



Special School District
Of St. Louis County

SSD 121-26

**REQUEST FOR PROPOSAL
PRE-EMPLOYMENT PHYSICAL EXAMINATIONS
ANNUAL PHYSICIAN EXAMINATIONS
DRUG AND ALCOHOL TESTING**

Request for Proposal and Guidelines for Submittal
ISSUED: **March 10, 2026**

PROPOSALS DUE ON OR BEFORE:

**MARCH 23, 2026 @2:00PM
SPECIAL SCHOOL DISTRICT
PURCHASING DEPARTMENT
12110 CLAYTON ROAD
ST. LOUIS MO 63131-2516**

Special School District
www.ssdmo.org

Mission: In collaboration with partner districts, we provide technical education and a wide variety of individualized educational and support services designed for each student's successful contribution to our community. Vision: Partners for every student's success.
Values: student success • collaboration • integrity • stewardship • continuous improvement • equity

Request for Proposals for furnishing the equipment and/or services described in Scope of Services will be received by the Special School District’s PURCHASING DEPARTMENT until the date and time specified below.

Due Date: March 23, 2026 Time: 2:00 pm

Submittal Location: Purchasing Department, 12110 Clayton Road, St. Louis, Missouri 63131-2516

District Contact Person: Kylie Moreland 314.989.8356 kjmoreland@ssdmo.org

All proposals are subject to the following:

- Invitation
- General Instructions
- Scope of Services
- Conditions
- District Rights

- Attachment #1 Insurance Requirements
- Attachment #2 Proposer Signature Section
- Attachment #3 References
- Attachment #4 Terminated Contracts
- Attachment #5 No Conflict of Interest
- Attachment #6 Cost Proposal
- Attachment #7 Use of Subcontractors
- Attachment #8 Federal Work Authorization (E-Verify)
- Attachment #9 Physical Forms

To offer a proposal please complete and return all required sheets of this proposal on or before the opening date and time. Late proposals will not be considered and will be returned unopened.

In compliance with the above, the undersigned offers and agrees, to furnish and deliver to the designated point(s) within the time specified all of the items upon which a price is quoted at the price set opposite each item and will allow the following prompt payment discounts:

Name and Address of Proposer:		
Telephone Number	Fax Number	E-mail Address
Signature of Authorized Person:		
Prompt Payment Terms (if any)	Date of Proposal:	

INVITATION

Special School District of St. Louis County (the "District") hereby issues this Request for Proposal ("RFP") #SSD 121-26 Pre-Employment Physical Examinations, Annual Physical Examinations, and Drug and Alcohol Screening.

All Contract awards will require the approval of the Board of Education of the District. The term of the contract will be for a one (1) year period beginning July 1, 2026 ending June 30, 2027, with three (3) one-year options. It shall be the sole discretion of the District to award the option year periods, provided that said award is approved by the Contractor. All proposals will be carefully scrutinized to ensure that such requirements will be met.

Each Proposer shall include three (3) copies, and an electronic copy on a flash drive. Proposers must submit complete proposals covering all requirements identified in this RFP package to be considered. All proposals must be submitted in a sealed package(s) with the following information clearly marked on the front of the package:

**March 23 @ 2:00 pm
Purchasing Department
12110 Clayton Road
St. Louis, MO 63131-2516**

RE: SSD 121-26 PHYSICAL EXAMINATIONS, DRUG/ALCOHOL SCREENING

Special School District is not responsible for late or incorrect proposals. All other communications and questions regarding this RFP must be directed to the Purchasing Agent listed. No other contact with any members of the Special School District Board, any administrators, staff, or employees of the district is permitted before or after completion of the RFP process. Failure to comply with this directive or any attempt to contact or to influence any such person may result in rejection or disqualification of a proposal

A public bid opening will be held at the above listed date and time; late proposals will not be accepted. If the District is unexpectedly closed on the scheduled bid opening date due to unforeseen circumstances, the bid opening will automatically occur on the next regular working day at 11 a.m. All proposals will be reviewed by SSD personnel. All Contract awards will require the approval of the Board of Education of the District.

Unauthorized contact by the Proposer with District employees regarding the RFP may result in disqualification.

FOR ADDITIONAL INFORMATION CONTACT:

**Kylie Moreland
314.989.8356**

kjmoreland@ssdmo.org

BACKGROUND INFORMATION

Special School District of St. Louis County's unique status as a public school district providing special education services ensures that all students in St. Louis County receive quality and equal special education. SSD staff provide special education services to students in 265 public schools in 22 school districts. The relative wealth of any local school district in St. Louis County does not influence the special education services offered to its students.

Special School District of St. Louis County provides services to more than 22,000 students with disabilities with approximately 97% of the students who receive special education services from Special School District attend a school in their local school district. In addition, the District provides a vocational technical education to about 2,000 students in two high schools.

PAYMENT TERMS

Payment under the Contract will be in accordance with the terms of the Contract after receipt and inspection of an invoice from the successful Proposer by the District Accounting Department. Days used to compute monthly prompt payment discounts will be the number of business days, excluding Saturdays and Sundays. All invoices must be sent to the Accounting Department--Accounts Payable, P.O. Box 31429, St. Louis, Missouri 63131-0429.

