

## **RFP# 4952**

### **City of Savannah - Purchasing Department Proposal for Medical/Fitness Examination, Testing, and Evaluation Services for Savannah Fire and Emergency Services**

St. Joseph's / Candler Health System and its departments are the RFP respondent to RFP #4952.

## **SECTION II: SCOPE OF SERVICES**

### **2.1 ST. JOSEPH'S/CANDLER'S BACKGROUND AND EXPERIENCE IN PREVENTIVE MEDICINE AND OCCUPATIONAL SAFETY AND HEALTH**

#### ***Integrated Service Model***

St. Joseph's/Candler Health System provides the region's most comprehensive and integrated wellness, prevention, disease management and corporate healthcare services. The model for these services includes the components of risk identification (identify individuals at risk for illness and injury), risk stratification (categorize by low, moderate, high risk), risk minimization (interventions to decrease risk and improve health status), and intensive disease management programs, coupled with early return to work Workers Compensation and occupational healthcare programs. The services are fully integrated to provide common methods for health assessment (health risk appraisals, screenings and fitness evaluations), and injury treatment with referrals to appropriate programs for risk minimization, disease and injury management:

- Candler Wellness Center
- Center for Heart Disease Prevention (Cardiac /Pulmonary Rehab)
- Diabetes Management Program
- Asthma Management Program
- Comprehensive Weight Management Program
- HealthQuest : mobile screening and corporate health education
- Occupational Medicine program at SJ/C Health Center

The occupational health services provided to the City of Savannah are also integrated with the City's health plan. As needed, referrals are made from the medical fitness examinations and testing to physicians in The Care Network and to those specific wellness and disease management programs in the City of Savannah's health plan.

#### ***Wellness and Disease Management Experience with the City of Savannah***

St. Joseph's/Candler Health System has worked collaboratively with the City of Savannah since 1990 to provide preventive and wellness services to its employees. In 2016 we screened over 1700 City employees utilizing our HealthQuest screening services at on-site City of Savannah locations. All biometrics are sent to Coordinated Health Care. On-site classes have been offered to targeted groups 1 – 2 times each month to raise awareness and address specific health needs.

In 1998 St. Joseph's/Candler's Wellness Center started to perform fitness testing and development of exercise prescriptions for fire fighters stationed in the local district. Beginning in 2000 we have provided Medical Fitness Examinations, Testing and Evaluation Services for Uniformed Personnel in the Savannah Fire and Emergency Bureau (RFP# 00.212-08-22). This comprehensive program has included not only the physical examinations and fitness testing according to NFPA standards, but also individualized follow-up and exercise prescriptions to improve fitness levels. We understand the complexities of scheduling the Firefighters for Medical Fitness Evaluations, and have provided flexible scheduling of labwork, physicals, fitness testing and immunizations to accommodate those unique needs. Through a software program specifically designed to assess and monitor firefighter fitness, we have tracked the City Firefighters' individual and group outcomes. These Fitness Scores show impressive improvements over the past 16 years we have implemented this program, with an overall improvement in mean fitness scores of 47% (see attached reports). Specialized group membership rates for the Candler Wellness Center are also provided for the Fire Department.

The Candler Wellness Center will provide the coordination of the overall Medical/Fitness Examination, Testing and Evaluation Services. The Manager of the Wellness Center will work collaboratively with physicians of St. Joseph's/Candler to plan, implement and evaluate the Medical Fitness Examinations, Testing and Evaluation Services. She will also coordinate the services to guide, direct and advise members of the Fire Department with regard to their health and medical status. The Wellness Center Manager has been actively involved in the current contract with the City of Savannah since 2000, and has the expertise to administer the responsibilities of this proposal. Thomas F. Danello, MD has served as the lead Fire Department Physician for the past 16 years of the current agreement, and provides the expertise to administer the responsibilities of this proposal. In 2015, David Carson, MD was added as the assisting Fire Department Physician to meet the growing demands of the fire department. Both physicians provide the expertise to administer the responsibilities of this proposal

### ***Wellness and Disease Management Provided to Other Companies***

St. Joseph's/Candler has also successfully implemented preventive health programs with a number of other companies in the region. These programs include comprehensive screenings, educational and awareness programs, health fairs, Tobacco Cessation, and disease management programs. These programs have been offered to members of Savannah Business Group, as well as contracted to other companies in the region.

### ***Occupational Health Services***

St. Joseph's/Candler has provided occupational medicine services in the Savannah community for over 40 years. The physicians at St. Joseph's/Candler Health Center have a thorough knowledge of occupational medicine and the physical demands of various technical, skilled and professional occupations. They review current physical abilities that are considered essential functions and medically certify if an applicant/employee is physically capable of performing job functions. Physicians conduct job analyses and remain current on medical literature pertaining to occupation related issues. Additionally, these physicians have an in-depth knowledge of local, state and federal laws as well as the roles of labor and management relating to occupational medicine, health and safety.

Services at the SJC Health Center— include a full range of primary care, occupational medicine and workers' compensation services including: evaluation and management, flat plate radiology, laboratory, EKG, minor surgery, laceration repair, pre-employment and follow-up physicals with diagnostics, job analysis and fitness for duty, Medical Review Officer consultation, drug screening, hearing and vision screenings, pulse oximetry, immunizations, and treatment/management of injured employees.

### ***Integration with the City of Savannah Health Plan/PPO***

The role of the various St. Joseph's/Candler programs and services, health centers and affiliates within our community health system is to provide education and services that keep our citizens well. With this focus and collaborative effort we offer the Savannah Fire and Emergency Services an integrated model that addresses a continuum of risk identification, risk minimization, wellness, prevention, disease management and industrial healthcare programs that are available at a variety of settings, including the work-site.

The occupational health services provided to the City of Savannah are integrated with the City's health plan. As needed, referrals are made from the medical fitness examinations and testing to physicians in The Care Network and to those specific wellness and disease management programs in the City of Savannah's health plan.

If a primary care physician or Physician specialist is deemed necessary, the Fire Department physician will refer to a City of Savannah "in network physician" from The Care Network. Referrals will also be made to wellness and disease management programs identified in the health plan and PPO.

### **2.2, 2.3, 2.4, 2.6: FIRE DEPARTMENT PHYSICIANS**

**2.3a)** Thomas F. Danello, MD and David Carson, MD, the Fire Department Physicians, will conduct initial candidate evaluations, annual health/physical examinations, review the fitness evaluations and diagnostic tests, and determine the medical fitness for duty for each Firefighter.

This is a determination that the firefighter meets the medical requirements and essential functions of the position. In this role they will:

- provide referrals for follow-up care to primary care physicians and specialists
- provide referrals to specific wellness and disease management programs
- provide referrals and counseling during work-related injury/illness and retirement evaluations
- direct and advise members of the Fire Department with regard to their health and medical status as it relates to them in a fire fighter and emergency bureau role.

**2.3b)** Dr. Danello has been successfully performing in the role of Lead Fire Department Physician for the City of Savannah Firefighter and Emergency Services for the past 16 years. He is well-versed in the NFPA standards and the medical/physical requirements to meet the essential functions of a firefighter. He has a thorough knowledge of job-related activities, physical demands of the occupation and the stresses associated with firefighting. He has over 36 years' experience in occupational medicine, emergency medicine and wellness/preventive medicine. His curriculum vitae and current Georgia license to practice medicine are attached.

Dr. Carson has been successfully performing in the role of Assistant Fire Department Physician for the City of Savannah Firefighter and Emergency Services for a total of 5 years. He is well-versed in the NFPA standards and the medical/physical requirements to meet the essential functions of a firefighter. He has a thorough knowledge of job-related activities, physical demands of the occupation and the stresses associated with firefighting. He has over 34 years' experience in occupational medicine, emergency medicine and wellness/preventive medicine. His curriculum vitae and current Georgia license to practice medicine are attached.

### **2.3b: CREDENTIALS OF OTHER PROFESSIONAL PERSONNEL**

Attached are the credentials of other professional personnel involved in the planning, coordination, implementation, evaluation and reporting of the services provided in this proposal:

Melanie Willoughby, RN, BSN  
Director of Wellness Center, Center for Heart Disease Prevention

Kathy Carlson, BS, MA—Exercise Physiology and Wellness  
Manager-, Wellness Center

Carol Barbee, RN, MSN, APRN-FNP  
Navigator, Population Health Management

### **2.3c, 2.6: COORDINATION PLAN (Service approach)**

1. The Manager of the Wellness Center works with Fire Department administration) to develop a schedule for annual physicals and fitness evaluation. This schedule takes into account the number and type of physicals and fitness tests to be performed, the diagnostic tests required (e.g. chest X-rays), engine schedules/staffing.
2. Labwork completed prior to exam/testing date through SJC's HealthQuest mobile screening unit. The HealthQuest unit provides the screenings at work-sites. Results are available to the physician at time of exam. A detailed report with recommendations is also mailed to each participant. (Copy of brochure attached).
3. Letters are mailed to each Firefighter explaining the exam and fitness testing, instructions and guidelines (copy attached).
4. Firefighters are scheduled by Engine/Truck/Rescue to provide adequate emergency services coverage for the community.
5. Firefighters complete the Agreement, Informed Consent and Release form (copy attached).
6. Firefighters complete a detailed Health History questionnaire or Health History Follow-Up Questionnaire, if detailed Health History already on file (copy of Health History Questionnaire and Health History Follow-Up Questionnaire attached).
7. Wellness Center personnel complete the fitness testing according to NFPA and ACSM (American College of Sports Medicine) standards (copy of Wellness/Fitness Personal Information Form attached).
8. The physical examinations and fitness evaluations take place at Candler Hospital at the Wellness Center, the Center for Heart Disease Prevention, and examination rooms located near those locations.

9. Hearing and vision exams, Chest X-rays, EKGs, Pulmonary Function Tests and Treadmill Stress Tests are completed at Candler Hospital. The results are available to the Physician at the time of the physical examination.
10. The Fire Department Physician reviews the Medical History, Health Risk Appraisal, Fitness Evaluation, diagnostic labwork and other tests, and conducts the physical examination. (Copy of Medical Examination forms attached).
11. Upon complete review of physical findings and data, the Fire Department Physician will counsel the Firefighter regarding his/her health status and preventive recommendations. He will also make recommendations for follow-up referrals to physicians and wellness/disease management programs as appropriate. The Physician's summary and recommendations are documented on the Medical Examination form.
12. The Fire Department Physician determines if the Firefighter is physically capable of performing the essential functions of a Firefighter. The determination is either "Medically cleared to perform job tasks", or "Denied medical clearance to perform current job tasks". This determination is discussed by the Physician and provided to the Firefighter (copy of Physical Exam Form for Firefighters attached).
13. The Fire Department Physician or his designee (Wellness Center Manager) informs the Fire Chief and/or City of Savannah Wellness Coordinator only as to whether or not the Firefighter is medically certified to perform in that role (fitness for duty), necessary work restrictions and appropriate accommodations. Results and recommendations are expressed in general terms without specific diagnostic information.
14. If the Firefighter is denied medical clearance to perform current job tasks, the Fire Department Physician makes recommendations for follow-up diagnostic tests, referrals to physicians, referrals to wellness/disease management programs, and/or work restrictions/accommodations. The Fire Department Physician will later re-evaluate the Firefighter for fitness for duty, and complete a Return to Work Status form (copy attached). The Fire Chief and/or City of Savannah Wellness Coordinator are informed of Return to Work Status.
15. If specific information is needed in order to make a decision on the status of a Firefighter, a specific consent form, "Authorization for Release of Information", must be signed by the Firefighter in order to release the information. The Health History Questionnaire, Health Risk Appraisal, results of the Fitness Testing and the Medical Evaluation are confidential information (see 2.5: "Medical Records, Results, Reporting and Confidentiality").
16. All Firefighters who participate in the Fitness Testing are provided with a report with an individualized Fitness Testing Rating Score. Each is provided with a follow-up plan for aerobic and weight resistance training, designed to improve their overall fitness, and an individualized plan to set goals related to Physical Fitness/Activity, Risk Factor Modification, and Learning Needs. (Copy of Fitness Evaluation Letter with Fitness Testing Rating Score, Goal Setting form and Exercise Training Routine for Aerobic and Weight Resistance Training).
17. Firefighters who attend the Candler Wellness Center have access to the expertise of Exercise Physiologists and Exercise Specialists to assist them with meeting their individualized goals. Firefighters have the opportunity for follow-up fitness evaluations and personal training.

