

**CROTON-HARMON UNION FREE SCHOOL
DISTRICT**

**REQUEST FOR PROPOSAL
2025-26 R04
SCHOOL PHYSICIAN**

2026-2027 School Year

**Wednesday, June 10, 2026
11:00 a.m.**

**MS. DENISE HARRINGTON-COHEN
ASSISTANT SUPERINTENDENT FOR BUSINESS
10 GERSTEIN STREET
CROTON-ON-HUDSON, NEW YORK 10520
(914)271-4713 extension 4211
(914)827-3185 Fax**

**Request for Proposal
2025-26 R04
SCHOOL PHYSICIAN**

1. General Information-

The Croton-Harmon Union Free School District is requesting proposals from physicians duly licensed or otherwise authorized to practice a health profession pursuant to applicable law to provide services as the School Physician for the Board of Education of the Croton-Harmon Union Free School District.

There is no expressed or implied obligation for the Croton-Harmon Union Free School District to reimburse responding persons for any expenses in preparing proposals in response to this request.

To be considered, the Assistant Superintendent for Business must receive two (2) complete sets of the proposal and one (1) electronic copy on flash drive of the proposal by **11:00 am, Wednesday, June 10, 2026**. The Croton-Harmon Union Free School District reserves the right to reject any or all proposals submitted.

During the evaluation process, the Croton-Harmon Union Free School District reserves the right, where it may serve the Croton-Harmon Union Free School District's best interest, to request additional information or clarifications from proposers, or to allow corrections of errors or omissions. At the discretion of the Croton-Harmon Union Free School District, individuals or firms submitting proposals may be requested to make oral presentations as part of the evaluation process.

The Croton-Harmon Union Free School District reserves the right to retain all proposals submitted and to use any ideas in a proposal regardless of whether that proposal is selected. Submission of a proposal indicates acceptance by the person or firm of the conditions contained in this request for proposals, unless clearly and specifically noted otherwise in the proposal submitted and confirmed in the contract between the Croton-Harmon Union Free School District and the firm selected.

Following the notification of the selected person, it is expected that the Board of Education of the Croton-Harmon School District shall appoint a School Physician at the Annual Reorganization Meeting held in July.

2. TERM OF ENGAGEMENT

A one-year (1) contract, renewable annually, is proposed, commencing with Board approval in July 2026 - June 30, 2027 the first year and July 1 - June 30 of each year of renewal, subject to annual review and concurrence of the Board of Education of the Croton-Harmon Union Free School District, and the annual availability of an appropriation.

3. DESCRIPTION OF SERVICES

The School Physician agrees to perform his/her duties as prescribed by the State of New York and the rules and regulations of the State of New York Education Department and to serve and perform the following specific duties as outlined under the Nature of Services Required.

The School Physician shall be responsible for directly providing all of the medical services as outlined under Nature of Services Required and, barring unforeseen circumstances, shall meet these responsibilities him/herself. In the event that he/she cannot personally perform a service, he/she shall notify the Superintendent of Schools or his designee and may delegate said responsibility to a qualified individual, i.e., another physician, physician's assistant, or nurse practitioner, without any additional cost or expense to the Board of Education of the Croton-Harmon School District. If the Chief Medical Officer is not able to provide coverage personally at football games, with notification to the Director of Athletics, another physician, emergency medical technician, physician's assistant, nurse practitioner or athletic trainer may be used for that responsibility. In the event the Board of Education is not satisfied with the performance of a temporary substitute, then and in that event, the Board shall so notify the School Physician in writing, and after receipt of said written notice, the School Physician will refrain from utilizing the services of an individual who is not acceptable to the Board of Education.

The School Physician will render any and all services required in connection with the Croton-Harmon Union Free School District's Committees on Preschool Special Education and Special Education, except for testimony before a Hearing Officer and/ or Court.

4. NATURE OF SERVICES REQUIRED

- Supervise the physical examinations of the Croton-Harmon Union Free School District students without health certificates from personal family physicians as well as any new students entering the district.
- Advise on the planning and requirements of New York state mandated immunization programs

- Supervise programs for testing of student's vision and hearing as required by State mandates
- Supervise the examinations of students participating in interscholastic athletics at prescheduled sports physical sessions at the start of each sports season if an examination has not been done by the family physician. Review of examinations of athletes performed by their family physicians. Provide a summer session for physical exams in August for fall sports. Will provide additional physicals as needed.
- Administer emergency first aid when appropriate and advise school nurses on aspects of first aid
- Attend varsity, junior varsity and modified football games when at home
- Advise in all aspects of the school health education program
- Act as liaison between the Croton-Harmon Union Free School District and students' private physicians
- Cooperate with public health officials and interpret public health laws as they bear on the school district, particularly with regard to communicable diseases
- Help the District to develop policies on the exclusion and readmission of students in connection with infectious or contagious diseases
- Establish procedures in coordination with the school nurses to follow in case of accident or emergencies
- Advise the District on scoliosis screenings as needed.
- Advise the District on community, regional and national health issues including immunizations.
- Is available to school nurses whenever medical advice is requested
- Is available to meet with the Committee on Special Education when requested at a time convenient to both the committee and the physician and when arranged with reasonable advance notice; this may also include 504 meetings