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GENERAL INSTRUCTIONS

- Prospective Proposers are urged to read all sections very carefully. Any explanation desired by the proposer regarding meaning, description, or interpretation must be requested in writing in sufficient time for a reply to reach proposer before the submission of their proposals and any resulting delays will not constitute cause for late submittal of proposal.
- All questions must be submitted in writing via e-mail only to Kylie Moreland at kjmoreland@ssdmo.org by the close of business **March 16, 2026**. All properly submitted substantive questions will be responded to, in writing, in the form of an addendum to the solicitation.
- Questions submitted after the deadline will not be answered. Unauthorized contact by the Proposer with other District employees regarding the RFP may result in disqualification.
- Failure to submit questions or otherwise seek clarification by the deadline for submitting questions shall constitute a waiver of any potential claim by the Proposer.
- Oral communications cannot be relied upon and shall not be the basis for responding to any part of this RFP.
- Misinterpretation of the specifications by the Proposer shall not relieve the Proposer of responsibility to perform.
- Proposals must be concise and in outline format. Pertinent supplemental information should be referenced and included as attachments. All proposals must be organized and tabbed to allow for easy reference, comparison, and evaluation.
- By submitting a proposal, proposer is agreeing to be bound by all of the specifications herein. Proposals will not be returned.
- Companies must submit all information and data requested herein for their proposal to be evaluated and considered for award. Failure to provide such data may be deemed sufficient cause to disqualify the proposal from award consideration, unless the directive is not applicable.
- The Proposal shall include a **Letter of Transmittal** that provides an introduction to the Company and includes an expression of the Company's ability and desire to meet the requirements of the RFP. The Letter of Transmittal should be under the signature of a Company officer.
- Supplier's brochures/descriptive literature may be included at the company's discretion but may not be substituted for the information requested herein.
- Enclose a sample copy of the Company's standard service agreement.
- Show proof of ability to provide insurance coverage
- Complete the Proposer Signature Section, and No Conflict of Interest statement
- Provide proof that the Proposer has at least three years of successful experience and is licensed to provide services in the State of Missouri.
- State if your company is involved in any mergers or acquisitions and explain the specifics.
- Briefly describe its company history. The description should include the size (number of employees and/or revenues) and areas of specialization. Provide the same information for the office that would handle the District's account if the firm has more than one office.

GENERAL INSTRUCTIONS

- Proposers should provide references. (See Attachment #3). Include a minimum of four (4) references. All references must be current; one (1) year or less. The District reserves the right to contact additional references, which are known to the District, but may not have been provided by the Proposer.
- Include job titles and description of personnel who will provide services for this contract, if applicable. This should include account executives, marketing personnel and others who would actively work on SSD's account. Be sure to identify the individual within your firm that will have overall responsibility for SSD's account and the office in which each account team member is located. Provide any additional information about the project team.
- Provide specific fee structure include maintenance, supplies, delivery, and training.
- Rates and prices must be for a firm fixed rate and not subject to change throughout the contract once negotiated.
- Each proposal shall be submitted on the most favorable terms, from a cost and technical standpoint, which the Proposer can submit to SSD. Proposers may submit an alternate proposal a group of line items on an "all or nothing" basis.
- Proposer should address SSD's out-of-pocket expenses for any additional software or hardware requirements not included by the proposer.
- Provide specific fee structure include maintenance, supplies, training, mileage, service call rates (if different), etc. Provide a copy of an itemized invoice.
- Rates and prices must be for a firm fixed rate and not subject to change throughout the contract once negotiated.
- The Proposer shall provide the terms and conditions of the firm's request for payment.

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SCOPE OF SERVICES

GENERAL INFORMATION

The Special School District is seeking bids to establish a Blanket Purchase Order for Pre-Employment Physical Examinations, Annual Physical Examinations, and Drug and Alcohol Screening services for a term of one (1) year starting July 1, 2026 to June 30, 2027, with three (3) additional one-year options.

SERVICES TO BE PROVIDED:

A Annual School Bus Physical Examination – approximately 230 per year

1. Completion of medical history
2. Physical specifications (see Attachment #9)

B Pre-Employment School Bus Physical Examination – approximately 40 per year

1. Completion of medical history
2. Physical specifications (see Attachment #9)
3. Tuberculin testing Mantoux (one step) skin test; for known reactors and positive converters following State and County Health Department recommendations
4. Drug and Alcohol Screen as mandated by the DOT Drug and Alcohol Procedure Rule 49 CFR PART 40 for FHWA employees.
5. Pre-Employment to be performed at provider's site.

C Drug and Alcohol Testing - approximately 75 per year

1. Drug and Alcohol Screen stated above for cause

Random to be performed on specified site:

1. Central Garage 5500 N. Hanley Road, St. Louis, MO 63134
2. South Garage 12735 West Watson Road, Sunset Hills, MO 63127

Random Drug and Alcohol to be performed quarterly:

50% of CDL Drivers annually for Drug testing
10% of CDL Drivers for Alcohol testing

As per DOT to be per total number of drivers yearly

SCOPE OF SERVICES

Drug and Alcohol Testing

1. School bus random drug and alcohol to be conducted in the nine months school is in session (September to December, and January to June) each year. No random testing July and August.

Post-Accident
Reasonable Suspicion
Follow-up
Return to Duty

2. Indication must be provided that Medical Review Officer (MRO) services are a part of the bid rates. Please note that the Testing Laboratory shall be responsible for monitoring the pool of CDL drivers and randomly selecting the names of individuals to be tested. Special School District will provide updated lists of CDL drivers to the Testing Laboratory on a quarterly basis. If separate rate applies for this service, it should be listed as a separate price quote.

D Service Requirement

3. Service must be completed within one hour of the employee's arrival at the provider's office. Special School District will work with the provider to give ample notice to fulfill this requirement.

4. Unsatisfactory test results must be communicated by telephone to:

Chisoni Calloway, Safety & Training Manager 314-989-7161 Office
314-989-7171 Fax
636-206-0358 Cell

Within one hour of completion of Breath/Alcohol Screen, and within 48 hours of Urine/Drug Screen. If the MRO is unable to contact the donor within 48 hours, Chisoni Calloway must be contacted at that point.

All random Drug and Alcohol Screening results should be e-mailed, not faxed, to: ercalloway@ssdmo.org

OFFICE HOURS AND LOCATION

Because the District does not want to inconvenience applicants for bus driving and since time is critical in "for cause" situations with regard to Drug and Alcohol Screening, it would be required that the successful bidder have a location convenient to Special School District's Central Office. Hours of operation must be (at least) 8:00am – 4:30pm with "On-Call" service provided for evenings and weekends for drug and alcohol screen resulting from Reasonable Suspicion and Post-Accident.

CONDITIONS

GENERAL

The following general information is provided and shall be carefully followed by all Proposers to insure that the proposals are properly prepared. Each Proposer must furnish all information required by the RFP. The person signing the proposal must initial erasures or other changes. Proposals signed by an agent of the corporation must be accompanied by evidence of his or her authority. The District reserves the right to conduct discussions with qualified Proposers in any manner necessary to serve the best interest of the District.