**2.3d: Fee: See attached Fee Proposal (Section III)**

**2.3e: Sere attached Minority and Women-Owned Business Participation completed document and complete Non-Discrimination Statement.**

**2.3f): References**

<u><i>Company</i></u>	<u><i>Contact</i></u>	<u><i>Phone Number</i></u>
Georgia Ports Authority	Michael Taylor	(912) 964-3820
Colonial Oil	David Deason	(912) 236-1331

**2.5 GUIDANCE, DIRECTION, AND ADVISEMENT**

Each Fire Fighter receives a copy of their fitness scores with a history and their current fitness score and previous year's scores with recommendations for safe and effective improvement

**2.7 MEDICAL RECORDS, RESULTS, REPORTING AND CONFIDENTIALITY**

- 2.7.1 Health and medical information collected as a part of the Medical Evaluation and Fitness Testing is considered confidential. This includes the Health History Questionnaire, Health Risk Appraisal, labwork and diagnostics, and the results of the Fitness Testing and the Medical Evaluation. It is the policy of St Joseph's/ Candler to protect confidentiality of patient records and protect patients' right to privacy (see attached administrative policies on Confidentiality of Patient and Business Information, Release of Health Information).
- 2.7.2 St. Joseph's/Candler provides information to the individual Firefighter as outlined in "2.4: Coordination Plan".
- 2.7.3 The Fire Department Physician or his designee (Wellness Center Manager) informs the Fire Chief and/or City of Savannah Wellness Coordinator only as to whether or not the Firefighter is medically certified to perform in that role (fitness for duty), necessary work restrictions and appropriate accommodations. Results and recommendations are expressed in general terms without specific diagnostic information. If specific information is needed in order to make a decision on the status of a Firefighter, a specific consent form, "Authorization for Release of Information", must be signed by the Firefighter in order to release the information (see Authorization to Release/Receive Information form).
- 2.7.4 St. Joseph's/Candler maintains individual, confidential Firefighter files at the St. Joseph's/Candler Wellness Center in a locked and secure storage location.
- 2.7.5 St. Joseph's/Candler maintains specific software programs to collect and track Firefighter health and fitness data. Firefighter Fitness Software ("Wellness/Fitness Client for the Fire Service Joint Labor/Management Wellness Fitness Initiative" by BSDI, Inc.), a data collection and tracking software program specifically developed for firefighter data related to NFPA standards. St. Joseph's/Candler is able to trend individual data, group data and overall data for the City of Savannah Fire and Emergency Services.

- 2.7.6 St. Joseph's/Candler produces, analyzes and reports aggregate group and department data on lifestyle risk factors, physiological data, medical/fitness evaluation, and changes in health status. Individual Firefighter data is not reported.

St. Joseph's/Candler provides written assurance that the confidentiality requirements outlined in RFP# 4952 are met (signed statement attached).

## **2.8 FOLLOW-UP OR REFERRAL TO HEALTH CARE PRACTITIONER**

- a. The City of Savannah employees, including the Fire and Emergency Services employees, receive health care services through a Savannah Business Group Preferred Provider Organization (PPO) agreement with St. Joseph's/Candler, *The Care Network*. This preferred provider network covers all aspects of health care services for City of Savannah employees. Our proposal has an added value because St. Joseph's/Candler is able to integrate the Medical Evaluation and Fitness Testing outcomes, follow-up and necessary referrals with the individual Firefighter's health care plan. This results in enhanced continuity of care. In-network referrals are made for abnormal findings and follow-up care to primary care physicians, specialists, other providers part of The Care Network, therapies, and wellness/disease management programs listed below.
- Primary Care and specialist physicians on City of Savannah panel
  - Laboratory, diagnostic and therapy services providers in the City of Savannah health plan
  - Candler Wellness Center for supervised training sessions
  - Center for Heart Disease Prevention
  - Diabetes Management Center
  - Asthma Management Program
  - Comprehensive Weight Management Program
- b. It is the policy of St. Joseph's/Candler physicians to provide appropriate referrals for services at various levels of need, in order to provide access to services in a timely manner. The purpose of the referral program is to:
- Inform patients of specific health care needs that require follow-up evaluation/care.
  - Provide appropriate instruction(s) to improve health or facilitate recovery.
  - Coordinate with the City of Savannah's health plan.
  - Ensure follow-up care is received.
  - Provide follow-up communication to the Fire Department Physician to assist with determination of fitness for duty, return to work status, and the guidance, direction and advisement of Firefighter with regard to their health and medical status.

The procedure for referrals is as follows:

- The referral/service recommendation is discussed with the Firefighter, and documented on the Medical Examination form.
- The Wellness Center Manager, or her designee, schedules the referral to the physician, service or program.
- The Fire Department Physician or Wellness Center Manager documents the results of referrals.
- The Wellness Center Manager, or her designee, follows up with the Firefighter when the referral or service is not obtained by the Firefighter.

## **2.9 THE MEDICAL EXAMINATION**

St. Joseph's/Candler maintains current copies of the NFPA 1500 Occupational Safety and Health Program 2, NFPA 1582 Comprehensive Occupational Medical Program and NFPA 1583 Health-Related Fitness Programs for Fire Fighter Departments. Our Medical Evaluation and Fitness Testing programs and processes are based on these documents. Please see the updated attached.

### **2.9.1 PERIODIC MEDICAL EVALUATION**

A medical evaluation will be performed annually by the Fire Department Physician and other qualified personnel who assist the physician in gathering data. The Fire Department Physicians review all labwork, screening/diagnostic tests, and fitness tests to evaluate the Firefighter's continued ability to perform his/her duties and to detect any other significant changes in the condition of his/her health. Every year, each Firefighter will be medically evaluated by the Fire Department Physician using NFPA standards. The medical evaluation will include an update on the medical history, a review of systems, and a report on any significant job-related exposures experienced during the past year. Physiological measurements and fitness testing will be completed; additional examinations and diagnostic tests are based upon the Firefighter's medical condition.

### **2.9.2 INDIVIDUALIZED HEALTH RISK ASSESSMENT**

See attached Fire Fighter HRA and Fitness Report as noted in 2.6 Coordination of Plan. Each Fire Fighter receives a Health Risk Appraisal and a copy of their fitness scores with a history and their current fitness score and previous year's scores with recommendations for safe and effective improvement.

### **2.9.3 MEDICAL HISTORY QUESTIONNAIRE**

An initial Health History questionnaire is completed by the Firefighter to provide baseline health information. A Health History Follow-Up questionnaire is used in subsequent years to focus on changes in health status. These Health History questionnaires are reviewed by the Fire Department Physician along with the physical examination.

Health History questionnaires (Baseline and Follow-Up) are attached.

### **2.9.4 PHYSICAL EVALUATION**

| The medical examination includes the following organ systems and tests:

1. Vital signs
2. Dermatological
3. Ears, eyes, nose, mouth and throat
4. Cardiovascular
5. Respiratory
6. Gastrointestinal
7. Genitourinary
8. Endocrine and metabolic
9. Musculoskeletal
10. Neurological



11. Audiometry
12. Visual Acuity
13. Pulmonary Function
14. Laboratory testing
15. Diagnostic imaging
16. Cancer Screening (see below)

A copy of the Medical Examination form is attached.

### **2.9.5 BLOOD ANALYSIS**

The blood analysis includes a complete blood count, comprehensive metabolic profile, lipid profile and liver function tests, and nicotine testing as outlined in RFP #4952. Testing will comply with the NFPA Standards and RFP requirements. For the past sixteen years, in order to enhance the convenience of our services, St. Joseph's/Candler has been drawing the labwork at City work sites through our HealthQuest mobile screenings. We will continue to do this.

### **2.9.6 URINALYSIS**

Urinalysis will include dipstick and microscopic parameters. Testing will comply with the NFPA Standards and RFP requirements.

### **2.9.7 VISION**

Visual assessment will include evaluation of distance, peripheral, near and color vision. The physical examination includes evaluation for cataracts, progressive retinopathy and any other eye condition that results in the fire fighter not being able to perform as a member.

### **2.9.8 HEARING**

An audiometric screening will be performed and results reviewed by the Fire Department Physician. A copy of the Audiometric Screening form is attached.

### **2.9.9 PULMONARY (SPIROGRAM)**

Basic Pulmonary Function Tests will be done as part of the Fitness Performance Evaluation or Cardiopulmonary Stress Test. Since these results will be received by the physician prior to the physical examination, the physician can determine if more extensive pulmonary function testing is required. Basic Pulmonary Function Tests (spirometry) is defined as calculating the Forced Vital Capacity (FVC) and Forced Expiratory Volume in one second.(FEVI). Any incident of exposure will trigger in- depth testing evaluation.

### **2.9.10 CHEST X-RAY**

Baseline chest X-rays will be performed.

Repeat chest x-ray (every two years for HAZMAT and every five years for non HAZMAT)

Or more often if needed based on physical examine as determined by the City of Savannah Fire Services or Fire Department Physician.

### **2.9.11 EKG (RESTING)**

Each Firefighter will receive a resting EKG.

### **2.9.12 CANCER SCREENING ELEMENTS**

The following cancer screening evaluations are completed during the physical examination, as appropriate:

- Clinical breast examination
- Review of current Mammogram on record (according to history, findings, age)
- Review of Pap smear test per ACOGS standards
- Digital rectal examination and Prostate Specific Antigen (according to guidelines for age, family history, symptoms)
- Skin examination
- Testicular examination
- Fecal Occult Blood testing

### **2.9.13 IMMUNIZATIONS AND INFECTIOUS DISEASE SCREENING**

During the Medical Examination the Fire Department Physician reviews the immunizations, as outlined in the RFP #4952

<b>Immunizations</b>
Tuberculosis Screen (Mandatory annual PPD)
Hepatitis C baseline-as requested
Hepatitis B (Mandatory)
Tetanus/Diphtheria (TDAP) Every 10 years
MMR (Measles, Mumps, Rubella)
Polio Oral
Hepatitis A (Offered to high risk including HazMat, USAR and SCUBA)
Varicella Vaccine (required to be offered)
Influenza Vaccine (Required to be offered)
HIV Screening (Required to be offered at time of screening and as part of post-exposure assessment)

### **2.10 ANNUAL FITNESS EVALUATION**

St. Joseph's/Candler has conducted Fitness Performance Testing during the current agreement, and has the experienced personnel, protocols and all the required equipment to conduct the evaluation according the NFPA Standards and RFP# 4952.

### *a. Aerobic Capacity*

#### **Fitness Performance Cardiovascular Test:**

- The 3 minute Step Test will be utilized for all staff as defined by the Wellness Initiative for aerobic capacity evaluation.
- A 2 minute warm up at a cadence of 60 SPM will start the test.
- Box height will be 13 inches.
- Test will last for 3 minutes stepping at a cadence of 96 SPM.
- Immediately after the 3 minutes, participants are to sit on their respective step.
- The post heart rate is taken after 1 minute cool down.

If the subject is identified as high-risk, a full Cardio-respiratory stress test with EKG, PFT, and physician supervision will then be performed. Based upon an individual's stratification as lower risk or higher risk, we will bill for an "Annual Fitness Evaluation" or for a "Cardiovascular Stress Test" respectively. We will not bill for both. The remaining tests below are included in both of these services.

### *b. Muscular Strength and Endurance*

#### **Push-up Test**

- Keep back flat. Hips should remain in line with a point directly between the shoulders and ankles. Back must be straight at all times.
- The body must be lowered to the floor until the chin touches the green marker; arms must be pushed up to a straight arm position.
- Push-ups will be performed in time with a **cadence of 80 BPM**. One beat up and one beat down.

#### **Leg Strength Evaluation:**

The **Jackson Strength Evaluation** system is used to evaluate muscular strength of the lower body. The test is a series of 3 measurements of isometric leg extensions.

- Testing should be avoided if you've recently experienced back problems including but not limited to surgery, muscle strain, herniated disk, etc.
- Step up on platform with feet shoulder width apart. Position chain between balls of feet. Bend hips and knees slightly **keeping back "flat"**. Keep head and chest "up". On command press down with the legs and keep arms straight as if they were ropes. Remember you have three chances. To lessen the chance for injury, progressively pull harder with each subsequent attempt.

#### **Arm Strength Evaluation:**

The **Jackson Strength Evaluation** test is used to evaluate muscular strength of the upper body. The test is a series of 3 measurements of isometric arm contraction.

- Step on platform with feet shoulder width apart. Arm/elbow joint are positioned at a 90 degree angle, keeping elbows to the sides. Do not shrug shoulders, or bend back. Contract arms and move handlebar in a vertical direction. Flex arms for a total of 3 seconds.

### **Grip Strength Evaluation:**

This is a test for upper body strength using the **Jamar Hydraulic hand grip dynamometer**.

#### **Sit-up Test**

- Hands must be cupped behind the ears or at the temples
- Keep back flat and curl up to a 45 degree angle each time
- Curl back on the way down so that the lower back contacts the mat before the upper back and shoulder blades, which must touch the mat completely each time
- Bottom must remain in contact with the mat at all times - a rocking or bouncing movement is not acceptable.
- Sit-ups will be performed in time with a **cadence of 60 BPM**. One beat up and one beat down.

#### **c. Flexibility Evaluation using the Novel Acuflex 1.**

- Warm-up and stretch back several minutes prior to making 1<sup>st</sup> attempt.
- Make sure back and hips are straight against the wall with legs straight out in front and arms straight out in front, one hand over the other.
- Place edge of measuring section at fingertips and secure. 3 measurements will evaluate flexibility of lower back and hamstrings.

#### **d. Biometric Evaluation**

The BP cannot be above **160-100** in order to perform the protocols. The Heart Rate cannot be above **110** in order to perform the protocols. Body Fat % is 3-site UML for male (chest, abdominal, thigh) & female (triceps, suprailliac, and thigh)

### **Maximizing Performance**

Based upon the fitness evaluation above and the health history, we develop an individualized exercise/fitness training prescription for all of the participants. This plan assists each individual to optimize their training in order to maximize their physical fitness performance.

