

**REQUEST FOR PROPOSALS FOR
PURCHASE OF:
PRE-PLACEMENT
AND
ANNUAL MEDICAL EVALUATIONS**

GREENEVILLE FIRE DEPARTMENT



Issued by:

Greenville Fire Department
Chief Alan Shipley
710 W. Summer St
Greenville, TN 37743

Phone (423) 638-4243 Fax (423) 638-2469
ashipley@greenevilletn.gov
Date of Issue: March 3, 2023

**Due Date/Time: March 15, 2023; 9:45am
DEADLINE FOR RECEIVING PROPOSALS**

CALENDAR OF EVENTS/RFP TIMELINE

Listed below are the important dates and times by which the actions noted must be completed. All dates are subject to change by the Greeneville Fire Department. If the Greeneville Fire Department finds it necessary to change any of these dates or times prior to the RFP due date, the change will be accomplished by addendum.

<u>ACTIONS</u>	<u>COMPLETION DATE</u>
Distribution of RFP	March 3, 2023
Proposals Due	March 15, 2023, by 9:45 a.m.
Proposal Opening	March 15, 2023, at 10:00 a.m.
Consideration of RFP	Six Days
Expected adoption of RFP	March 21, 2023

FORMS AND SPECIFICATIONS

Details, proposal forms, and specifications are available from the Town of Greeneville website, www.greenevilletn.gov. Vendors are required to use the official "PROPOSAL FORMS", and all attachments itemized herein are to be submitted as a single document.

PROPOSAL SUBMITTAL

One (1) original and one (1) copy (for a total of 2), of each proposal shall be submitted in a sealed envelope, prominently marked on the outside with the words, "**GFD MEDICAL EVALUATIONS RFP**". Proposals submitted in express, overnight or courier envelopes, boxes or packages must be prominently marked on the outside with the words, "**GFD MEDICAL EVALUATIONS RFP**" and contents sealed as required.

- Deadline for Submissions in response to the Request for Proposals: Proposals must be received no later than 9:45 a.m., March 15, 2023. Proposals submitted by FAX or other electronic media will not be accepted under any circumstances. Late proposals will not be accepted, and will be returned, unopened, to the Vendor, at the Vendor's expense.
- The Greeneville Fire Department reserves the right to reject any and/or all proposals, reserves the right to waive any informalities or irregularities in the proposal, and reserves the right to award contract(s) in the best interest of the Department.
- Proposals are to be submitted to the following address:

Town of Greeneville
Attn: Chief Alan Shipley (GFD MEDICAL EVALUATIONS RFP)
200 N. College St.
Greeneville, TN 37743

PROPOSAL FORM

GREENEVILLE FIRE DEPARTMENT



Name of Firm Submitting Proposal _____

Name of Person Submitting Proposal _____

PROPOSAL ACKNOWLEDGMENT

"The undersigned, as Vendor, hereby declares that he/she has informed himself/herself fully in regard to all conditions to the work to be done, and that he/she has examined the RFP and Specifications for the work and comments hereto attached. The Vendor proposes and agrees, if this proposal is accepted, to contract with the Greeneville Fire Department in the form of a Purchase Order, to furnish all necessary materials, equipment, machinery, labor, and service necessary to complete the work covered by the RFP and Contract Documents for this Project. The Vendor agrees to accept in full compensation for each item the prices named in the schedules incorporated herein."

TOTAL SUM PROPOSAL PRE-PLACEMENT EXAM PER PERSON \$ _____

ANNUAL EXAM PER PERSON \$ _____

Signature

Date

This document must be completed and returned with your Submittal

The Greeneville Fire Department is seeking proposals for Pre-placement and Annual medical assessments.

The scope of this RFP is to provide medical fit for duty assessment to current and future members of the Greeneville Fire Department.

The following are the requirements for the medical exams:

- Electronic forms are available by request, Contact Assistant Chief John Craft at jcraft@greenevilletn.gov
- Invoicing and Payment: The terms of payment will be as follows: An individual charge will be sent for each firefighter obtaining service, with a list and cost of the services rendered. This will be done after all tests are completed for the entire department. A single statement with total owed will also be sent with the above, summarizing the services and total owed. Payment will be made in accordance with the Town of Greeneville payment process.
- All procedures are to be priced individually and totaled at the bottom of each page
- TN Barry Brady Act requirements are *optional* per individual
- Each form is to be completed for a single patient
- The Greeneville Fire Department currently has forty-three (43) employees
- Exams must be performed within the corporate limits of Greeneville due to on-duty scheduling (Provide testing location)
- Preferred scheduling blocks of 8am-12pm and 1pm-5pm
- All examinations must be performed by a licensed and insured practitioner
- The approved licensed practitioner performing the evaluation shall provide a medical clearance form to the fire chief or designee indicating the candidate's qualification status. The complete results of the medical evaluation are provided to the individual firefighter only. This medical evaluation is not intended to discriminate against any individuals with pre-existing medical conditions or disabilities. The purpose of the medical evaluation is solely to ensure that the individual is able to perform the physically demanding work of firefighting and rescue operations.
- The physician's written opinion to the fire chief will not include information regarding any specific medical conditions the individual may have. All firefighter medical information is confidential and is subject to Health Insurance Portability and Accountability Act (HIPAA) regulations. This means that if the firefighter wants their personal physician or other parties informed of the results of their exam, they must provide written permission (a medical records release) to the exam provider instructing them to release the records to a third-party.
- Sample form provided below