- Will participate in general meetings with the school nurses and in meetings with other school officials whenever appropriate to discuss health related problems
- Provide employment certificates (working papers) for those students examined during the school year when requested
- Advise school district regarding policies pertaining to chronically ill students and health precautions for school district employees
- Advise school as necessary with respect to the District Wide and School Emergency Preparedness Plans
- Perform new employee physicals for newly hired staff members, as needed
- Perform “Fit to Return to Work” physicals to confirm if an employee is fit to return to work after an injury or prolonged absence.
- Serve as a member of the Committee on Special Education and Committee on Pre-School Special Education as needed.

5. PROPOSAL SUBMISSION

Two (2) complete sets of the proposal and one (1) electronic copy on flash drive are to be submitted to the District by **11:00 am, Wednesday, June 10, 2026** and clearly labeled as follows:

Ms. Denise Harrington-Cohen
 ASSISTANT SUPERINTENDENT FOR BUSINESS
 Croton-Harmon Union Free School District
 10 Gerstein Street
 Croton-on-Hudson, New York 10520

RFP # 2025-26 R04 School Physician

6. REQUIREMENTS

The detailed proposals shall be accompanied by the following information:

- a) General background information in regards to medical practice
- b) Copy of resume
- c) Copy of Physician’s License
- d) Evidence of insurance coverage, as outlined in Attachment A.
- e) Completed “Information and Form of Proposal”
- f) Fee Proposal

7. CONTRACT NOT TO BE ASSIGNED -

It is mutually understood and agreed that the School Physician shall not assign, transfer, convey, sublet, or otherwise dispose of the contract, of his right, title or interest therein, or his power to execute such contract to any other person, company or corporation.

8. PAYMENT FOR SERVICES -

Payment shall be made in four equal quarterly payments to the School Physician. It is understood that the School Physician will be an independent contractor to the district and not a direct employee. No partial payments will be paid except when determined that this practice will be in the best interest of the Croton-Harmon Union Free School District, and upon mutual agreement of contractor. All invoices for extra compensation shall contain the following information:

- Name
- Address(es) where services were performed
- Description of services performed
- Date of services performed

9. LAWS AND REGULATIONS

The School Physician shall comply with all laws, ordinances and rules and regulations that may govern the work as specified in this contract.

10. INDEMNITY:

The School Physician agrees to indemnify, defend and hold the Croton-Harmon Union Free School District, its Board of Education, officers and employees harmless from and against all liability, claims, actions, proceedings and suits, of any name and nature, as the same may relate to the services provided by the Contractor pursuant to this Agreement.

11. VEHICLE:

The School Physician shall provide his/her own transportation and gas in the execution of the aforementioned duties, and shall at all times, carry vehicle insurance as outlined in Attachment A of this agreement.

All costs related to the Contractor's vehicle shall be the responsibility of the owner/ Contractor.

12. RENEWAL

Renewal may be negotiated for additional one-year terms, by giving written notice of the desire to extend the Agreement with the District at least sixty (60) days prior to termination. The additional one-year term contract will be in an amount agreed upon by both parties.

13. TERMINATION

Either party may terminate this contract by a thirty (30) day written notice to the other party.

14. FINGERPRINTING

The School Physician is subject to the fingerprinting and criminal background check required by law.

15. CONTRACT

If awarded the contract, the terms and conditions of this request for proposal shall be the Contract with the Croton-Harmon Union Free School District and the undersigned agrees to be bound thereby.

Contractor

Croton-Harmon UFSD

Address

Date

City, State & Zip

Phone

Fax

Date

ATTACHMENT A

REQUIRED INSURANCE

1. Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the professional consultant hereby agrees to effectuate the naming of the District as an Additional Insured on the professional consultant's insurance policies, except for workers' compensation and N.Y. State Disability insurance.

2. The policy naming the District as an Additional Insured shall:

a. Be an insurance policy from an A.M. Best A- rated or better insurer, licensed to conduct business in New York State. A New York licensed and admitted insurer is strongly preferred.

b. State that the organization's coverage shall be primary and non-contributory coverage for the District, its Board, employees and volunteers with a waiver of subrogation in favor of the District including Workers Compensation.

c. Additional insured status for General Liability coverage shall be provided by standard or other endorsements that extend coverage to the District (CG 20 26) or equivalent. The decision to accept an endorsement rests solely with the District. A completed copy of the endorsements must be attached to the Certificate of Insurance to include General Liability, Auto Liability (where applicable) and Umbrella/Excess coverages.