UNDUE INFLUENCE. The Proposer shall not, under penalty of law and immediate disqualification of the proposal, offer or give any gratuities, favors or anything of monetary value to an officer, employee, agent, Board of Education member, Governing Council member or Parent Advisory Council member of the District for the purpose of influencing favorable disposition toward a submitted proposal or for any reason while a proposal is pending or during the bidding process.

COMPETITION. No Proposer shall engage in any activity or practice, by itself or with other companies, the result of which may be to restrict or eliminate competition or otherwise restrain trade. Violation of this instruction will result in immediate rejection of the Proposer's proposal.

DISCLOSED DATA All materials submitted become the property of the Special School District of St. Louis County, Missouri. SSD understands that proposals may contain data that the Proposer does not want used or disclosed for any purpose other than evaluation of the proposal. However, any and all information submitted to a Missouri public school district is subject to the Missouri Sunshine Law and subject to disclosure upon request. SSD will attempt to provide you notice of any Missouri Sunshine Law requests seeking disclosure of the information you submitted prior to disclosure. However, given that SSD is obligated to make open records available to the public within three (3) business days, you herein agree and acknowledge that SSD bears no responsibility not to disclose such documents upon request. Finally, SSD retains no responsibility on behalf of you or your organization not to disclose the information. Rather, should you choose to do so, it is your sole responsibility to work to enjoin the disclosure of the records you submit without the involvement of SSD, its board, administration, agents, assigns, stakeholders, students, student's families', and/or employees.

ELECTRONIC OFFERS Electronic or facsimile offers will not be considered in response to this RFP, nor will modifications by electronic or facsimile notice be accepted.

WITHDRAWAL. Proposals may be modified or withdrawn by written notice or in person by a Proposer or its authorized representative, provided its identity is disclosed on the envelope containing the proposal and such person signs a receipt for the proposal, but only if the withdrawal is made prior to the Deadline.

EQUAL EMPLOYMENT OPPORTUNITY

The Special School District hereby notifies all Proposers that in regard to any Contract entered into pursuant to this RFP, advertisement or solicitation, disadvantaged/female business enterprises will be afforded a full opportunity to submit proposals, and will not be subject to discrimination on the basis of race, color, sex, physical or mental disability, national origin, religion, disabled veteran status or Vietnam era veteran status in consideration for an award.

- b. In connection with carrying out of this project, the Successful proposer shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, age, physical disability or national origin, disabled veteran status of Vietnam era veteran status. The Successful proposer will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, physical disability or national origin, disabled veteran status or Vietnam era veteran status. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Successful proposer shall be an equal opportunity employer.

CONDITIONS

EQUAL EMPLOYMENT OPPORTUNITY

- c. Successful proposer certifies the company is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel. This section shall not apply to contracts with a total potential value of less than \$100,000, or to contractors with fewer than 10 employees. Reference Section A, Chapter 34, RSMo, Section 34.600
- d. In the event of the Successful proposer's noncompliance with any of the above provisions, said non-compliance may be deemed a total breach of the Contract for this project and said Contract may be canceled and Successful Proposer may be (1) declared ineligible for further District Contracts for up to one year, and (2) subject to the imposition of other sanctions or remedies as provided by relevant statutes and regulations.

BARRED LIST. By submitting a proposal, the Proposer certifies that it is not currently barred or otherwise prohibited from submitting proposals for contracts to any political subdivision or agency of the State of Missouri and it is not an agent of a person or entity that is currently barred or otherwise prohibited from submitting proposals for contracts by any political subdivision or agency of the State of Missouri.

CONFLICT. In the event of a conflict between the proposal and the RFP, the District shall resolve any inconsistency in favor of the RFP and provide written notice of it to the Proposer. Additionally, the District shall in good faith decide all inconsistencies and/or disputes pertaining to the Contract, the RFP and the proposal. The Proposer agrees to abide by the decisions of the District

TERMINATION

TERMINATION FOR CAUSE. The District, in its discretion, may terminate the Contract in whole or in part at any time, whenever it is determined that the successful Proposer has failed to comply with or breached one or more of the terms and conditions of the Contract or specifications incorporated therein and the successful Proposer has failed to correct such failure or breach to the District's satisfaction within a period of 15 days after receiving written notice thereof from the District. In the event of the partial or total termination of the Contract, it is hereby agreed that the District shall only be obligated to pay in accordance with the terms of the Contract for materials and services, which have been accepted by the District.

TERMINATION FOR CONVENIENCE. The District may terminate the Contract without cause by notifying the successful Proposer in writing 30 days prior to the effective date of termination. The successful Proposer shall not incur new obligations after the effective date of termination and shall cancel as many outstanding obligations as possible.

TERMINATION FOR NON-APPROPRIATION. In the event the Board of Education of the District fails to approve the appropriation of funds sufficient to provide for the District's obligations under the Contract, or if the funds are not appropriated due to federal, state or local action, the District shall have the right to terminate the Contract by providing written notice to the successful Proposer and the District will thereby be relieved from all further obligations under the Contract.

CONFLICT OF INTEREST. The successful Proposer must agree that under no circumstances shall a member, officer or employee of the District, the Board of Education, or the Governing Council during his/her tenure and for one year thereafter be permitted to participate in the Contract, or any part thereof, or to derive any benefits therefrom.

CONDITIONS

INSPECTION OF RECORDS. During the term of the Contract and for a period of 36 months after the termination of the Contract, the successful Proposer shall make available for the inspection, examination and audit by the District or its agents, the records of all costs of and disbursements for providing services pursuant to the Contract, and all books, accounts, memoranda and any and all other documents of the successful Proposer or any affiliated organization, indicating and substantiating the cost of any and all expenditures related to the performance of the Contract, to assure compliance with this requirement. The successful Proposer shall grant the District access to such records upon 72 hours written notice from the District.

INDEPENDENT CONTRACTOR. It is understood that the successful Proposer is an independent contractor supplying services to the District. Neither the successful Proposer nor its employees shall represent themselves to be employees, agents, representatives, partners or joint ventures of the District for any purposes whatsoever.

