14

Thakkar, Patel & Avalos MDs, LLC
3581 S. Highlands Ave.
Sebring, Fl 33870
863-385-5129

December 11, 2014

To: Highlands County Board of County Commissioners

Subject: Reference for Dr. Gary Montsdeoca

I am pleased to be writing this letter of recommendation for Dr. Montsdeoca.

I have known Dr. Montsdeoca personally and professionally for over 20 years. He is a caring person of integrity, and a highly competent dedicated physician, with almost 40 years of experience in internal medicine and rheumatology.

I am confident in my referrals to him, and in my collaborations with him, as he has excellent clinical outcomes.

He is hard working and dependable, with excellent clinical skills and a broad medical knowledge base. He demonstrates mature and effective bedside manner, and is well-liked and highly-rated by his patients.

Regards,

Vinod C. Thakkar, MD
Thakkar, Patel & Avalos

City of SEBRING Fire / Rescue

Serving Proudly Since 1913

Brad Batz, Fire Chief

12/12/2014

To: Highlands County Board of County Commissioners

From: Chief Brad Batz
City of Sebring Fire Department

Ref: Letter of Reference

To whom it may concern

I would like to submit this letter of reference on behalf of Dr. Gary Montsdeoca. Dr. Montsdeoca has conducted our Firefighter physical exams for over 20 years and has treated several of our personnel for different injuries and illnesses. Dr. Montsdeoca has always gone out of his way to see and treat our personnel at any time for any issue. Dr. Montsdeoca's staff is always helpful and courteous.

I would recommend Dr. Montsdeoca to any agency that needs a Doctor very familiar with the medical needs of emergency personnel.

Please contact me at 863-741-5105 or bradbatz@mysebring.com any time if you have any questions regarding our relationship with Dr. Gary Montsdeoca.

Sincerely

Chief Brad Batz

301 North Mango Street
Sebring, Florida 33870
Phone: (863) 471-5105 ♦ Fax: (863) 471-5123

Dear Highlands County Board of County Commissioners:

I am writing this letter on behalf of Dr. Gary Montsdeoca and his staff, who has served the City of Avon Park Fire Department with skill and professionalism for over sixteen years. He has demonstrated expertise in the administration of NFPA 1582 annual medical evaluations and I am confident he and his staff have the skills necessary to handle the challenges.

The severe physical nature of firefighting and the harsh environmental conditions under which firefighters must perform their duties dramatically increase our susceptibility to stress and overexertion. Many deaths have been prevented through the early detection of underlying medical conditions by participation in NFPA 1582.

Dr. Montsdeoca's competence, compassion and high ethical standards have helped the City of Avon Park succeed in protecting our firefighter's health and safety. His concern and expertise in this area has been most advantageous to our Department.

In summary, Dr. Montsdeoca is clearly competent, interacts with our firefighters in a friendly and professional manner and has been a pleasure to work with over the last several years. I give him my highest recommendation.

Sincerely,

Stephen Marquart
Captain/Training officer
Avon Park Fire Department.

SECTION XVI. ATTACHMENT A, B & C

RFP 15-015 FIREFIGHTER PHYSICALS BASED ON THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 1582 STANDARD COMPREHENSIVE MEDICAL PROGRAM - PRICE PROPOSAL		
PHYSICAL EXAMINATION (ATTACHMENT "A")		
	MEDICAL TESTS	COST PER CANDIDATE
1	AUDIOGRAM	$ included
2	BACK ASSESSMENT	$ Included
3	CBC	$ Included
4	CHEM 20	$ Included
5	CHEST X-RAY (2-VIEW) Optional annually, required a minimum every five (5) years	$ 50.00
6	EKG	$ Included
7	GLYCOHEMOGLOBIN	$ 32.00
8	HEMOCCULT	$ Included
9	HEPATITIS A VACCINE (2 per series) (CHECK FOR ANTIBODY IF HAD VAC.)	$ 115.00
10	HEPATITIS B SURFACE ANTIBODY	$ Included
11	HIV	$ 25.00
12	LIPID FROFILE	$ Included
13	PHYSICAL EXAM	$ 250.00
14	PPD/TB SCREEN	$ Included
15	SAP10	$ 520.00
16	SERUM CHOLINESTERASE	$ 96.00
17	SERUM LEAD	$ N/A
18	SERUM PCB	$ N/A
19	SPIROMETRY	$ Included
20	STRESS TEST	$ 100.00
21	URINALYSIS	$ Included
22	PSA IF OVER 40 YEARS OF AGE	$ 50.00
23	OTHER RECOMMENDED PRE-EMPLOYMENT TEST / EXAMS (Use additional sheet if necessary)	
		$
		$
		$
TOTAL PRICE FOR FIREFIGHTER PHYSICAL EXAMINATION		$ 250.00
TOTAL PRICE FOR ***VOLUNTEER*** FIREFIGHTER PHYSICAL EXAMINATION		$ 250.00
Proposer's name: Gary Montsdeoca MD		

RFP 15-015 FIREFIGHTER PHYSICALS BASED ON THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 1582 STANDARD COMPREHENSIVE MEDICAL PROGRAM - PRICE PROPOSAL		
HAZMAT EXAMINATION - EXPOSURE TESTING (ATTACHMENT "B")		
	MEDICAL TESTS	COST PER CANDIDATE
1	COMPLETE PHYSICAL EXAMINATION & HISTORY (Include a lift/back assessment and vision test)	250.00
2	24 HOUR URINE HEAVY METAL SCREEN	$ 300.00
3	AUDIOGRAM	$ Included
4	BLOOD LEAD SCREEN	$ 41.00
5	CBC	$ Included
6	CHEST X-RAY (2 - VIEW)	$ 50.00
7	CHEM 20 (Metabolic Profile)	$ Included
8	CHOLINESTERASE	$ 25.00
9	EKG (Resting)	$ Included
10	HEMOCCULT (Guiac Card)	$ Included
11	HEPATITIS B TITRE	$ Included
12	HEPATITIS C ANTIBODY	$ Included
13	HIV SAP 10	$ 550.00
14	LIPID PROFILE	$ Included
15	PPD/ TB SCREEM	$ Included
16	PSA - PROSTATE EVALUATION	$ 50.00
17	SERUM LEAD SERUM PCB	$ N/A
18	SPIROMETRY / PULMONARY FUNCTION TEST	$ Included
19	URINALYSIS	$ Included
20	ZINC PROTOPORPHYRIN	$ 29.00
21	OTHER RECOMMENDED TESTS / EXAMS (Use additional sheet is necessary)	
		$
		$
		$
TOTAL PRICE FOR HAZMAT EXAMINATION - EXPOSURE TESTING		250.00
Proposer's name: Gary Montsdeoca, MD		

RFP 15-015 FIREFIGHTER PHYSICALS BASED ON THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 1582 STANDARD COMPREHENSIVE MEDICAL PROGRAM - PRICE PROPOSAL		
ADDITIONAL SERVICES (ATTACHMENT "C")		
1	Chest x-ray: Optional annually, required a minimum every five (5) yrs.	$ 50.00
2	Hepatitis B Test (antigen)	$ 40.00
3	Hepatitis B Titer (antibody)	$ 15.00
4	Hepatitis B Vaccine (3 per series)	$ 160.00
5	Hepatitis A Test (antigen)	$ N/A
6	Hepatitis A Titer (antibody)	$ 47.89
7	Hepatitis A Vaccine (2 per series)	$ 115.00
8	PPD Test	$ 10.00
9	Return to full duty medical evaluation; post injury and/or workman compensation claim	$ 112.00
Proposer's name:	Gary Montsdeoca m.d.	