3. a. The certificate of insurance must describe the services provided by the professional consultant that are covered by the liability policies.

b. At the District's' request, the professional consultant shall provide a copy of the declaration page of the liability and umbrella/excess policies with a list of endorsements and forms. If requested, the professional consultant will provide a copy of the policy endorsements and forms.

c. **Coverage for sexual misconduct must be affirmed. There will be no coverage restrictions and or exclusions involving Sexual Assault and Molestation related claims.**

4. The professional consultant agrees to indemnify the District for applicable deductibles and self-insured retentions.

5. Minimum Required Insurance:

a. Commercial General Liability Insurance

\$1,000,000 per Occurrence/ \$2,000,000 Aggregate
\$2,000,000 Products and Completed Operations
\$1,000,000 Personal and Advertising Injury
\$1,000,000 Sexual Misconduct and Assault
\$100,000 Fire Damage
\$10,000 Medical Expense

b. Automobile Liability

\$1,000,000 combined single limit for owned, hired, borrowed and non-owned motor vehicles.

c. Workers' Compensation and NYS Disability Insurance

Statutory Workers' Compensation (C-105.2 or U-26.3); and NYS Disability Insurance (DB- 120.1) for all employees. Proof of coverage must be on the approved specific form, as required by the New York State Workers' Compensation Board. ACORD certificates are not acceptable. A person seeking an exemption must file a CE-200 Form with the state. The form can be completed and submitted directly to the WC Board online.

d. Professional Errors and Omissions Insurance

\$2,000,000 per occurrence/ \$2,000,000 aggregate for the professional acts of the consultant performed under the contract for the District. If written on a "claims-made" basis, the effective date must pre-date the inception of the contract or agreement. Coverage shall remain in effect for three years following the completion of work.

e. Umbrella/Excess Insurance

\$3,000,000 each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis or provide broader coverage over the required Auto Liability (where applicable), General Liability and Professional Liability coverages.

6. The Professional Consultant acknowledges that failure to obtain such insurance on behalf of the District constitutes a material breach of contract and subjects it to liability for damages, indemnification and all legal remedies available to the District. The professional consultant is to provide the District with a certificate of insurance, evidencing the above requirements have been met, prior to the provision of services. The failure of the District to object to the contents of the certificate or the absence of same shall not be deemed a waiver of any rights held by the District.

If the Professional Consultant or Healthcare Provider utilizes independent contractors, then they must provide verification that coverages extend to the

independent contractors. If Independent Contractors are required to provide Professional Errors and Omissions coverage of their own, then proof of this coverage must be provided.

Information and Form of Proposal
RFP 2025-26 R04

Name: _____

Address:

Telephone #: _____

Cell #: _____

Medical area of expertise:

References:

<u>Name</u>	<u>Position/Relationship</u>	<u>Telephone #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fee Proposal:

All candidates are asked to provide a fee proposal under two methods. The first will be a flat fee that will cover all anticipated services for a full year from **July 1, 2026 – June 30, 2027**, (prorated from contract start date). The second will be for a per service fee for each type of service. The Board of Education reserves the right to choose which fee method it wishes to consider for awarding a contract.

Fee Method #1:

Flat fee for all services - full year 2026-27 \$ _____

Fee Method #2 – Per service fee for the following services:

Employee Services:

- New employee physicals: per physical fee: \$ _____

- Review of private physician physical for an employee if required:
Per review fee: \$ _____

- “Fit to return to work” physical:
Per physical fee: \$ _____

Student Services:

- Mandated Student physical for school attendance:
Per physical fee: \$ _____

- Mandated Athletic physical for participation in a school sports activity:
Per physical fee: \$ _____

- Review of Private Physician physicals and pre-participation health history forms:
Per physical fee: \$ _____

- Students’ “Return to play” physicals:
Per physical fee: \$ _____

- Review of Private physician’s “Return to play” physicals:
Per physical fee: \$ _____

Other Services:

- Attendance at Committee for Special Education Meetings:

Per meeting fee: \$ _____

- Training and information sessions for school nurses and/or other district personnel or community:

Fee for two-hour session: \$ _____

Fee for three-hour session: \$ _____

- Year-round telephone consultations with school nurses for student medical issues and health concerns:

Flat fee for consultations: \$ _____

Fees for "extra" services not included in method #1 or method #2

Fee per consultation: \$ _____

Please sign and date this proposal form below:

Signature

Date