- a. The successful Proposer shall comply with all federal, state and local laws, regulations and ordinances, including but not limited to, the compliance with all employment tax requirements for withholding and all applicable state and federal employment and workers' compensation laws. The District shall not withhold taxes from the successful Proposer's compensation. The District shall not be construed to be the successful Proposer's employer, nor be held liable for any obligation as an employer.
- b. The successful Proposer will be required to assume full responsibility for the faithful execution of all the services outlined in their proposal. Special School District of St. Louis County will consider the successful Proposer to be the prime contractor and the sole point of contact with regard to contractual matters, including payment of any and all charges relating to this contract.

ASSIGNMENT. The Proposer's obligations under the proposal or the Contract shall not be assignable or transferable without the written consent of the District.

TAX EXEMPTION. The District is exempt from the payment of City, State and Federal Taxes. Such taxes must not be included in the Proposal price.

VENDOR SELECTION

- a. Supplier Selection shall be determined by an evaluation of the total content of the proposal submitted including satisfying the objectives and requirements detailed in the specifications.
- b. SSD reserves the right to require Proposers to demonstrate any software in their proposal.
- c. SSD shall not be obligated to explain the results of the evaluation process to any proposer.
- d. After considering the factors set forth in this RFP, the District with the assistance of its Consultant will make recommendations for the award of the contract to the responsive and responsible Proposer whose proposal is determined to be the most advantageous to SSD.
- e. The District reserves the right by splitting this service among multiple bidders, or by consolidation of a group of services when such action is most advantageous to the District; unless specified by bidder as "All or Nothing".

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DISTRICT RIGHTS

REJECTION OF PROPOSALS

The District reserves the right, at its sole discretion, to reject all proposals that it receives because of this RFP. The District also reserves the right to waive informalities and minor irregularities in those proposals received, and retains the right to negotiate separately with any source whatsoever, in any manner necessary, to serve the best interests of the District. The District will, at its discretion, award the contract to responsible vendor(s) submitting the best proposal that complies with the RFP.

LIABILITY AND RESERVED RIGHTS

- a. The District is not liable for any costs incurred by the vendor prior to the issuance of any agreements, contracts or purchase orders, and will not pay for information solicited or obtained in response to the RFP. The information obtained will be utilized solely to determine the suitability of the services offered. Subsequent procurement, if any, will be in accordance with appropriate rules and regulations.
- b. This RFP does not commit the District to pay any cost incurred in the preparation or submission of any proposal or to procure or contract for any services. The District reserves the right to amend this RFP by an addendum issued up to five (5) business days prior to the date set for receipt of proposals. Addenda or amendments will be mailed or faxed to all vendors who have procured copies of the RFP. If revisions are of such a magnitude to warrant, in the District's opinion, the postponement of the date for receipt of proposals, an addendum will be issued announcing the new date.

AWARD TIME. The District contemplates awarding the Contract within 90 calendar days from the Deadline for Proposals. Should the award of the Contract be delayed in whole or in part beyond the period 90 calendar days, such award shall be conditioned upon the Proposer's acceptance.

CONTRACT AWARD. The Contract will be awarded to that Proposer whose proposal will be most advantageous to the District based on conformity to the RFP, reputation of the Proposer, cost and other factors. The award will be subject to approval by the Board of Education.

INTERVIEWS. After reviewing all submitted proposals, the District may conduct interviews with any, all or none of the Proposers. Those Proposers who are interviewed will then have the opportunity to submit best and final proposals to the District. The District may, at any time, and in its sole discretion, interview any of the Proposers.

NEGOTIATION. The District reserves the right to negotiate Contract terms with any, all or none of the Proposers. After reviewing all submitted proposals, interviewing Proposers and receiving best and final proposals from selected Proposers, the District shall begin negotiation of the final Contract terms with the Proposer whose proposal is deemed most advantageous by the District. If negotiation does not result in mutual agreement of terms, the District may commence negotiations with a second Proposer, and so on.

- a. The District reserves the right to recommence negotiations with any Proposer, regardless of whether negotiations have ceased or the District has commenced negotiations with a second Proposer.
- b. The District reserves the right to enter into arrangements to acquire the same or competing services from other sources.
- c. The District reserves the right to negotiate final Contract terms with any Proposer, regardless of whether such Proposer was interviewed or submitted a best and final proposal.
- d. The District reserves the right to hold negotiations in an attempt to clarify and qualify terms of any proposal.
- e. The District may accept any proposal as submitted whether or not negotiations have been conducted between the parties
- f. Neither the commencement nor cessation of negotiations shall constitute rejection of the proposal or a counteroffer on the part of the District.
- g. Initial proposals may not be withdrawn for 90 calendar days from the Deadline for Proposals except with the express written consent of the District. If a proposal is accepted as submitted, the negotiated final Contract shall consist of the Contract, this RFP, plus any addenda thereto, and the Proposer's proposal.
- h. In the event the Contract initially awarded by the District is terminated for any reason within 120 days of the deadline for Proposals, the District reserves the right to negotiate and accept any other submitted proposal.

DISTRICT RIGHTS

ALTERNATE OFFER. The District reserves the right to accept other than the lowest cost proposal if an alternate proposal is considered to be more advantageous to the District based on factors other than cost, at the sole discretion of the District.

REJECTION/WAIVER. The District reserves the right to reject any or all proposals and to waive informalities and minor irregularities in proposals received. The District, in its sole discretion, will determine whether an irregularity is minor.

SPECIFIC LIMITATIONS. The District may accept one part, aspect or phase, or any combination thereof, of any proposal unless the Proposer specifically qualifies its offer by stating that the proposal must be taken as a whole.

REMOVAL FROM MAILING LISTS. The District reserves the right, in its sole discretion, to remove from mailing lists for future RFP's for an indeterminate period, the name of any Proposer for any reason.

REDUCTION IN SCOPE OF WORK. In the event the District decides to make a minor reduction in the scope of the work of the Contract due to a change of conditions, the District shall notify the successful proposer of such decision in writing at least 30 days in advance and the Contract amount shall be equitably adjusted.