Fitness/training plans are developed by Exercise Physiologists with expertise and credentialing in Strength and Conditioning, as well as Personal Training.

Referrals are also being received from the Fire Department Physician, the Fire Department Training Chief, or the City of Savannah Wellness Coordinator if an individual Firefighter does not perform satisfactorily on the Fire Department Physical Abilities Test or the Fitness Evaluation. Individuals who require a rehabilitation phase will have supervised training sessions in the Candler Wellness Center.

## **2.11 HEAVY METALS AND SPECIAL EXPOSURE**

Following a known HazMat exposure under the direction of the Wellness Center nurse practitioner, fire fighter physician and the fire fighter safety officer, a review of the exposure would determine what tests would need to be completed.

For Special Exposure Screening, the cost is based upon the type and number of heavy metals screened for. A list of specific tests and individual prices is included in Section III.

## **2.12, POTENTIAL NUMBER OF EXAMINEES**

We recognize the specific age-related needs of the potential examinees, and feel we can meet the expectations of the RFP in regard to types and frequencies of evaluations.

## **2.13, 2.14 MEDICAL EVALUATION SCHEDULE AND TOTAL NUMBERS**

We agree to perform the medical evaluations according to the stated schedule for age and Hazardous Materials Team members. We recognize the number of anticipated physicals for the current year, and agree to perform that number.

## **2.15 FEES**

The fees for the services described above are listed on the attached Section III Price Proposal Form.

## **2.16 Annual Contract**

St. Joseph's/Candler understands that the award resulting from this RFP will be a one-year contract with an option to renew for four additional one-year periods if all terms and conditions remain unchanged and both parties so agree. St. Joseph's/Candler notifies the City of Savannah that the fees described in attached Section III will increase 1.5% annually at each additional renewal term of the agreement.

## **2.17 Addenda**

### **2.2 License and Proof of Liability Insurance**

Dr. Thomas Danello

Dr. David Carson

Carol Barbee, RN, APRN-BC, FNP

### **2.3a,b Resume and Experience of Providers**

Dr. Thomas Danello

Dr. David Carson

Carol Barbee, RN, APRN-BC, FNP

### **2.3 e Proposed Schedule of M/WBE Participation**

Non-Discrimination Statement

### **2.3 g Affidavit Verifying Status for City of Savannah Benefit Application**

Contractor Affidavit and Agreement

### **2.5 Annual Fitness Evaluation Assessment Results**

### **2.7 Administrative Policy 1095-A Health Information Management**

#### **2.7.1 Authorization for Release of Medical Information**

## 2.7.2 Medical Affidavit of Firefighter Fitness for Duty

2.7.5, 2.7.6 SJCHS maintains a contract with BSDI (the software developed for Fire Fighter assessments and data collection. ) Detailed analysis report of composite results.

## 2.8d Return to Duty Clearance

### 2.9.1 Physical Exam Summary and Detail Documentation

### 2.9.3 Fire Fighter Initial Health History

### 2.10 Fire Fighter Wellness-Fitness Initiative Program (Agreement, Informed Consent and Release)



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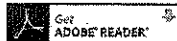
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### 1 Result found for "danello, Physician".

<u>License Status</u>	<u>Name Address Issue / Expiration Dates</u>	<u>Specialty</u>	<u>Public Board Orders</u>	<u>Physician Profile</u>
020093 Active	DANELLO, THOMAS FRANCIS, MD ST. JOS./CANDLER CLINIC   107 CANAL ST. POOLER, GA 31322 Issue Date: 12/12/1978 Expiration Date: 03/31/2019	Emergency Medicine	None	<a href="#">View</a>

### 1 Result found for "danello, Physician".

[Back to Top](#)[NEW SEARCH](#)

Addendum 2.2

Proof of Liability Insurance Dr Thomas D'Amello



## CERTIFICATE OF LIABILITY INSURANCE

GEOR023

OP ID: DL2

DATE (MM/DD/YYYY)

03/28/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MAG Mutual Insurance Agcy, LLC P.O. Box 52979 Atlanta, GA 30355-0979 Christine Kareis	<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b>														
<b>INSURED</b> Georgia Emergency Associates Immediate Care Center, Inc. 5629 Highway 21 South Rincon, GA 31326	<table border="1"> <tr> <th data-bbox="803 451 1388 493">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1388 451 1510 493">NAIC #</th> </tr> <tr> <td data-bbox="803 493 1388 535"><b>INSURER A:</b> MAG Mutual Insurance Company</td> <td data-bbox="1388 493 1510 535">42617</td> </tr> <tr> <td data-bbox="803 535 1388 577"><b>INSURER B:</b></td> <td data-bbox="1388 535 1510 577"></td> </tr> <tr> <td data-bbox="803 577 1388 619"><b>INSURER C:</b></td> <td data-bbox="1388 577 1510 619"></td> </tr> <tr> <td data-bbox="803 619 1388 661"><b>INSURER D:</b></td> <td data-bbox="1388 619 1510 661"></td> </tr> <tr> <td data-bbox="803 661 1388 703"><b>INSURER E:</b></td> <td data-bbox="1388 661 1510 703"></td> </tr> <tr> <td data-bbox="803 703 1388 745"><b>INSURER F:</b></td> <td data-bbox="1388 703 1510 745"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> MAG Mutual Insurance Company	42617	<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
INSURER(S) AFFORDING COVERAGE	NAIC #														
<b>INSURER A:</b> MAG Mutual Insurance Company	42617														
<b>INSURER B:</b>															
<b>INSURER C:</b>															
<b>INSURER D:</b>															
<b>INSURER E:</b>															
<b>INSURER F:</b>															

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Each occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER:
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALLOWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS					COMBINED SINGLE LIMIT (Each accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER:
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ OTHER:
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab Claims Made		PSL120589900	04/01/2017	04/01/2018	Each Loss 1,000,000 Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Please see attached pages for list of covered corporations, physicians and employees with respective retroactive dates

## CERTIFICATE HOLDER

## CANCELLATION

For Information Purposes

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
Christine Kareis



**NOTEPAD**

INSURED'S NAME Georgia Emergency Associates

GEOR023  
OP ID: DL2PAGE 2  
Date 03/28/2017

Georgia Emergency Associates Immediate Care Center, Inc. is covered with limits of \$1,000,000 Each Claim and \$3,000,000 Aggregate with a retroactive date of 7/1/1994.

**PHYSICIAN COVERAGE:**

The following physicians are covered with limits of \$1,000,000 Each Claim and \$3,000,000 Aggregate:

Robert Balsley, MD 7/1/15  
Amanda Cowan, MD 11/1/14  
Thomas Danello, MD 1/1/12  
Reginald Davis, MD 2/6/99  
Sreevallli Dega, MD 1/1/14  
Stephen Goldner, MD 2/22/16  
James Hughes, MD 7/29/94  
Brian Kornblatt, MD 7/1/94  
Janet McMahon, DO 10/1/12

Stephen Pohl, MD 7/1/94  
Peter Rippey, MD 4/15/15  
Michael Torkelson, MD 10/19/10

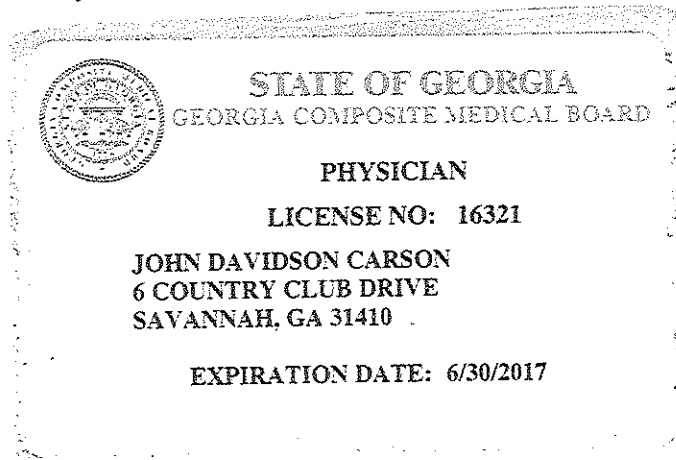
**ALLIED COVERAGE:**

The following employees share in the limit of liability with Georgia Emergency Associates Immediate Care Center, Inc.:

Karen Anderson, NP  
Jean Bailey, NP  
Henry Brower, NP  
Patricia Butler, NP  
Laura Cavicchi, NP  
Anastasia Davis, NP  
Lindsay Grove, NP

Angela Higgs, NP  
Melanie Howard, NP  
Janet O'Hara, NP  
Jennifer Wagner, NP  
Valerie Kim Conway, NP  
Jodi Brannen, PA  
David Caraballo, PA  
Tyger Clayton, PA  
Susan Erkas, PA  
Jason Evans, PA  
Scott Fouch, PA  
Sarah Klein, PA  
Natalie Miller, PA  
Emily Randall, PA  
Brittany Tice, PA  
Paula Willis, PA  
Jason Wright, PA

Addendum 2.2 License Dr. David Carson



# Addendum 2.2 Proof of Liability Insurance Dr David Carson

## CERTIFICATE OF INSURANCE

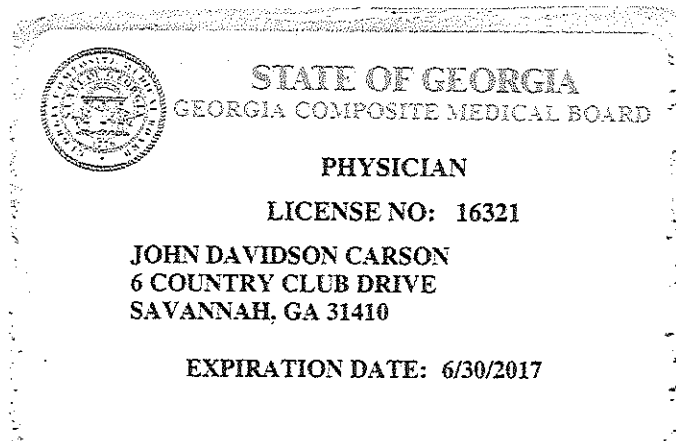
MAG Mutual Insurance Company

### Certificate issued to:

St. Joseph's/Candler  
The Care Network  
ATTN: Network Credentialing  
836 East 65th Street,  
Suite 20  
Savannah GA 31405

### Name and mailing address of insured:

John D. Carson, MD  
6 Country Club Drive  
Savannah, Georgia 31410-3406



This is to certify that MAG Mutual Insurance Company has issued a Medical Professional Liability Policy to the insured listed above, subject to the provisions to the current policy contract and any endorsements.

### Policy Number:

PSL 1205564 02

### Effective Date:

September 30, 2016

### Expiration Date:

September 30, 2017

### Limits

#### Each loss/Aggregate limit

1,000,000/3,000,000

#### Retroactive Date:

07/01/2004

### TOTAL LIMITS

1,000,000/3,000,000

This document is issued as a matter of information only and confers no rights upon the document holder. This document does not amend, extend, or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policies referenced herein.

Please inquire directly with the insured for individual restrictive endorsements that may apply. In the event of cancellation of the described policy, MAG Mutual will make reasonable effort to notify the party at whose request this certificate was issued, but MAG Mutual shall not be liable in any way for failure to give such notice.

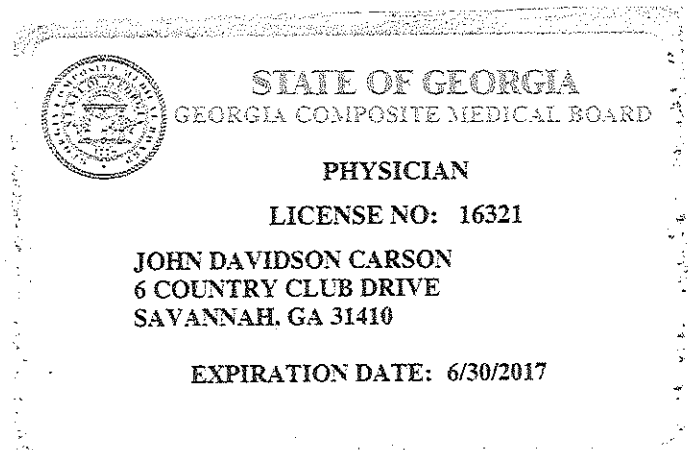
A handwritten signature in cursive script that reads "Lisa M. Appolin".

Authorized Representative

MAG Mutual Insurance Company  
PO Box 52979  
Atlanta, GA 30355-0979

**CERTIFICATE OF INSURANCE****MAG Mutual Insurance Company****Certificate issued to:**

St. Joseph's/Candler Health Care System  
Attn: Medical Staff Office  
5353 Reynolds Street  
Savannah GA 31405

**Name and mailing address of insured:**

John D. Carson, MD  
6 Country Club Drive  
Savannah, Georgia 31410-3406

This is to certify that MAG Mutual Insurance Company has issued a Medical Professional Liability Policy to the insured listed above, subject to the provisions to the current policy contract and any endorsements.