Greeneville Firefighter Initial Medical Evaluation
PRE-PLACEMENT(Initial) Medical Evaluation (Requirements)

Firefighter Physical Exam (Includes)

- ___ Medical History- (includes Immunization, reproductive, and infectious disease screenings)
- ___ Physical Exam (with/Musculoskeletal evaluation)
- ___ Height, Weight, Temperature, Pulse, Respiratory Rate, & Blood Pressure
- ___ Includes skin cancer screening and comprehensive lymph node evaluation *
- ___ Epworth Sleepiness Scale- Screening Form
- ___ Vision- (Distant, Near, Peripheral vision, Color Vision)
- ___ Cardiac Risk Assessment (Coronary Risk Disease Risk Prediction form)
- ___ Urine Dip

Laboratory Testing

- CBC w/differential
- Comprehensive Metabolic Profile
- PSA
- Lipid Profile
- Protein Electrophoresis *
- HgbA1C (*If Diabetic ONLY)
- Hemocult Lab (x 3 smears) *
- Urinalysis (Urine Dip)

Vision Testing (Color Vision)	
Audiogram	
Respiratory Questionnaire/Clearance	
Spirometry (PFT)	
ECG	
Chest x-ray 1 view (Baseline)	
TB Skin Test	
TOTAL	\$0.00

(* if participating in TN Brady Act)

Greeneville Firefighter Initial Medical Evaluation

TN Brady Act

Cancer Screenings

(Under TN Brady Act)

Colon/Rectal Cancer- (Hemoccult x 3)

Multiple Myeloma Cancer- (Protein Electrophoresis)

Non-Hodgkin's Lymphoma - (Medical History/Lymph Node assessment)

Skin Cancer- (Skin & Lymph node assessment on exam)

Other Cancer Screenings

Prostate Cancer- (PSA \geq 50 yrs. age & annually (earlier based on risk)

Cervical Cancer- (Documentation of PAP every 3 yrs. or PAP+HPV every 5 years)

Testicular Cancer- Baseline Physical Exam

Bladder Cancer- Urine Dip for Blood

Oral & Thyroid Cancer- Physical Exam

Lung Cancer- Screening based upon medical history (age & tobacco use
& history), (if positive history >55 yrs.- Low dose
Computed tomography (LDCT)

Total

\$0.00

Greeneville Firefighter Annual Medical Evaluation

Medical Evaluation Annual (Requirements)

Firefighter Physical Exam (Includes)	
<input type="checkbox"/> Medical History- (includes Immunization, reproductive, and infectious disease screenings)	
<input type="checkbox"/> Physical Exam (with/Musculoskeletal evaluation)	
<input type="checkbox"/> Height, Weight, Temperature, Pulse, Respiratory Rate, & Blood Pressure	
<input type="checkbox"/> Includes skin cancer screening and comprehensive lymph node evaluation *	
<input type="checkbox"/> Epworth Sleepiness Scale- Screening Form	
<input type="checkbox"/> Vision- (Distant, Near, Peripheral vision, Color Vision)	
<input type="checkbox"/> Cardiac Risk Assessment (Coronary Risk Disease Risk Prediction form)	
<input type="checkbox"/> Urine Dip	
Laboratory Testing	
CBC w/differential	
Comprehensive Metabolic Profile	
PSA- (\geq 50 yrs. age or based upon risk)	
Lipid Profile	
Protein Electrophoresis *	
HgbA1C (If Diabetic ONLY) (Obtain completed NFPA Diabetes form from treating MD)	
Hemocult Lab (x 3 smears) *	
Urinalysis (Urine Dip)	
Vision Testing (Color Vision) (To be included in Physical Exam)	
Audiogram	
Respiratory Questionnaire/Clearance	
Spirometry (PFT)	
ECG (29 and younger every 3 years, 30 to 39 every other year, 40+ every year)	
Chest x-ray 1 view (Only as clinically indicated)	
TB High Risk Screening Form annually	
TOTAL	\$0.00

(* if participating in TN Brady Act)

Greeneville Firefighter Annual Medical Evaluation

TN Brady Act

Cancer Screenings

(Under TN Brady Act)

Colon/Rectal Cancer- (Hemocult x 3)

Multiple Myeloma Cancer- (Protein Electrophoresis)

Non-Hodgkin's Lymphoma - (Medical History/Lymph Node assessment)

Skin Cancer- (Skin & Lymph node assessment on exam)

Other Cancer Screenings

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Bladder Cancer- Urine Dip for Blood

Oral & Thyroid Cancer- Physical Exam

Lung Cancer- Screening based upon medical history (age & tobacco use
& history), (if positive history >55 yrs.- Low dose
Computed tomography (LDCT)

Total

\$0.00

FIREFIGHTER MEDICAL CLEARANCE FORM

Name of Firefighter: _____ Date: _____

Based on my physical examination of the above firefighter:

Please check one below:

Fit for Duty – This individual is medically qualified to safely perform all essential firefighting job tasks. Additionally, the physical examination failed to reveal any evidence of the condition of cancer.

Fit for Duty with Restrictions – This individual should be restricted from performing the following duties or requires the following accommodations:

Not Fit for Duty – This individual has a serious medical condition that precludes him/her from performing as a firefighter in any capacity. The individual should be encouraged to see his/her personal physician for a follow-up medical consultation.

Physician Name: _____

Signature: _____

Date: _____