PRE-CONTRACT EXPENSES. The District shall not be responsible for any pre-Contract expenses of any Proposer, including the successful Proposer, incurred prior to the commencement of the Contract.

REVIEW SERVICES. The District reserves the right to periodically review and inspect the services performed by the successful Proposer.

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Attachment #1 INSURANCE REQUIREMENTS

COMPANY shall, unless otherwise approved in writing by DISTRICT, obtain and maintain throughout the duration of this Agreement (or as otherwise specified) insurance written through a company duly authorized to conduct business in the State of Missouri and with a A.M. Best Rating of A, financial size VI or higher and of the types and in the amounts described below.

1. Commercial General Liability Insurance. Commercial general liability ("CGL") in the amount of \$1,000,000 each occurrence/ \$2,000,000 general aggregate and \$1,000,000 products-completed operations aggregate.
 - a. CGL insurance shall cover liability arising from but not limited to premises, operations, independent contractor, products-completed operations and personal injury and advertising liability and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
 - b. DISTRICT shall be included as an insured under the CGL, using an ISO Additional Insured Endorsement or other form as approved in advance by the DISTRICT. This insurance shall apply as primary and non-contributory with respect to any other insurance or self-insurance programs afforded to, or maintained by, DISTRICT.
2. Business Auto Liability Insurance. Business auto liability and, if necessary, commercial umbrella insurance with a limit of not less than \$1,000,000 each accident. Such insurance shall cover liability arising out of any auto (including owned, hired, leased/rented and non-owned autos).
3. Workers Compensation Insurance. Workers' compensation and employer's liability insurance.
 - a. The employers liability limits shall not be less than \$1,000,000 each accident for bodily injury by accident and each employee for bodily injury by disease.
 - b. Worker's compensation limits shall not be less than the statutory limits.
4. Errors and Omissions Insurance. (Professional Liability – where required) Errors and omissions insurance with a limit of not less than \$2,000,000 per claim/\$2,000,000 aggregate. If such insurance is maintained on a claims-made basis, COMPANY shall maintain the coverage or provide evidence of an extended reporting period endorsement covering a minimum of five years after expiration of the contract. Such insurance shall cover all services provided by the COMPANY hereunder.
5. Excess Umbrella Insurance. Excess umbrella liability insurance with a limit of not less than \$1,000,000 in excess of the above GL, Business Auto and Employers' Liability coverages.
6. CGL, Business Auto and Workers; Compensation policies shall be endorsed to provide a waiver of subrogation to the benefit of the District.
7. By requiring the insurance as set out herein, DISTRICT does not represent that coverage and limits will necessarily be adequate to protect COMPANY, and such coverage and limits shall not be deemed as a limitation on COMPANY'S liability under the indemnities provided to DISTRICT in this Agreement, or any other provision of the Contract Documents.
8. Prior to commencing the work, COMPANY shall furnish DISTRICT with a certificate(s) of evidence of insurance (ACORD Form 25 or equivalent), executed by a duly authorized representative of each insurer, showing compliance with the insurance requirements set forth above.
 - a. Failure of DISTRICT to demand such certificate or other evidence of full compliance with these insurance requirements or failure of DISTRICT to identify a deficiency from evidence that is provided shall not be construed as a waiver of COMPANY's obligation to maintain such insurance.
 - b. Certificates of insurance shall clearly show evidence of coverage in compliance with the additional insured, waiver of subrogation, and primary and non-contributory requirements above.
9. DISTRICT shall have the right, but not the obligation, to prohibit the COMPANY from beginning work until such certificates or other evidence that insurance has been placed in complete compliance with these requirements is received and approved by DISTRICT.

Attachment #1 INSURANCE REQUIREMENTS

- 10. Failure to maintain the insurance required in this Section may result in termination of this Agreement at DISTRICT'S option. DISTRICT may, but is not obligated to, obtain any insurance required hereunder and not maintained by the COMPANY and charge the cost thereof to COMPANY.
- 11. With respect to insurance maintained after final payment in compliance with a requirement above, an additional certificate(s) evidencing such coverage shall be promptly provided to DISTRICT when requested.
- 12. COMPANY shall provide certified copies of all insurance policies required above within ten (10) days of DISTRICT'S written request for said copies.
- 13. COMPANY shall include the above requirements for types of insurance requirements in all of its subcontracts, if any. Limit amounts for subcontractors may be less than those set forth above, upon written agreement of DISTRICT. COMPANY shall be responsible for collecting certificates of insurance and monitoring insurance coverage of its subcontractors to verify that the required coverage is maintained as required. All Subcontractors providing professional services shall be required to provide professional liability insurance. In addition, all subcontracts shall include a similar indemnification of DISTRICT as provided in this Agreement.
- 14. DISTRICT reserves the right to request COMPANY to obtain additional insurance and limits on individual Projects authorized hereunder. COMPANY shall endeavor to obtain such insurance as soon as possible after such request and advise DISTRICT if the COMPANY will be required to pay any additional premium. If so, the DISTRICT shall pay such additional premium in excess of the premium for the above insurance. If COMPANY cannot obtain such additional insurance, DISTRICT may terminate this Agreement in full or in part upon notice to COMPANY.

In order for the District to ensure that the minimum insurance requirements can be met by your firm, please check one of the following:

Minimum insurance requirements can be met--a copy of insurance certificate is attached.

OR

Do not currently have minimum insurance levels--attached is a copy of a letter from insurance carrier stating that if awarded the Contract, levels of coverage will be met.

Company Name

Signature

Date

Attachment #2 PROPOSER SIGNATURE SECTION

Designate one individual as the Proposer's representative to the District during the Contract period. The representative will be contacted to solve any and all problems that may arise concerning the Contract or proposal. The undersigned Proposer hereby agrees to be bound by the terms of the RFP and that the enclosed proposal is submitted in accordance therewith. Once completed and returned, this proposal becomes the primary basis for evaluation and selection of the Proposer to provide the services required by SSD for the specified Contract period. By signing this proposal, the Proposer certifies that there are no "PARTIES OF INTEREST" or "CONFLICTS OF INTEREST", as defined by state and/or federal regulations, existing between the Proposer and SSD or any of its employees, Board of Education members or Governing Council members.