**Policy Number:**

PSL 1205564 02

**Effective Date:**

September 30, 2016

**Expiration Date:**

September 30, 2017

**Limits****Each loss/Aggregate limit**

1,000,000/3,000,000

**Retroactive Date:**

07/01/2004

**TOTAL LIMITS**

1,000,000/3,000,000

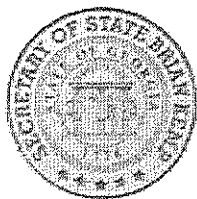
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A handwritten signature in cursive script that reads "Lisa M. Appolin".

Authorized Representative

MAG Mutual Insurance Company  
PO Box 52979  
Atlanta, GA 30355-0979

**PROFESSIONAL LICENSING**

GEORGIA SECRETARY OF STATE BRIAN P. KEMP

**Licensee Details****Licensee Information****Name:** Carol Ann Wilson Barbee**Address:** 208 Mosswood Drive

Savannah GA 31405

**Primary Source License Information**

<b>Lic #:</b>	RN081625	<b>Profession:</b>	Registered Professional Nurse	<b>Type:</b>	Advanced Practice - NP
<b>Secondary:</b>		<b>Method:</b>	Conversion	<b>Status:</b>	Active
<b>Issued:</b>	4/3/1998	<b>Expires:</b>	1/31/2019	<b>Last Renewal Date:</b>	12/23/2016

**Associated Licenses****Relationship:** Self Automatic

<b>Licensee:</b>	Barbee, Carol Ann Wilson	<b>License Type:</b>	Registered Professional Nurse
<b>License #:</b>	RN081625	<b>License Status:</b>	Active
<b>Established:</b>	4/3/1998	<b>Association Date:</b>	<b>Expiry:</b>
<b>Type:</b>	Prerequisite User		

**Public Board Orders**

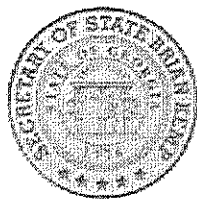
Please see Documents section below for any Public Board Orders

**Other Documents**

No Other Documents

Data current as of: April 7, 2017 10:56:49

This website is to be used as a primary source verification for licenses issued by the Professional Licensing Boards. Paper verifications are available for a fee. Please contact the Professional Licensing Boards at 478-207-2440.



# PROFESSIONAL LICENSING

GEORGIA SECRETARY OF STATE BRIAN P. KEMP

## Licensee Details

### Licensee Information

**Name:** Carol Ann Wilson Barbee

**Address:** 208 Mosswood Drive

Savannah GA 31405

### Primary Source License Information

<b>Lic #:</b>	RN081625	<b>Profession:</b>	Registered Professional Nurse	<b>Type:</b>	Registered Professional Nurse
<b>Secondary:</b>		<b>Method:</b>	Exam-US	<b>Status:</b>	Active
<b>Issued:</b>	9/16/1986	<b>Expires:</b>	1/31/2019	<b>Last Renewal Date:</b>	12/12/2016

### Associated Licenses

**Relationship:** Self Automatic

**Licensee:** Barbee, Carol Ann Wilson

**License  
Type:** Advanced Practice - NP

**License #:** RN081625

**License  
Status:** Active

**Established:** 4/3/1998

**Association  
Date:**

**Expiry:**

**Type:** Prerequisite

### Public Board Orders

Please see Documents section below for any Public Board Orders

### Other Documents

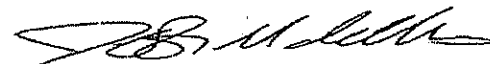
No Other Documents

Data current as of: April 7, 2017 10:57:11

This website is to be used as a primary source verification for licenses issued by the Professional Licensing Boards. Paper verifications are available for a fee. Please contact the Professional Licensing Boards at 478-207-2440.

# Addendum 2.2 Proof of Liability Insurance

## Carol Barbee FRP

<b>ACORD</b>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		ISSUE DATE (MM/DD/YYYY) 7/1/2016																					
<b>PRODUCER</b>  USA Risk Group of South Carolina 1327C Ashley River Road, Ste 200 Charleston SC 29407		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.																							
<b>INSURED</b>  St. Joseph's/Candler Health System 5353 Reynolds Street Savannah, GA 31405		<b>COMPANIES AFFORDING COVERAGE</b>																							
		Company Letter A Geehee Reinsurance Company LLC																							
		Company Letter B																							
		Company Letter C																							
		Company Letter D																							
		Company Letter E																							
<b>COVERAGES</b> <div style="font-size: x-small;">             [THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.]           </div>																									
ACORD	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">TYPE OF INSURANCE</th> <th style="width: 15%;">POLICY NUMBER</th> <th style="width: 15%;">POLICY EFFECTIVE DATE (MM/DD/YYYY)</th> <th style="width: 15%;">POLICY EXPIRATION DATE (MM/DD/YYYY)</th> <th style="width: 50%;">LIMITS</th> </tr> </thead> <tbody> <tr> <td> <b>GENERAL LIABILITY</b>  <input checked="" type="checkbox"/> HEALTHCARE GENERAL LIABILITY  <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR            OWNERS &amp; CONTRACTOR'S PROT.         </td> <td>GRCL0716</td> <td>7/1/2016</td> <td>7/1/2017</td> <td>           GENERAL AGGREGATE \$5,000,000            PRODUCTS - COMPOP AGG.            PERSONAL &amp; ADV. INJURY            EACH OCCURRENCE \$5,000,000            FIRE DAMAGE (Any one fire)            MED. EXPENSE (Any one person)         </td> </tr> <tr> <td> <b>PROFESSIONAL LIABILITY</b>  <input checked="" type="checkbox"/> HEALTHCARE PROFESSIONAL LIABILITY  <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR            OWNERS &amp; CONTRACTOR'S PROT.         </td> <td>GRCL0716</td> <td>7/1/2016</td> <td>7/1/2017</td> <td>           AGGREGATE \$5,000,000            PRODUCTS - COMPOP AGG.            EACH OCCURRENCE \$5,000,000            FIRE DAMAGE (Any one fire)            MED. EXPENSE (Any one person)         </td> </tr> <tr> <td>OTHER</td> <td></td> <td></td> <td></td> <td>           STATUTORY LIMITS            EACH ACCIDENT \$            DISEASE-POLICY LIMIT \$            DISEASE-EACH EMPLOYEE \$         </td> </tr> </tbody> </table>	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> HEALTHCARE GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR OWNERS & CONTRACTOR'S PROT.	GRCL0716	7/1/2016	7/1/2017	GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMPOP AGG. PERSONAL & ADV. INJURY EACH OCCURRENCE \$5,000,000 FIRE DAMAGE (Any one fire) MED. EXPENSE (Any one person)	<b>PROFESSIONAL LIABILITY</b> <input checked="" type="checkbox"/> HEALTHCARE PROFESSIONAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR OWNERS & CONTRACTOR'S PROT.	GRCL0716	7/1/2016	7/1/2017	AGGREGATE \$5,000,000 PRODUCTS - COMPOP AGG. EACH OCCURRENCE \$5,000,000 FIRE DAMAGE (Any one fire) MED. EXPENSE (Any one person)	OTHER				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$				
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<b>CERTIFICATE HOLDER</b>  St. Joseph's/Candler Health System 5353 Reynolds Street Savannah, GA 31405		<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.																							
		AUTHORIZED REPRESENTATIVE  																							
ACORD 25-S (7/90)		(c)ACORD CORPORATION 1990																							

# Addendum 2.3 a, b Resume & experience

**Thomas F. Danello, MD**

104 Majestic Oak Drive, Savannah, GA 31406  
Cellular (912) 441-4296  
TomDan07@aol.com

## OBJECTIVE

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Healthcare professional with an in-depth background in Emergency Care---seeking an Administrative or Patient Care position in an industrial location offering maximum opportunity for continued career development and professional growth.

## EXPERIENCE

---

### **Staff Physician - Immediate Care Center**

2009 to Present

Georgia Emergency Associates, Savannah, GA - Serves as Staff Physician for new administration and group that took over Westside Urgicare Center, along with two other clinic locations.

### **Director of Industrial Medicine**

1993 to 2009

St. Joseph's / Candler Health System, Savannah, GA - Oversaw corporate rejoinder with hospital system to develop outpatient service sector. Expanded Westside Center to new 7,000 square-foot wing that encompassed Family Medicine, Physical Therapy, and Pharmacy. Advisor to hospital CEO in new site purchases and construction of new clinics in Rincon and Wilmington Island locations. Daily clinical duties were performed in evaluating work-related injuries, and directing company employment physicians. This included clientele from over 150 large and small employers in the area. Selected as a Workman's Compensation Physician for the largest employer-panels in the region. This included: Gulfstream Aerospace; Georgia Ports; ILA/Container Services; Owens-Corning; The City of Savannah, the Savannah Fire Department; and the Savannah Board of Education. Developed "Drug-Free Workplace" guidelines and Medical Review Officer services for companies that averaged over 2,000 yearly drug screens.

1985 to 1993

### **Owner / Physician / Administrator**

Lifeline Medical Center (A Westside Urgicare Clinic), Garden City, GA - Designed, built, and managed an Urgicare Center for West Savannah----the first of two in Chatham County, SC. The \$1.2 million, 6,000 square foot project included 8 examination rooms, 2 procedure rooms, X-Ray, Lab, and Billing and Administrative Offices. Employed 3 full-time physicians. Covered 7-day, weekly, 12-hour staffing, with 7 full-time support staff. Saw an average of 22,000 visits annually.

### **Director, Emergency Department**

1982 to 1985

St. Joseph's Hospital, Savannah, GA - Hired and organized all physician staffing for Emergency Department which saw 20,000 patients yearly. Represented Emergency Room during hospital executive committee meetings. Served on the hospital's panel to review quality of care issues and achieve all J.C.A.H. standards. Instrumental in developing new hospital-based ambulance service for Savannah (Mercy Ambulance).

### **Staff Physician, Emergency Medicine**

1981 to 1982

St. Joseph's Hospital, Savannah, GA

### **Director**

1980 to 1981

Ft. Stewart Army Hospital, Ft. Stewart, GA - Worked under "Meddac" Hospital Commander to direct 10 corpsmen, nurses, and doctors in staffing an ER seeing 18,000 yearly visits. Helped to promulgate ER protocols for ambulance and helicopter transports. Assisted in the design of the new Fort Stewart Hospital Emergency Department (later to be named, Wing Army Hospital).

## MILITARY BACKGROUND

---

Served as Brigade Surgeon, 24th Infantry Division, Ft. Stewart, GA, (1979 to 1980). Director of the Emergency Department, St. Stewart Hospital, (1980 to 1981). Received Army Commendation Medal for work with military emergency protocols. Honorable Discharge, June 1981.



## AFFILIATIONS

---

- MRO Certified-2000, American Association of Medical Review Officers.
- Member, Board of Directors, Southcoast Medical Group, Savannah, GA, 1997 to 2002 - Served as one of the seven original founders of a county-wide 'IPA' (Independent Physician Association) to bring together all primary care physicians in bidding on large HMO contracts. Successfully won and helped administer Blue Cross/Cerulean HMO contract in Chatham County. Southcoast has continued to expand and has morphed into a large, multi-speciality group.
- Regional Representative, Georgia American College of Emergency Physicians, Savannah, GA, 1982 to 1985

## CERTIFICATIONS

---

- ACLS, ATLS, APLS Certified, 1981
- ACLS, ATLS Instructor Certified, 1982
- Board Eligible in Emergency Medicine, Practice Tract, 1986
- Current recertification, 2009, ACLS

## EDUCATION

---

<b><i>B.A., Natural Sciences, Minor: Chemistry</i></b>	<b><i>1973</i></b>
Johns Hopkins University, Baltimore, MD	
<b><i>Medical Degree</i></b>	<b><i>1977</i></b>
University of Cincinnati, Cincinnati, OH	
<b><i>Secondary Degree</i></b>	<b><i>1969</i></b>
Georgetown Prep School, Rockville, MD	
<b><i>Internship, Family Medicine</i></b>	<b><i>1978</i></b>
Womack Army Hospital, Ft. Bragg, NC	
<b><i>Army Combat Casualty Course, Brooke Hospital</i></b>	<b><i>1978</i></b>
United States Army, San Antonio, TX	
<b><i>Environmental Course</i></b>	<b><i>1978</i></b>
United States Army, Ft. Drum, NY	

Addendum 2.3 a, b  
Resume and experience

John Davidson Carson, M.D., FACEP  
6 Country Club Drive  
Savannah, GA 31410-3406  
Mobile: (912) 484-4374