Legal name (Prime Contractor)

Representative's Name Title

Address Telephone Number

City, State & Zip Fax Number

Size of firm, extent of market, business strength, business stability

Years in Operation Years under current structure and/or under Previous structure

The undersigned Proposer hereby agrees to be bound by the terms of the RFP and that the enclosed proposal is submitted in accordance therewith.

Company Name Authorized Signature/Title

Address Telephone Number

City, State & Zip Fax Number

Attachment #2 PROPOSER SIGNATURE SECTION

1. Name of Proposer's Officers:

2. The undersigned hereby acknowledges the receipt of the following addenda:

Addendum Number	Date Issued	Acknowledged Signature
-----------------	-------------	------------------------

3. Number of Employees:

FULL TIME	_____
PART TIME	_____
TOTAL	_____

Attachment #3 REFERENCES

Each Company must submit a minimum of four (4) current references and two (2) terminated client references. Each reference must be presently using services similar to those requested in this RFP. No reference may be an affiliate of the Company or the Company's officers, directors, shareholders or partners.

List as primary references any current services currently in force with **public school districts**. Include contacts and telephone numbers for each reference. Use additional pages for additional contacts.

1) Company Name: _____

Business Address: _____

Name/Title of Contact: _____

Contact Phone Number: _____ E-Mail Address: _____

Contract Length: _____ Contract Value: _____

2) Company Name: _____

Business Address: _____

Name/Title of Contact: _____

Contact Phone Number: _____ E-Mail Address: _____

Contract Length: _____ Contract Value: _____

3) Company Name: _____

Business Address: _____

Name/Title of Contact: _____

Contact Phone Number: _____ E-Mail Address: _____

Contract Length: _____ Contract Value: _____

Attachment #3 REFERENCES

4) Company Name: _____
Business Address: _____
Name/Title of Contact: _____
Contact Phone Number: _____ E-Mail Address: _____
Contract Length: _____ Contract Value: _____

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

Attachment #4 TERMINATED CONTRACTS

All Contracts terminated for default within the last five (5) years should be noted below. Termination for default is defined as notice to stop performance due to Company's nonperformance or poor performance. Submit full details of all terminations for default experienced. The District will evaluate the facts and may at its sole discretion reject the Company's proposal if the facts discovered indicate that the completion of a Contract resulting from this RFP may be jeopardized by selection of the Company. If the Company has experienced no such terminations for default in the past five (5) years, so indicate.

TERMINATED CONTRACTS WITHIN THE LAST FIVE (5) YEARS

Company Name: _____

Name/Title of Contact: _____

Business Address: _____

Contact Number(s): _____

Contract Length: _____

Company Name: _____

Name/Title of Contact: _____

Business Address: _____

Contact Number(s): _____

Contract Length: _____

Company Name: _____

Name/Title of Contact: _____

Business Address: _____

Contact Number(s): _____

Contract Length: _____

Attachment #5 NO CONFLICT OF INTEREST

Special School District of St. Louis County

Once completed and returned this proposal becomes the primary basis for evaluation and selection of the Proposer to provide the services required by the District for the specified Contract period.

By signing this proposal the Proposer certifies that there are no "PARTIES OF INTEREST" or "CONFLICT OF INTEREST", as defined by state and/or federal regulations, existing between the Proposer and the District or any of its employees, Board of Education members or Governing Council members.

NAME OF PROPOSER: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

I certify that the above information is true, correct and complete.

Date of Proposal Submittal

Signature of Proposer's Representative Title

Signature of Proposer's Representative Title

Attachment #6 **COST PROPOSAL**

BID FORM

Please return original and one copy of Bid Form

Please list your charge for the following services:

<u>Description</u>	<u>Est. Qty.</u>	<u>Each</u>	<u>Total</u>
1. Annual Physical Examinations	230	\$ _____	\$ _____
2. Pre-Employment Physical Examinations	40	\$ _____	\$ _____
3. Drug & Alcohol Testing	75	\$ _____	\$ _____
GRAND TOTAL			\$ _____

<u>CONTACT PERSON</u> <u>(During Hours of Operation)</u>	<u>Telephone</u> <u>Number</u>	<u>Office</u> <u>Location</u>	<u>Hours of</u> <u>Operation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>CONTACT PERSON</u> <u>(After Hours of Operation)</u>	<u>Telephone</u> <u>Number</u>	<u>Office</u> <u>Location</u>	<u>Hours of</u> <u>Operation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attachment #7 **USE OF SUBCONTRACTORS**

Provide the names of all consultants, experts or subcontractors who would be engaged by the Offeror for the Contract. Describe the subcontractors' expertise and application to this Contract. Provide three (3) references for each subcontractor.

1. Name of Individual/Firm: _____
Area of Expertise: _____
Proposed Fee: _____
Application to this Contract: _____
References: _____

2. Name of Individual/Firm: _____
Area of Expertise: _____
Proposed Fee: _____
Application to this Contract: _____
References: _____

3. Name of Individual/Firm: _____
Area of Expertise: _____
Proposed Fee: _____
Application to this Contract: _____
References: _____

Attachment # 8 FEDERAL WORK AUTHORIZATION PROGRAM (“E-VERIFY”) ADDENDUM

Pursuant to Missouri Revised Statute 285.530, all business entities awarded any contract in excess of five thousand dollars (\$5,000) with a Missouri public school district must, as a condition to the award of any such contract, be enrolled and participate in a federal work authorization program with respect to the employees working in connection with the contracted services being provided, or to be provided, to the District (to the extent allowed by E-Verify). In addition, the business entity must affirm the same through sworn affidavit and provision of documentation. In addition, the business entity must sign an affidavit that it does not knowingly employ any person who is an unauthorized alien in connection with the services being provided, or to be provided, to the District.