PROFESSIONAL BACKGROUND

July 2015-Present	ExperCare Urgent Care, Director of Occupational Medicine and Associate Medical Director
Oct. 2004-Present	Savannah Sugar Refinery, Medical Director
Oct. 2014-Jan. 2015	Georgia Emergency Associates, Staff Physician, Occupational Medicine and Urgent Care
July 2004-Sept. 2014	Industrial Medicine, P.C., Occupational Medicine
Jan. 1998-June 2004	SouthCoast Medical Group and St. Joseph's-Candler Medical Group, Occupational Medicine and Urgent Care
Jan. 1987-Dec. 1988	Memorial University Medical Center, Medical Director, Department of Emergency Medicine
Jan. 1987-Dec. 1997	President, Emergency Medical Group, P.C., Memorial University Medical Center, Department of Emergency Medicine
Jan. 1984-Dec. 1997	Memorial University Medical Center, Staff Physician, Department of Emergency Medicine
Jan. 1982-Dec. 1983	DeKalb Medical Center, Medical Director, Department of Emergency Medicine, Decatur, GA
Jan. 1982-Dec. 1983	DeKalb County Emergency Medical Services, Fire Surgeon, Decatur, GA
Jan. 1981-Dec. 1983	President, DeKalb Emergency Group, P.C., DeKalb Medical Center, Department of Emergency Medicine, Decatur, GA

Aug. 1976-Dec. 1983      DeKalb Medical Center, Staff Physician, Department of Emergency  
Medicine, Decatur, GA

Aug. 1976-Dec. 1983      Howell Industrial Clinic, Staff Physician, Atlanta, GA

#### CERTIFICATIONS

Diplomate, National Board of Medical Examiners  
Diplomate, American Board of Emergency Medicine  
Certified Medical Review Officer, MROCC  
National Registry of Certified Medical Examiners, NRCME  
Civil Surgeon, United States Citizenship and Immigration Services

#### PROFESSIONAL AFFILIATIONS

Life Fellow, American College of Emergency Physicians  
Former Member, American College of Occupational and Environmental Medicine  
Alpha Omega Alpha Honor Medical Society

#### EDUCATIONAL BACKGROUND

July 1973-Apr. 1976      Emory University-Grady Affiliated Hospitals; Atlanta, GA; General Surgery  
Residency

Sept. 1969-June 1973      Medical College of Georgia; Augusta, GA  
Doctor of Medicine  
Alpha Omega Alpha Honor Medical Society

Sept. 1965-June 1969      University of Georgia; Athens, GA  
Bachelor of Science, Chemistry  
Dean's List

Sept. 1962-June 1965      Woodberry Forest School; Orange, VA  
Diploma

#### PERSONAL INFORMATION

Birth date:      June 3, 1947

Birthplace:      Savannah, Georgia

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Health:           Excellent

Marital Status:       Married to the former Deborah Karen Baughman of Atlanta on February 10, 1979

Children:                 John Davidson Carson, Jr.

                              Anne Sheldon Carson

COMMUNITY ACTIVITIES (current and past)

Ex-Officio Board Member, Savannah Area Rape Crisis Center

Hospice Savannah Capital Campaign Committee

United Way of the Coastal Empire Beacon Society

Board of Trustees, St. Andrew's School, Savannah, GA

Vestryman and Former Senior Warden, St. John's Episcopal Church

SOCIAL MEMBERSHIPS

The Savannah Yacht Club

The Cotillion Club

The Century Club

The Debtors' Club

General Society of Colonial Wars

General Society of the Sons of the Revolution

St. Andrew's Society

COMMUNITY RECOGNITION

Voted "Savannah's Best Occupational Medicine Physician" by *Savannah Magazine* in 2012, 2013, 2014, and 2016.

# Addendum 2.3 a,b Resume and experience

## **CAROL A. BARBEE, RN, MSN, APRN-FNP**

208 Mosswood Drive  
Savannah, Georgia 31405  
(912) 507-2948  
e-mail: carolannwb@gmail.com

### NURSE PRACTITIONER

Experienced Nurse Practitioner with interest and experience in surgical services, quality improvement, internal medicine, promotion of wellness and healthy lifestyle, illness prevention and medical resource management. Attention to quality efforts and organizational interests.

### CARING SKILLS AND ATTRIBUTES

#### Communication

- Effective communication with clients and families.
- Community and group forum education
- Interdisciplinary follow through for care coordination
- Physician practice collaboration

#### Interpersonal Skills

- Engage individuals in care management
- Personal interaction with individuals and small groups
- Group dynamic to enhance communal participation
- Excellent verbal and written communication skills

#### Holistic Client Centered Care

- Individualized focus
- Involve clients and significant family/peers in care management
- Maintenance of privacy and confidentiality
- Acknowledgement and respect of culturally sensitive care concerns

### PROFESSIONAL EXPERIENCE

07/15	NAVIGATOR POPULATION HEALTH MANAGEMENT, Health Promotion, St Joseph's/Candler, Savannah, Georgia
06/12 to 07/15	OCCUPATIONAL HEALTH NURSE PRACTITIONER CASE MANAGER, St Joseph's/Candler, Savannah, Georgia.
02/04 to 3/31/05 01/07 to 06/12	FAMILY NURSE PRACTITIONER, Eisenhower Medical Associates/Optim Medical Associates, Savannah, Georgia
Primary Care responsibilities of patient clients from 14 years	

through senior years. Multi physician practice with adjunct NP/PA care management.

Ourlife corporate wellness program onsite at Gulfstream, Chatham County, St Joseph's/Candler.

05/09 to 12/10

CLINICAL MANAGER, Ambulatory Surgery, Candler Hospital, Savannah, Georgia

Personnel and financial management of Ambulatory Surgical Unit to include Day Surgery, PATT, and Post Surgery. Supervision of >50 professional and nonprofessional employees in 34 bed unit. SCIP Steering Committee Team Leader, Leadership of Surgical Services Direct Report Group.

04/05 to 12/06

FAMILY NURSE PRACTITIONER, ACI Surgical Associates/ Savannah Surgical Group, Memorial Health University Medical Center, Dr. Stephen Brower, Dr. James Garber and Dr. Christopher Senkowski, Savannah, Georgia

01/02 to 02/04

CLINICAL NURSE RISK MANAGER, St. Joseph's/Candler Health System, Savannah, Georgia

Review of patient events and incidents resulting in adverse outcomes. Work closely with physicians, staff members, Legal Services, and outside counsel in investigation of patient issues with preparation of report to third party insurer and defense material. Participating team member in Peer Review and Performance Improvement Committees as well as multidisciplinary committees within institution. Educative and resource function with staff, patients, physicians, and family members. Reporting to Director of Risk Management and Vice President of Human Resources. Introduction of safety culture as opposed to culture of blame.

01/01 to 01/02

CLINICAL NURSE SPECIALIST, St. Joseph's/Candler Health System

Staff, patient, and family education and support. Clinical expertise in medical-surgical care. Research and implementation of evidence based standards. Maintenance

of staff competency. Participation in system performance improvement and work teams to include Oncology, Vascular, Neurology, and Women and Children's CRD teams; Pharmacy and Therapeutics; Pharmaceutical Care Council; Clinical Practice Council; Patient Care Policy Committee; and Nursing Residency and Fellowship.

07/98 to 07/01      FAMILY NURSE PRACTITIONER, General Surgery Center,  
Savannah, Georgia

Assisted physicians in care of general and vascular surgery patients as well as nonsurgical vascular follow-up and wound needs. Responsibilities included conducting daily hospital rounds on in-house patients, providing office care of postop and nonsurgical clients, and assisting in surgical procedures. Hospital privileges at Memorial Health University Medical Center, and St. Joseph's/Candler Health System through 12/01. Medicare and Medicaid provider. Sponsoring physicians: Dr. William A. Darden, Jr; Dr. John C. Hungerpiller; Dr. Christopher A. Walls

12/97 to 07/98      FAMILY NURSE PRACTITIONER, Coastal Respiratory  
Associates, Savannah, Georgia

Assisted physicians in management of pulmonary patients to include extensive history and physical examination, health maintenance of same population, teaching role in smoking cessation program, supervision of pulmonary treadmill stress testing, and client interaction with respect to asthma in pregnancy and exercise-induced asthma. Performed nursing functions as deemed necessary in private practice. Hospital privileges at St. Joseph's/Candler. Medicare and Medicaid provider. Teaching role in pulmonary module at Armstrong Atlantic State University Critical Care Course for area nurses. Sponsoring physician: Dr. Gifford Lorenz

06/86 to 06/12      STAFF NURSE, St. Joseph's/Candler Health System

Performance of nursing care responsibilities in intensive care, medical-surgical floor, day surgery and post surgical unit, and operating room environments, with PRN

experience in pain management, oncology, pulmonary medicine, diabetes, urology, women's health, progressive

05/93 to 03/96      SURGICAL SERVICES TEAM LEADER, Candler Hospital  
Supervised surgical services for general, peripheral vascular, thoracic, cysto, and open urological procedures to include staff support, supply inventory, and specialty instrumentation. Direct supervisory responsibility of RNs and CSTs.

10/94 to 11/97      STAFF NURSE, Effingham Hospital, Springfield, Georgia

Emergency Room nurse part-time with full and charge responsibilities for one RN and one emergency tech in rural community hospital.

#### EDUCATION

MSN, Georgia Southern University, Statesboro, Georgia, December, 1997

BSN, Armstrong State University, Savannah, Georgia, June, 1986

Bachelor of Science Degree, Biology, Armstrong State University  
June, 1983

#### LICENSURE/CERTIFICATION

Georgia Board of Nursing (copy of license available up request), expires 1/31/2019

South Carolina Nursing licensure, expires 2019

ANCC Certification Exam for Family Nurse Practitioners, 2/7/98, expires 3/2018

CNOR Certification 1991-1996

CPR Provider Certification renews 2019





## Developing a Strong M/WBE Participation Plan

### *Key facts every bidder/proposer needs to know prior to developing their M/WBE Participation Plan:*

1. All bidders/proposers must submit a "Proposed Schedule of M/WBE Participation" which identifies the minority and/or woman-owned companies that have agreed to participate in the project if awarded. All companies listed on the form must be certified as either minority-owned and controlled or woman-owned and controlled. The City does not accept a company's "self-identification" as minority or woman-owned.
2. **Proof** of M/WBE certification from the certifying agency is required to accompany the bid; and certification must have been completed by the City of Savannah, a federally-recognized or a state-level certifying agency (USDOT, State DOT, SBA 8(a) or GMSDC) utilizing certification standards comparable to the City of Savannah.
3. The certification must have been approved prior to the due date of this bid. A firm that has submitted an application for certification but has not been certified will not be counted toward the M/WBE goal.
4. The M/WBE Office will be contacting all M/WBE firms included in the bidder's M/WBE Plan to confirm each: a) was contacted by the bidder/proposer; b) performs the type of work listed; and c) agreed to participate.
5. To expedite the verification process, bidders/proposers need to: provide accurate phone numbers for all M/WBEs listed; ensure M/WBEs know to expect to be contacted by phone and email; request M/WBEs be accessible during the critical period before bid-opening; and advise M/WBEs that City staff must receive the M/WBE's confirmation that the firm agreed to participate in the bid/proposal in order for the prime contractor to receive credit toward their proposed M/WBE participation goals.
6. If a proposed M/WBE cannot be confirmed as certified, performing the type of work described or agreeing to participate, the bidder/proposer will be notified and given a pre-determined period to submit a correction. If an M/WBE still cannot be confirmed or replaced, the proposed percentage of participation associated with the unverified M/WBE firm will not be counted and will be deducted from the overall proposed M/WBE goal.
7. Any tier of M/WBE subcontractors or suppliers that will be utilized in the contract work may count toward the MBE and WBE goal as long as the tier subcontractors/suppliers are certified M/WBEs. Work that an M/WBE subcontracts to a non-M/WBE firm does not count toward the M/WBE goal.
8. M/WBEs must perform a "**commercially useful function**" which is the provision of real and actual work or products, or performing a distinct element of work for which the business has the skills, qualifications and expertise, and the responsibility for the actual management and supervision of the work contracted.
9. Per the *Proposed Schedule of M/WBE Participation* "the undersigned (bidder/proposer) will enter into a formal agreement with the M/WBE Subcontractors/Proposers identified herein for work listed in this schedule, conditioned upon executing a contract with the Mayor and Aldermen of the City of Savannah." **This signed commitment is taken seriously by the City**, so do not list M/WBEs you do not plan to utilize. Any proposed changes must be pre-approved by the M/WBE Office, be based on legitimate business-related reasons, and still meet the M/WBE participation goals per the City's contract.
10. A bidder who is a certified M/WBE may count toward the goal the portion of work or services on a City contract that is actually performed by the M/WBE, including: the cost of supplies/materials purchased or equipment leased for contract work, fees for bona fide services such as professional or technical services, or for providing bonds or insurance specifically required for the performance of a City contract.
11. If awarded the contract, the M/WBE Office will be reviewing your company's subcontracts, invoices and payment records to substantiate the completion of work and payment of M/WBEs. If the prime contractor is an M/WBE that is being included in its M/WBE goal, the prime contractor must maintain records that will be inspected to prove the portion of work performed, cost of work, and payments to the prime company.

## NON-DISCRIMINATION STATEMENT

The prime contractor / bidder certifies that:

- (1) No person shall be excluded from participation in, denied the benefit of, or otherwise discriminated against on the basis of race, color, national origin, or gender in connection with any bid submitted to the City of Savannah or the performance of any contract resulting therefrom;
- (2) That it is and shall be the policy of this Company to provide equal opportunity to all business persons seeking to contract or otherwise interested in contracting with this Company, including those companies owned and controlled by racial minorities, cultural minorities, and women;
- (3) In connection herewith, we acknowledge and warrant that this Company has been made aware of, understands and agrees to take affirmative action to provide such companies with the maximum practicable opportunities to do business with this Company;
- (4) That this promise of non-discrimination as made and set forth herein shall be continuing in nature and shall remain in full force and effect without interruption;
- (5) That the promises of non-discrimination as made and set forth herein shall be and are hereby deemed to be made as part of and incorporated by reference into any contract or portion thereof which this Company may hereafter obtain and;
- (6) That the failure of this Company to satisfactorily discharge any of the promises of non-discrimination as made and set forth herein shall constitute a material breach of contract entitling the City of Savannah to declare the contract in default and to exercise any and all applicable rights and remedies including but not limited to cancellation of the contract, termination of the contract, suspension and debarment from future contracting opportunities, and withholding and or forfeiture of compensation due and owing on a contract.

Sammy Quille  
Signature

Manager, Employee Relations  
Title



### ***Affidavit Verifying Status for City of Savannah Benefit Application***

By executing this affidavit under oath, as an applicant for a City of Savannah, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract or other public benefit as reference in O.C.G.A. Section 50-36-1, I am stating the following with respect to my bid for a City of Savannah contract for St. Joseph's / Candler. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1.) ✓ I am a citizen of the United States.

**OR**

2.) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older.

**OR**

3.) \_\_\_\_\_ I am an otherwise qualified alien (8 § USC 1641) or non-immigrant under the Federal Immigration and Nationality Act (8 USC 1101 *et seq.*) 18 years of age or older and lawfully present in the United States.\*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:      Date

Melanie Willoughby      March 13, 2017

Printed Name:

Melanie Willoughby, RN, BSN

\*

Alien Registration number for non-citizens.

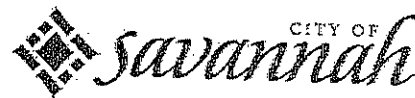
SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

13th DAY OF March, 2017

Notary Public

My Commission Expires:

**DEBORAH K. SHUMANS**  
Notary Public, Chatham County GA  
My Commission Expires July 21, 2018

**CONTRACTOR AFFIDAVIT AND AGREEMENT****Employment Eligibility Verification**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with the City of Savannah has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the City of Savannah, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City of Savannah at the time the subcontractor(s) is retained to perform such service.

60305 - 10/10/07

EEV / Basic Pilot Program\* User Identification Number

BY: St. Joseph's / Candler

03/14/17

Contractor Name

Date

Tammy Aveille

Tammy Aveille

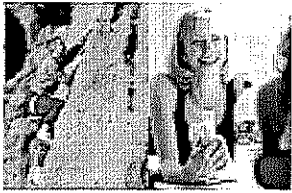
Signature of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

Manager Employee Relations

Title of Authorized Officer or Agent of Contractor

\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).



# Healthy Living



## Assessment Results For

### Fitness Test: Weight

Date	Test Result
11/16/2011	216 Lbs
12/12/2012	236 Lbs
11/13/2013	213 Lbs
11/20/2014	225 Lbs
10/22/2015	230 Lbs
11/09/2016	226 Lbs
5% Higher	

### Fitness Test: Jackson-Pollock 3-Pinch Fat #1

Date	Test Result	Rank	Rating	Lean Weight	Fat Wt.
11/16/2011	17.2 %	75	Excellent	178.9	37.1
12/12/2012	21.1 %	50	Good	186.1	49.9
11/13/2013	18 %	70	Excellent	174.7	38.3
11/20/2014	13.9 %	89	Superior	193.8	31.2
10/22/2015	21.1 %	50	Good	181.5	48.5
11/09/2016	21.7 %	46	Good	177	49
26% Higher		39% Decline		1% Lower	32% Higher

### Fitness Test: 3-Minute Step Test

Date	Test Result	Rank	Rating
11/16/2011	92 BPM	78	Excellent
12/12/2012	96 BPM	72	Excellent
11/13/2013	96 BPM	72	Excellent
11/20/2014	119 BPM	28	Fair
10/22/2015	108 BPM	50	Good
11/09/2016	90 BPM	80	Superior
2% Lower		3% Improvement	

### Fitness Test: 1 Mile Run

Date	Test Result	Rank	Rating	VolO2
11/13/2013	56.1 Mkm	90	Superior	5.4 l/min

### Fitness Test: WFI Hydraulic Hand Dynamometer

Date	Test Result	Rank	Rating
11/16/2011	90 Kg	70	Excellent
12/12/2012	74 Kg	60	Excellent
11/13/2013	84 Kg	67	Excellent
11/20/2014	74 Kg	60	Excellent
10/22/2015	82 Kg	66	Excellent
11/09/2016	78 Kg	64	Excellent
13% Lower		9% Decline	

### Fitness Test: WFI Leg Muscle Strength

Date	Test Result	Rank	Rating
11/16/2011	203 Kg	90	Superior
12/12/2012	200 Kg	90	Superior
11/13/2013	232 Kg	90	Superior
11/20/2014	225 Kg	90	Superior
10/22/2015	267 Kg	90	Superior
11/09/2016	186 Kg	90	Superior
8% Lower		0% Improvement	

### Fitness Test: WFI Arm Muscle Strength

Date	Test Result	Rank	Rating
11/16/2011	79 Kg	90	Superior
12/12/2012	69 Kg	90	Superior
11/13/2013	82 Kg	90	Superior
11/20/2014	79 Kg	90	Superior
10/22/2015	76 Kg	90	Superior
11/09/2016	82 Kg	90	Superior
4% Higher		0% Improvement	

### Fitness Test: WFI Push Up

Date	Test Result	Rank	Rating
11/16/2011	76 Rep	90	Superior
12/12/2012	77 Rep	90	Superior
11/13/2013	78 Rep	90	Superior
11/20/2014	40 Rep	84	Superior
10/22/2015	50 Rep	90	Superior
11/09/2016	50 Rep	90	Superior

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**34% Lower****0% Improvement**

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**Fitness Test: WFI Curl Up**

Date	Test Result	Rank	Rating
11/16/2011	90 Rep	90	Superior
12/12/2012	90 Rep	90	Superior
11/13/2013	90 Rep	90	Superior
11/20/2014	90 Rep	90	Superior
10/22/2015	51 Rep	80	Superior
11/09/2016	60 Rep	88	Superior

**33% Lower****2% Decline****Fitness Test: WFI Sit and Reach**

Date	Test Result	Rank	Rating
11/16/2011	18 Inch	84	Superior
12/12/2012	18.5 Inch	88	Superior
11/13/2013	20.5 Inch	90	Superior
11/20/2014	20 Inch	90	Superior
10/22/2015	23 Inch	90	Superior
11/09/2016	18 Inch	84	Superior

**0% Higher****0% Improvement**



## Population Norm Comparison Charts

When you participate in a fitness assessment, we not only measure your test performance, for many tests we also compare this performance against a database of performances by other people of your age and gender. By doing this, we gain a perspective on what constitutes a "good" performance. This also helps us to understand the improvements that can be made. In this section, we display tables for each test to illustrate the performance needed to achieve each rating category. This will help you place your results in the context of other individuals of your age and gender. If a given test isn't shown this is simply because that test does not have population norms.

### Jackson-Pollock 3-Pinch Fat #1

#### Rating and the Score Needed to Achieve

Poor	Fair	Good	Excellent	Superior
> 26.1	26.1- 22.6	22.5- 19.7	19.6- 16.4	< 16.4

### 3-Minute Step Test

#### Rating and the Score Needed to Achieve

Poor	Fair	Good	Excellent	Superior
>124	124-114	113-103	102-91	<91

### 1 Mile Run

#### Rating and the Score Needed to Achieve

Poor	Fair	Good	Excellent	Superior
< 34.6	34.6- 39.3	39.4- 44.1	44.2- 48.9	> 48.9

### WFI Hydraulic Hand Dynamometer

#### Rating and the Score Needed to Achieve

Poor	Fair	Good	Excellent	Superior
< 52.0	52.0- 59.9	60.0- 67.9	68.0-107.9	>107.9

### WFI Leg Muscle Strength

#### Rating and the Score Needed to Achieve

Poor	Fair	Good	Excellent	Superior
<113.0	113.0-129.9	130.0-146.9	147.0-160.9	>160.9

### WFI Arm Muscle Strength

#### Rating and the Score Needed to Achieve

Poor	Fair	Good	Excellent	Superior
< 36.0	36.0- 40.9	41.0- 44.9	45.0- 50.9	> 50.9

### WFI Push Up

#### Rating and the Score Needed to Achieve

Poor	Fair	Good	Excellent	Superior
<20	20-26	27-30	31-37	>37

### WFI Curl Up

#### Rating and the Score Needed to Achieve

Poor	Fair	Good	Excellent	Superior
<23	23-28	29-34	35-49	>49

### WFI Sit and Reach

#### Rating and the Score Needed to Achieve

Poor	Fair	Good	Excellent	Superior
< 12.5	12.5- 14.2	14.3- 15.7	15.8- 17.4	> 17.4

# Addendum 2.7

<b>St. Joseph's/ Candler Health System</b>	<b>Administrative Policy</b>  <b>Title: Health Information Management</b>	<b>Policy Number:</b> 1095-A <b>Key Function:</b> IM <b>Effective Date:</b> 11/19/2015 Page 1 of 3
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## Policy Statement

It is the goal of St. Joseph's/Candler Health System, Inc., ("SJ/C") Health Information Management Departments to obtain and manage information for every individual assessed or treated to improve patient outcomes and performance in patient care, governance, management and support processes, and to comply with applicable laws.

## Purpose

To assure that medical records contain sufficient information to identify the patient, support the diagnosis, justify the treatment, document the course of treatment and results and promote continuity of care among health care providers in a timely, accurate, secure and confidential manner. This policy speaks to certain medical record issues that may be encountered by all healthcare providers in the health system. For policies and procedures that pertain to specific medical record related issues please refer to Health Information Management policies and procedures.

## Entities to whom this Policy Applies

St. Joseph's/Candler Health System, Inc. applicable physicians and their staff providing services at SJ/C or other affiliates; volunteers at SJ/C; students and faculty participating in training at SJ/C; consultants, contractors and vendors of SJ/C and their personnel.

## Procedure

**NOTE:** *Procedures for compliance to the policy may vary in Home Health and Medical Group Management.*

### A. Security, Storage and Retention of Medical Records

1. The medical record is the property of SJ/C and is maintained for the benefit of the patient, health care providers and SJ/C in accordance with legal, accrediting and regulatory agency requirements. All information shall be regarded and treated as confidential and available to only authorized users who have a need to access such information, as provided in SJ/C policies.
2. Medical records should be available and accessible at all times for patient care. The Health

Information Management Department hours of operation are:

- Candler Hospital 7 a.m.-11 p.m., Monday through Sunday

- St. Joseph's Hospital 7 a.m. - 11 p.m., Monday through Friday, 8 a.m. - 4:30 p.m. Saturday and Sunday
- 3. Nursing Supervisors at St. Joseph's and Emergency Department personnel at Candler are trained to pull medical records for hours outside of HIM Department operation. As scheduling permits, there is a 3<sup>rd</sup> shift HIM coverage at Candler. HIM Supervisors are on call for emergency situations.
- 4. The completed patient unit record is maintained in hard copy, electronically and on microfilm. An entire patient visit may not be found completely in hard copy and will require review of the hard copy record in addition to the electronic record. A review of the patient's longitudinal record may require accessing all three media.
- 5. Medical records are retained in an original or reliable alternate storage medium to comply with state regulations requiring that medical records be kept until the patient reaches age of majority plus the period of statute of limitations. (Refer to **Administrative Policy #1108-A Destruction of Patient /Business Information**)

#### **B. Release of Information**

Refer to **Administrative Policy #1162-A Release of Health Information**

- C. Radiology houses all radiographic films and shall be responsible for releasing films or imaging media as appropriate to requestors. All requests must be accompanied by a signed authorization form that becomes a part of the patient's medical record by being placed in the film jacket or scanned into the Radiology PAC system.

#### **D. Abbreviations**

The SJ/C has adopted Stedman's Abbreviations, Acronyms & Symbols and *Dorland's Medical Abbreviations* as their official abbreviation list. Unacceptable abbreviations identified by the Regulatory and Accreditation Agencies may not be used and will be communicated in patient care areas of the hospital. Abbreviations are not to be used in the final diagnosis of the patient. Any department-specific abbreviations shall be maintained on a separate list after approval of the Medical Record Committee and the Medical Executive Committee.

#### **E. Alterations of the Medical Record**

1. When an entry on paper contains an error, the following should occur:
  - a. Draw a single line through the erroneous entry.
  - b. Record the correct information.
  - c. Sign and date by individual making the correction.
  - d. Original entry must remain.
2. When an entry on the electronic record contains an error, the following should occur:
  - a. Original entry must remain.
  - b. A statement referencing the erroneous entry must be made along with the correct entry.
  - c. Manual corrections may be made on a printed copy of an electronic form, and the amended form will be scanned into the appropriate category in the electronic health record.