Accordingly, your company:

- a) agrees to have an authorized person execute the attached “Federal Work Authorization Program Affidavit” attached hereto as Attachment #8 and deliver the same to the District prior to or contemporaneously with the execution of its contract with the District;
- b) affirms it is enrolled in the “E-Verify” (formerly known as “Basic Pilot”) work authorization program of the United States, and are participating in E-Verify with respect to your employees working in connection with the services being provided (to the extent allowed by E-Verify), or to be provided, by your company to the District;
- c) affirms that it is not knowingly employing any person who is an unauthorized alien in connection with the services being provided, or to be provided, by your company to the District;
- d) affirms you will notify the District if you cease participation in E-Verify, or if there is any action, claim or complaint made against you alleging any violation of Missouri Revised Statute 285.530, or any regulations issued thereto;
- e) agrees to provide documentation of your participation in E-Verify to the District prior to or contemporaneously with the execution of its contract with the District (or at any time thereafter upon request by the District), by providing to the District an E-Verify screen print-out (or equivalent documentation) confirming your participation in E-Verify;
- f) agrees to comply with any state or federal regulations or rules that may be issued subsequent to this addendum that relate to Missouri Revised Statute 285.530; and
- g) agrees that any failure by your company to abide by the requirements a) through f) above will be considered a material breach of your contract with the District.

By: _____ (signature)

Printed Name and Title: _____

For and on behalf of: _____ (company name)

Attachment #8 FEDERAL WORK AUTHORIZATION PROGRAM AFFIDAVIT

I, _____, being of legal age and having been duly sworn upon my oath, state the following facts are true:

1. I am more than twenty-one years of age; and have first-hand knowledge of the matters set forth herein.
2. I am employed by _____ (hereinafter "Company") and have authority to issue this affidavit on its behalf.
3. Company is enrolled in and participating in the United States E-Verify (formerly known as "Basic Pilot") federal work authorization program with respect to Company's employees working in connection with the services Company is providing to, or will provide to, the District, to the extent allowed by E-Verify.
4. Company does not knowingly employ any person who is an unauthorized alien in connection with the services Company is providing to, or will provide to, the District.

FURTHER AFFIANT SAYETH NOT.

By: _____ (individual signature)

For: _____ (company name)

Title: _____

Subscribed and sworn to before me on this _____ day of _____, 20__.

NOTARY PUBLIC

My commission expires:



FOR SPECIAL SCHOOL DISTRICT TRANSPORTATION DRIVER FITNESS DETERMINATION

1. EMPLOYEE'S INFORMATION <i>(employee completes this section)</i>						
Employee's Name (Last, First, Middle)	SSN (last 4)	Birth date (MM/DD/YYYY) / /	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> New Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Follow up	Date of Exam / /

2. HEALTH HISTORY <i>(Employee completes this section, but medical examiner reviews it with employee)</i>																																																																																																																																																
<table border="0"> <tr><td>YES</td><td>NO</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"><i>Any illness or injury in the last 5 years?</i></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"><i>Head/brain injuries, disorders or illnesses</i></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"><i>Seizures, epilepsy</i></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"><i>Medication _____</i></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"><i>Eye disorders or impaired vision (except corrective lenses)</i></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"><i>Ear disorders, loss of hearing or balance</i></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"><i>Heart disease or heart attack, other cardiovascular conditions</i></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"><i>Medication _____</i></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"><i>Heart surgery (valve replacement/bypass, angioplasty, stent)</i></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"><i>Pacemaker or defibrillator</i></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"><i>High blood pressure</i></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"><i>Medication _____</i></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<i>Any illness or injury in the last 5 years?</i>		<input 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type="checkbox"/></td></tr> <tr><td colspan="2"><i>Diabetes or elevated blood sugar controlled by</i></td></tr> <tr><td colspan="2"><input type="checkbox"/> Diet</td></tr> <tr><td colspan="2"><input type="checkbox"/> Insulin</td></tr> <tr><td colspan="2"><input type="checkbox"/> Pills: _____</td></tr> <tr><td colspan="2"><input type="checkbox"/> Other: _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2"><i>Have you ever had a sleep test?</i></td></tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<i>Muscular disease</i>		<input type="checkbox"/>	<input type="checkbox"/>	<i>Shortness of breath</i>		<input type="checkbox"/>	<input type="checkbox"/>	<i>Lung disease, emphysema, asthma, chronic bronchitis, COPD</i>		<input type="checkbox"/>	<input type="checkbox"/>	<i>Kidney disease, dialysis</i>		<input type="checkbox"/>	<input type="checkbox"/>	<i>Liver disease</i>		<input type="checkbox"/>	<input 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For any YES answer, indicate onset date, diagnosis, treating physician's name and contact information, and any current limitation: _____

List all medications (including over the counter medications) used regularly or recently: _____

I certify that the above information is complete and true. I understand that as a driver inaccurate, false, or missing information may invalidate the examination and my certification to operate a school bus for the Special School District.

Employee's signature _____ Date _____

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over the counter medications, while driving. Document this discussion below.)

I discussed with the employee the potential hazards of medications, including over the counter medications, while driving.

Medical Examiner's signature _____ Employee's signature _____

Comments _____

3. Vision *(MEDICAL EXAMINER COMPLETES SECTIONS 3 THROUGH 7)*

Standard: at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The need to use corrective lenses should be noted on the clearance form.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as the numerator and the smallest type read at 20 feet as the denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the employee habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. **Monocular drivers are not qualified.**

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION	Employee can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? <input type="checkbox"/> Applicant meets visual acuity requirement only when wearing corrective lenses. Monocular vision: <input type="checkbox"/> YES <input type="checkbox"/> NO
Right eye	20/	20/	Right eye °	
Left eye	20/	20/	Left eye °	
Both eyes	20/	20/		

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Date of exam _____ PRINTED name of Ophthalmologist or Optometrist _____ Telephone Number _____ License No./State of issue _____ Signature _____

Name: Last _____ First _____ Middle _____ DOB _____ / _____ / _____

4. HEARING **Standard: 1. Must first perceive forced whispered voice \geq 5 ft., with or without hearing aid, or 2. Average hearing loss in better ear \leq 40 dB**
 Check if hearing aid used for tests. Check if hearing aid required to meet standard

1. Record distance from individual at which forced whispered voice can first be heard.	Right ear	Left ear	2. If audiometer is used, record hearing loss in decibels (acc. To ANSI Z24.5-1951)	Right ear			Left ear		
	_____ \Feet	_____ \Feet		500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
	Average:			Average:					