3. Refer to **Administrative Policy #1162-A Release of Health Information** for information on amendment to the medical record.

F. Removal of the Medical Record

1. No original medical records or microfilms of original medical records may be removed from the hospital building other than those records that accompany a patient for services provided to hospital patients by the hospital, or an affiliate, at a location other than the hospital building. Refer to **Patient Care Policy #6045-PC Admission, Transfer and Discharge in the Acute Care Setting** for details regarding the transfer of patients and medical records. The exceptions to this statement include:
  - a. Court order for medical records specifically requiring removal of the original medical record or other legal proceedings being conducted by the Risk Management Department,
  - b. Removal of the original medical record for the purpose of microfilm reproduction.
  - c. Offsite storage of the original medical record after it has been scanned at the System approved facility.
2. Unauthorized removal of the original medical record is grounds for suspension or termination of employment or privileges.

Approved:

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Signature

Original Implementation Date: 04/15/1999

Effective System Date: 11/19/2015

Next Review Date: 11/2018

Originating Department/Committee: Health Information Management

Reviewed: 4/23/04, 10/08, 11/11, 11/15

Revised: 9/15/04, 10/08, 11/15

Rescinded:

Former Policy Number(s):

Legal Reference:

Cross Reference: Administrative Policy #1108-A Destruction of Patient /Business Information

Administrative Policy #1162-A Release of Health Information

Administrative Policy #1081-A Confidentiality of Patient/Business Information

Patient Care Policy #6045-PC Admission, Transfer and Discharge in the Acute Care Setting

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***Printed copies are for reference only. Please refer to the electronic copy for the latest version.***

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Policy Number: 1095-A

Effective Date: 11/19/2015

Page 3 of 3

<b>St. Joseph's / Candler Health System</b>  <i>The Care Network</i>	<b>Policy Department Wellness Center</b>  <b>Title:</b> Medical Records: Maintenance & Confidentiality  <b>Section:</b> General Wellness	<b>Policy Number:</b> 21 - WC <b>Key Function:</b>  <b>Effective Date:</b> 7/01 <b>Page 1 of 2</b>
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### **Policy Statement**

It shall be the policy of the St. Joseph's/Candler Wellness Center to ensure confidentiality of client's personal and medical information.

To establish guidelines for initiating, identifying forms and completing and storing client's Wellness Center charts to ensure that necessary information is available to the Department of Nursing Service, Business Office and Medical Records.

### **Purpose**

To provide for confidentiality of patient information and to safeguard client's medical information.

To establish guidelines for initiating, identifying forms and completing and storing client's Wellness Center charts to ensure that necessary information is available to the patient care providers, Business Office and Medical Records.

### **Entities to whom this Policy Applies**

All St. Joseph's/Candler Wellness Center Employees, Interns, and Volunteers

### **Procedure**

1. Please refer to administrative policy #1095-A, Title "Health Information Management" and 1154-A "records: Retention and Destruction. All Procedures will be followed as noted with the exception of the following:
2. Client records will be stored at the facility unless otherwise instructed by the Health Information Management Department.
3. Forms will be designed by the Wellness Center Coordinator that will meet goals of clarity and efficiency. These forms will be reviewed at least annually and revised as needed.
4. Forms will be consistent with the hospitals medical record guidelines regarding the content of format of the forms and will be sent to the forms committee for approval per administrative policy #1141-A).
5. All records will have a complete chart which shall include but not be limited to the following:
  - a. Patient demographic form
  - b. Current Medications

- c. Client History
  - d. Client Consent
  - e. Payment agreement
  - f. Exercise Prescription
  - g. Exercise Instruction Documentation
6. Wellness Center records are filed alphabetically in the membership area located within the Wellness Center.
  7. All medical records and the information contained therein, are at all times kept confidential and retained in a locked cabinet when not in use. The exercise prescription cards are available for all clients. The client may either consent to having access to these files or the client may refuse and take ownership of his or her own exercise prescription card.

Approved:

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Signature

Original Implementation Date: 4/99  
Next Review Date: 5/18  
Originating Department/Committee:  
Reviewed: 7/01, 7/04, 7/07, 7/10, 7/13, 7/13, 5/14, 5/16  
Revised: 7/01, 5/14  
Rescinded:  
Former Policy Number(s): 20 & 21  
Legal Reference:  
Cross Reference:

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Policy Number: 21 - WC  
Effective Date: 7/01

**MEDICAL AFFIDAVIT**  
**MUST USE THIS FORM**

O.C.G.A. 25-4-8(a)(5) requires that any person certified as a firefighter be in good physical condition as determined by a medical exam. The examining physician, physician assistant, or nurse operating under a physician's authority should complete this form.

O.C.G.A. 25-4-31(a) requires that any person assigned as an airport firefighter at any airport shall, as a minimum, meet the minimum physical fitness requirements as approved by the Georgia Firefighter Standards and Training Council.

Note to medical personnel:

This applicant, if certified, will have met the medical prerequisites necessary to gain employment or appointment at any fire department in the state of Georgia, including but not limited to the current department of which he/she is a member.

Firefighters are charged with the responsibilities of mitigating a variety of emergency and non-emergency situations where life, property, or the environment is at risk. Firefighters may be required to work under extremely harsh environmental conditions requiring them to wear cumbersome protective clothing and equipment while performing strenuous physical activities. They may be required to perform rescue work and/or provide emergency medical treatment to individuals suffering from medical or traumatic emergencies. While performing or participating in these operations firefighters may be required to make decisions that could have serious consequences to life and property.

\_\_\_\_\_ is applying to  
become a certified firefighter. I have examined \_\_\_\_\_  
and to the best of my knowledge this person is in good physical condition.

\_\_\_\_\_  
Physician, Physician Assistant, Nurse (operating under a physician's authority) Name (Please Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date



# **Savannah Firefighter Fitness Assessment Results**

## **Fall 2016**



Addendum 2.7.5 ; 2.7.6

February 10, 2017

Chief Charles Middleton  
City of Savannah  
Bureau of Fire and Emergency Services  
121 E. Oglethorpe Avenue  
Savannah, Georgia 31401

Dear Chief Middleton,

Enclosed is the statistical information for the 2016 Firefighter Fitness Assessments. The following report will give you a summary of the mean overall fitness scores from each company, overall age and shift. I am pleased to share with you the results from the 2015 fitness test:

- The "Overall Company" score for 2016 is (60), rating of "Excellent".
- Fifteen Companies received an overall rating of "Excellent". The range for Excellent is a score of (60-74)
- The "Fittest" Company is Truck 5 with an overall score of (67) rating of "Excellent"
- The "Most Improved" Company is Truck 13 with an overall score of (63) rating of "Excellent". This is an improvement over their 2015 overall score of (56)
- The 2016 "Fittest" Firefighter is Amber Kroeck (83) rating "Superior"
- Second Place Fittest Firefighter Anthony Ursillo (82) rating of "Superior"
- The 2016 Fittest Senior Firefighter is Tonia Snelling with a score of (81)
- 2016 Rookie classes had an overall class score of (59) rating of "Good"

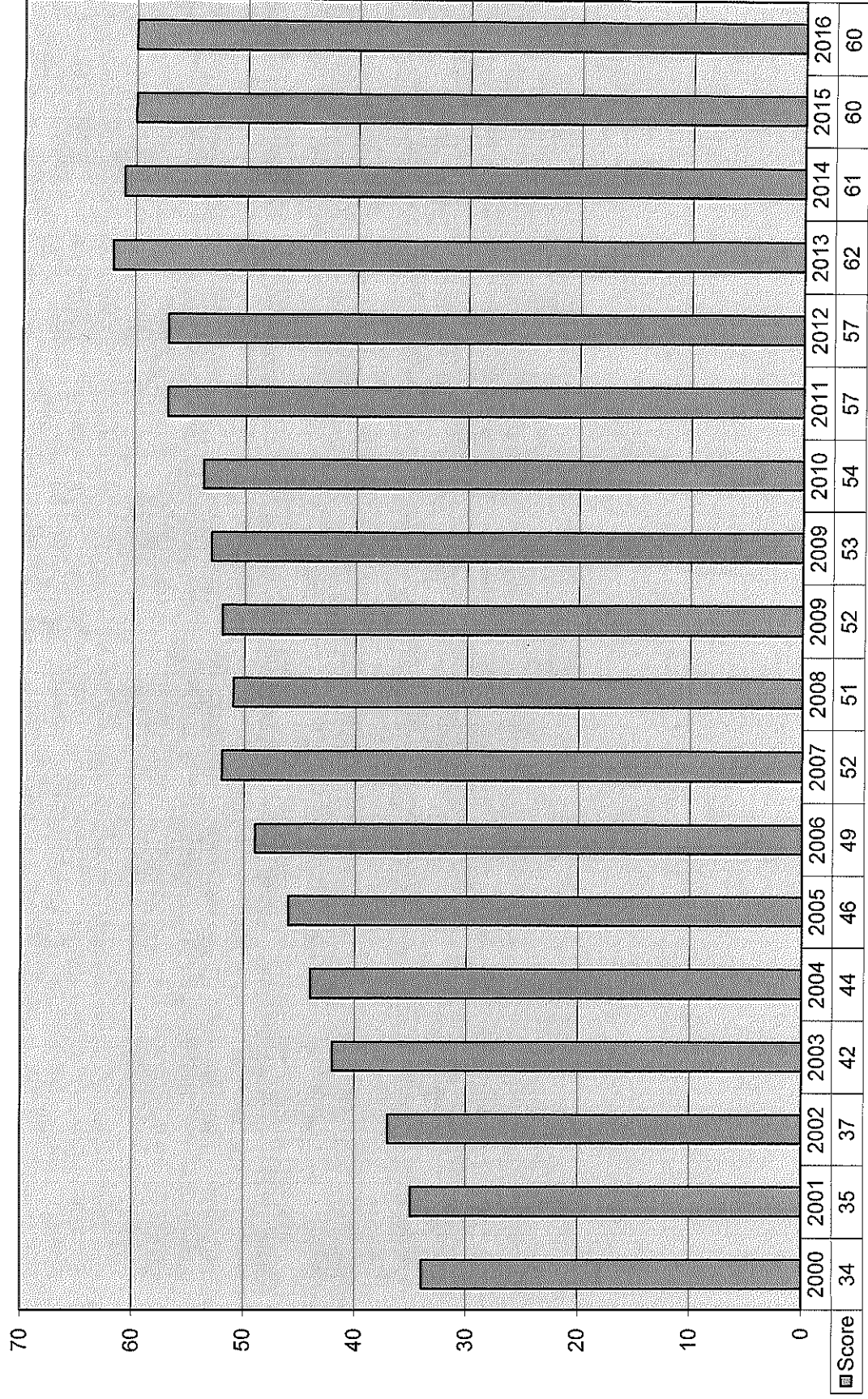
We will be happy to meet with you to develop a plan to improve the individual firefighter's scores that did not achieve a fitness score greater than 30. **There were no scores lower than 30 for the fall 2016 fitness assessments.** If you have any questions please contact Melanie Willoughby or Kathy Carlson at the Wellness Center. It is a pleasure to serve the City of Savannah's Fire Department and we thank you for the opportunity to make a healthy difference.