5. BLOOD PRESSURE/PULSE RATE **Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.**

Blood pressure #1	Blood pressure #2	Reading	Category	Expiration Date
_____/_____/_____	_____/_____/_____	140-159/90-99	Stage 1	3 months (no extension)
Employee qualified if \leq 140/90		160-179/100-109	Stage 2	4 weeks (no extension)
Pulse rate: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		\geq 180/110	Stage 3	Not qualified

6. LABORATORY AND OTHER TEST FINDINGS **Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem. Numerical readings must be recorded.**

URINE SPECIMEN	SP. GR.	PROTEIN (\leq 1+)	BLOOD (\leq 1+)	SUGAR (\leq 1+)	Other testing (Describe and record)
	1.0 _____				_____

7. PHYSICAL EXAMINATION

Height _____ inches Weight _____ pounds

The presence of a certain condition may not necessarily disqualify an employee, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify an employee, the medical examiner may consider deferring the employee temporarily. Also, the employee should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is NORMAL. Discuss any YES answers in detail in the space below and indicate (if the employee is a driver) whether it would affect the driver's ability to operate a school bus safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for.

BODY SYSTEM	CHECK FOR	YES*	NO	BODY SYSTEM	CHECK FOR	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse			7. Abdomen, viscera, genitor-urinary systems	Enlarged liver, enlarged spleen, masses, bruits, hernias, significant abdominal muscle weakness		
2. Eyes	PERRLA, EOM, ocular muscle imbalance, nystagmus, exophthalmos corneal or lens abnormalities			8. Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins		
3. Ears	Middle ear disease, occlusion of external canal, perforated eardrums, significantly impaired hearing uncorrected to allow participation in normal conversational tones			9. Skin	Color, temperature, warmth, rashes, other lesions suggestive of disease		
4. Mouth and throat	Irremediable deformities likely to interfere with breathing or swallowing			10. Extremities	Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia		
5. Heart	Murmurs, extra sounds, irregularity, enlarged heart			11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness		
6. Lungs and chest (no breast exam)	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis.			12. Neuro-psychiatric	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric DTRs, sensory or positional abnormalities, ataxia, psychosis.		

COMMENTS _____

This Medical Report must be submitted with the "Medical Certification" to drive a school bus for the Special School District and any restrictions identified.

Medical Examiner's Signature _____ Date of Physical _____ Transportation Employee physical form - 2021



FOR SPECIAL SCHOOL DISTRICT TRANSPORTATION MONITOR FITNESS DETERMINATION

1. EMPLOYEE'S INFORMATION <i>(employee completes this section)</i>					
Employee's Name (Last, First, Middle)	SSN (last 4)	Birth date (MM/DD/YYYY)	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> New Certification <input type="checkbox"/> Recertification <input type="checkbox"/> Follow up
					Date of Exam / /

2. HEALTH HISTORY <i>(Employee completes this section, but medical examiner reviews it with employee)</i>														
<table border="0" style="width:100%;"> <tr><td>YES</td><td>NO</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> <p>Any illness or injury in the last 5 years?</p> <p>Head/brain injuries, disorders or illnesses</p> <p>Seizures, epilepsy</p> <p><input type="checkbox"/> Medication _____</p> <p>Eye disorders or impaired vision (except corrective lenses)</p> <p>Ear disorders, loss of hearing or balance</p> <p>Heart disease or heart attack, other cardiovascular conditions</p> <p><input type="checkbox"/> Medication _____</p> <p>Heart surgery (valve replacement/bypass, angioplasty, stent)</p> <p>Pacemaker or defibrillator</p> <p>High blood pressure</p> <p><input type="checkbox"/> Medication _____</p>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width:100%;"> <tr><td>YES</td><td>NO</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> <p>Muscular disease</p> <p>Shortness of breath</p> <p>Lung disease, emphysema, asthma, chronic bronchitis, COPD</p> <p>Kidney disease, dialysis</p> <p>Liver disease</p> <p>Digestive problems</p> <p>Diabetes or elevated blood sugar controlled by <input type="checkbox"/> Diet <input type="checkbox"/> Insulin <input type="checkbox"/> Pills: _____ <input type="checkbox"/> Other: _____</p>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0" style="width:100%;"> <tr><td>YES</td><td>NO</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> <p>Nervous or psychiatric disorders, e.g. severe depression</p> <p><input type="checkbox"/> Medication _____</p> <p>Loss of or altered consciousness</p> <p>Fainting, dizziness</p> <p>Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring</p> <p><input type="checkbox"/> CPAP or Bi-PAP</p> <p>Stroke or paralysis</p> <p>Missing or impaired hand, arm, foot, leg, finger, toe</p> <p>Spinal injury or disease</p> <p>Chronic low back pain</p> <p>Regular, frequent alcohol use</p> <p>Narcotic or habit forming drug use</p>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO													
<input type="checkbox"/>	<input type="checkbox"/>													
YES	NO													
<input type="checkbox"/>	<input type="checkbox"/>													
YES	NO													
<input type="checkbox"/>	<input type="checkbox"/>													

For any YES answer, indicate onset date, diagnosis, treating physician's name and contact information, and any current limitation: _____

List all medications (including over the counter medications) used regularly or recently: _____

I certify that the above information is complete and true. I understand that as a driver inaccurate, false, or missing information may invalidate the examination and my certification to operate a school bus for the Special School District.

Employee's signature _____ Date _____

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over the counter medications, while driving. Document this discussion below.)

I discussed with the employee the potential hazards of medications, including over the counter medications, while driving.

Medical Examiner's signature _____ Employee's signature _____

Comments _____

3. Vision <i>(MEDICAL EXAMINER COMPLETES SECTIONS 3 THROUGH 7)</i>					
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Right eye	20/	20/	Right eye °		
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Complete next line only if vision testing is done by an ophthalmologist or optometrist					
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Employee qualified if \leq 140/90				160-179/100-109		Stage 2		4 weeks (no extension)	
Pulse rate: _____				\geq 180/110		Stage 3		Not qualified	

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*COMMENTS _____

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Medical Examiner's Signature

Date of Physical

Transportation Employee physical form - 2021