Sincerely,

Melanie Willoughby, RN, BSN  
St. Joseph's/Candler Director of Health Management

Kathy Carlson, MA, ACSM  
St. Joseph's/Candler Wellness Center Manager

**Firefighter Overall Company Scores 2000-2016**



# **Savannah Firefighter Fitness Assessment Results**

## **Fall 2016**



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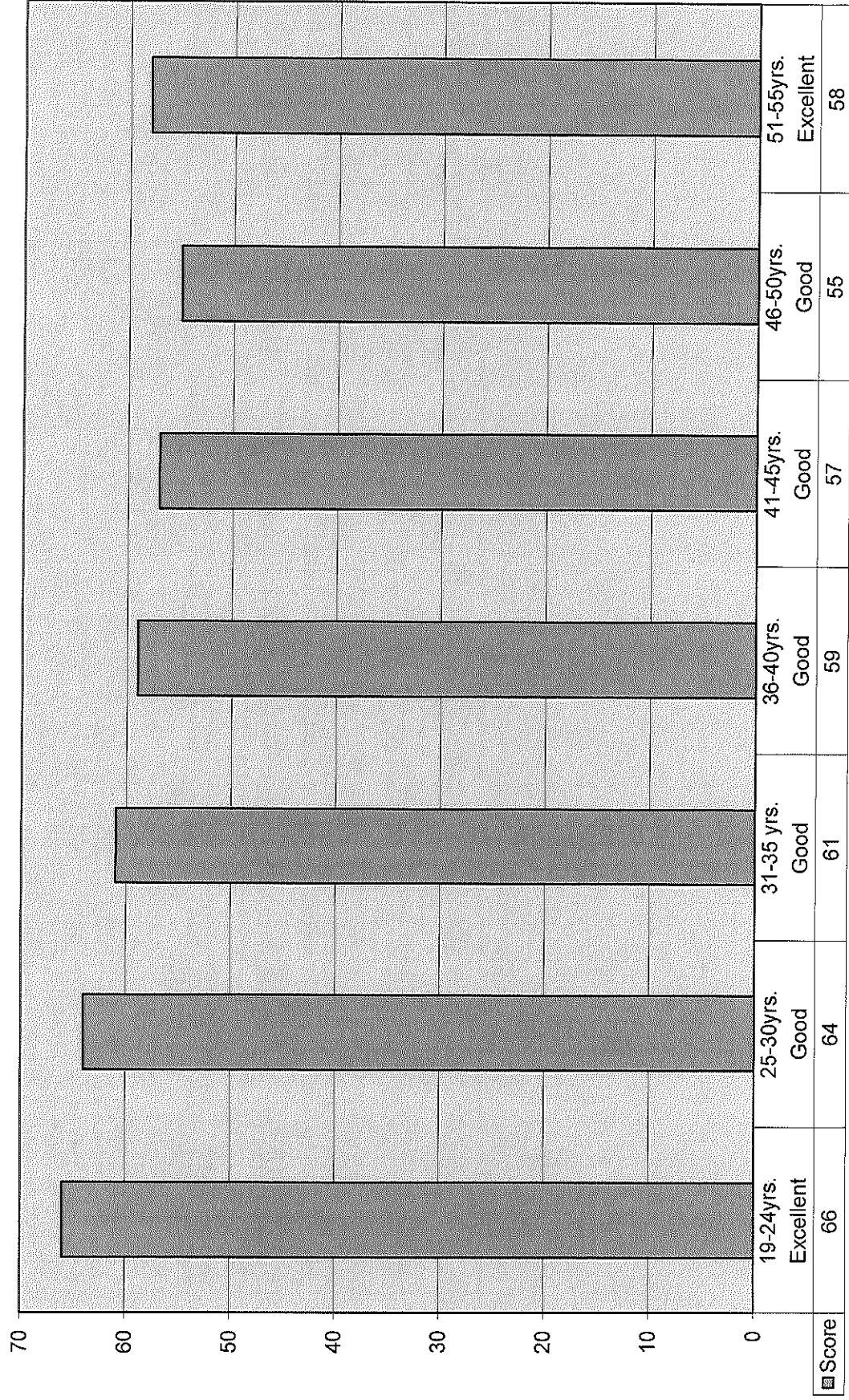
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St. Joseph's/Candler Director of Health Management

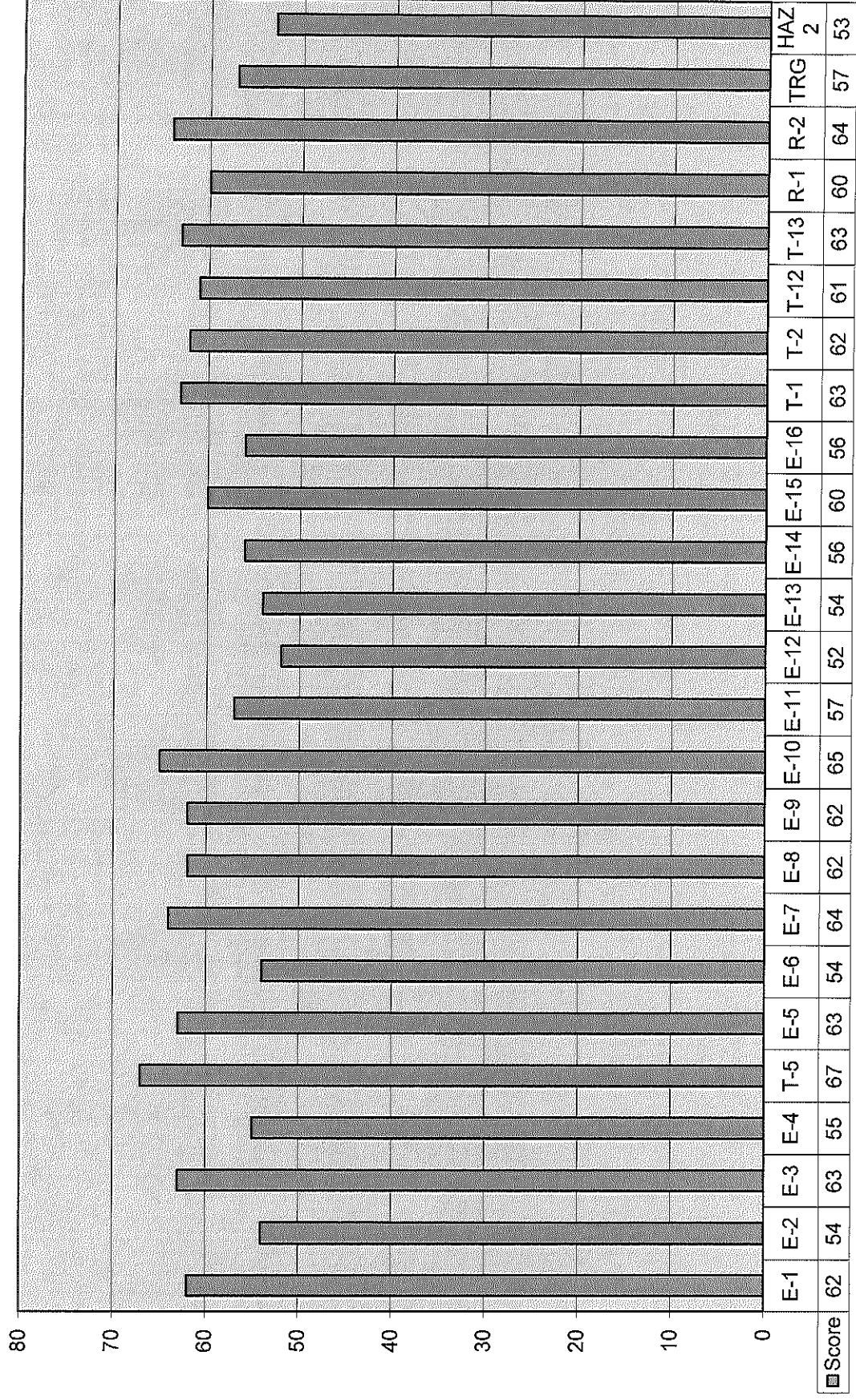
Kathy Carlson, MA, ACSM  
St. Joseph's/Candler Wellness Center Manager

Savannah Firefighter's Score by Age 2016





# Savannah Firefighter's Overall Company Score 2016







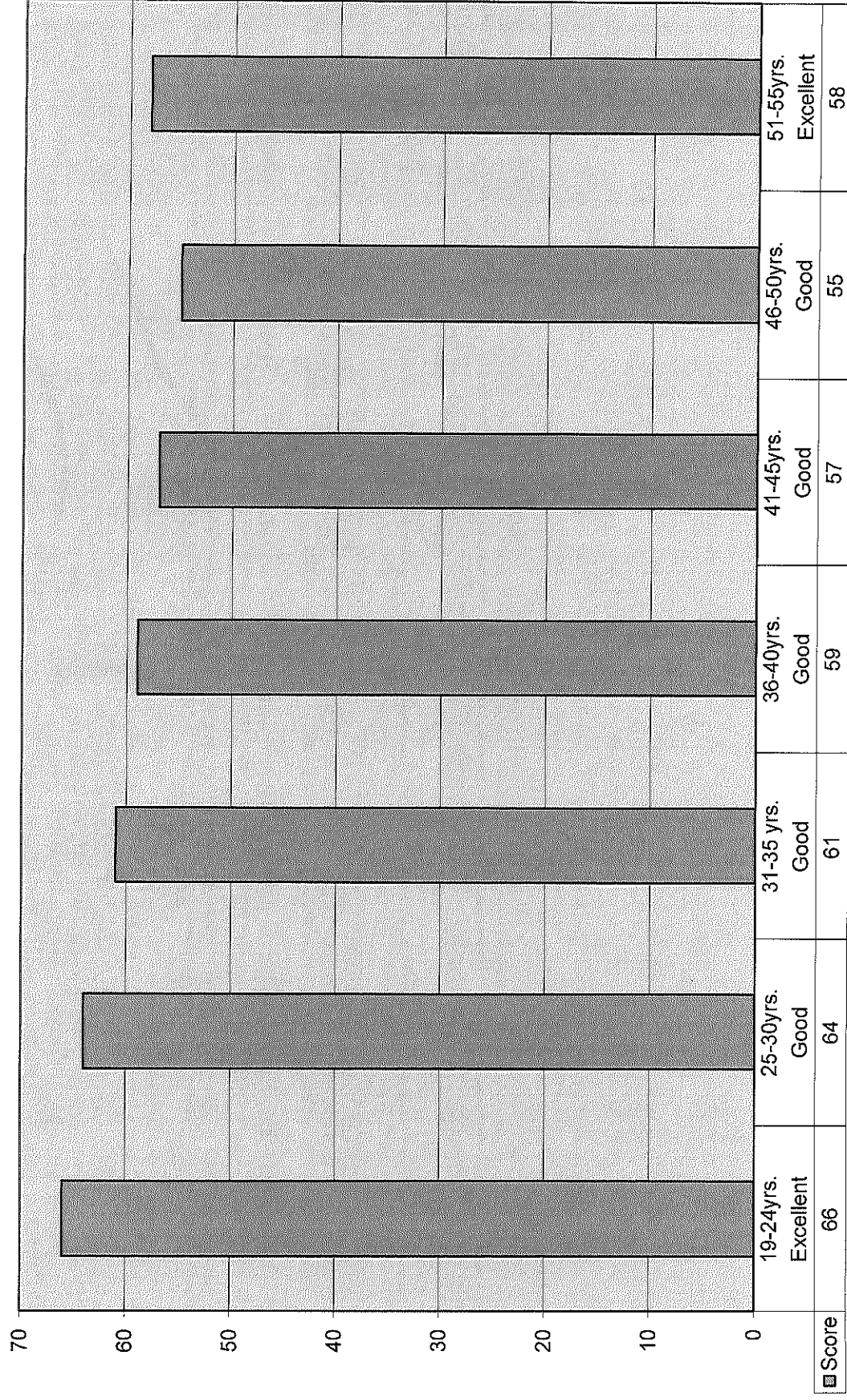
# Savannah Firefighter Overall Company Score 2010-2016

	Mean Score		Fall	Rating	Fall	Rating	Fall	Rating	Fall	Rating	Fall	Rating	Fall	Rating
	Fall	Rating												
CO	F2010		F2011		F2012		F2013		F2014		F2015		F2016	
E-1	63	Excellent	61	Excellent	58	Good	65	Excellent	60	Excellent	58	GOOD	62	Excellent
E-2	51	Good	51	Good	51	Good	59	Good	57	Good	62	EXCELLENT	54	Good
E-3	60	Excellent	60	Excellent	62	Excellent	66	Excellent	64	Excellent	62	EXCELLENT	63	Excellent
E-4	53	Good	58	Good	59	Good	61	Excellent	56	Excellent	58	GOOD	55	Good
E-5	68	Excellent	63	Excellent	60	Excellent	66	Excellent	62	Excellent	61	EXCELLENT	63	Excellent
E-6	60	Excellent	58	Good	62	Good	58	Excellent	57	Good	58	GOOD	54	Good
E-7	54	Good	57	Good	57	Good	61	Good	65	Excellent	68	EXCELLENT	64	Excellent
E-8	59	Good	62	Excellent	57	Good	64	Excellent	61	Excellent	64	EXCELLENT	62	Excellent
E-9	54	Good	61	Excellent	56	Excellent	60	Excellent	57	Excellent	56	GOOD	62	Excellent
E-10	44	Good	55	Good	57	Good	61	Good	59	Excellent	62	EXCELLENT	65	Excellent
E-11	53	Good	51	Good	55	Good	62	Good	61	Excellent	59	GOOD	57	Good
E-12	52	Good	62	Excellent	56	Good	61	Excellent	55	Excellent	53	GOOD	52	Good
E-13	50	Good	49	Good	48	Good	56	Good	54	Good	55	GOOD	54	Good
E-14	52	Good	61	Excellent	58	Good	60	Good	63	Excellent	57	GOOD	56	Good
E-15									X		62	EXCELLENT	60	Excellent
E-16									X		61	EXCELLENT	56	Good
T-1									X		64	EXCELLENT	63	Excellent
T-2	64	Excellent	60	Excellent	58	Good	66	Excellent	X	Excellent	61	EXCELLENT	62	Excellent
T-5	59	Good	59	Good	59	Good	63	Excellent	62	Excellent	63	EXCELLENT	67	Excellent
T-12									X		56	GOOD	61	Excellent
T-13	44	Good	54	Good	58	Good	63	Good	64	Excellent	56	GOOD	63	Excellent
Trng	51	Good	53	Good	60	Excellent	61	Excellent	62	Excellent	56	GOOD	57	Good
R-1	52	Good	59	Good	61	Good	64	Excellent	61	Excellent	64	EXCELLENT	60	Excellent
R-2	54	Good	58	Good	58	Good	72	Good	68	Excellent	69	EXCELLENT	64	Excellent
Average	54	Good	57	Good	57	Good	62	Excellent	60	Excellent	60	EXCELLENT	60	Excellent

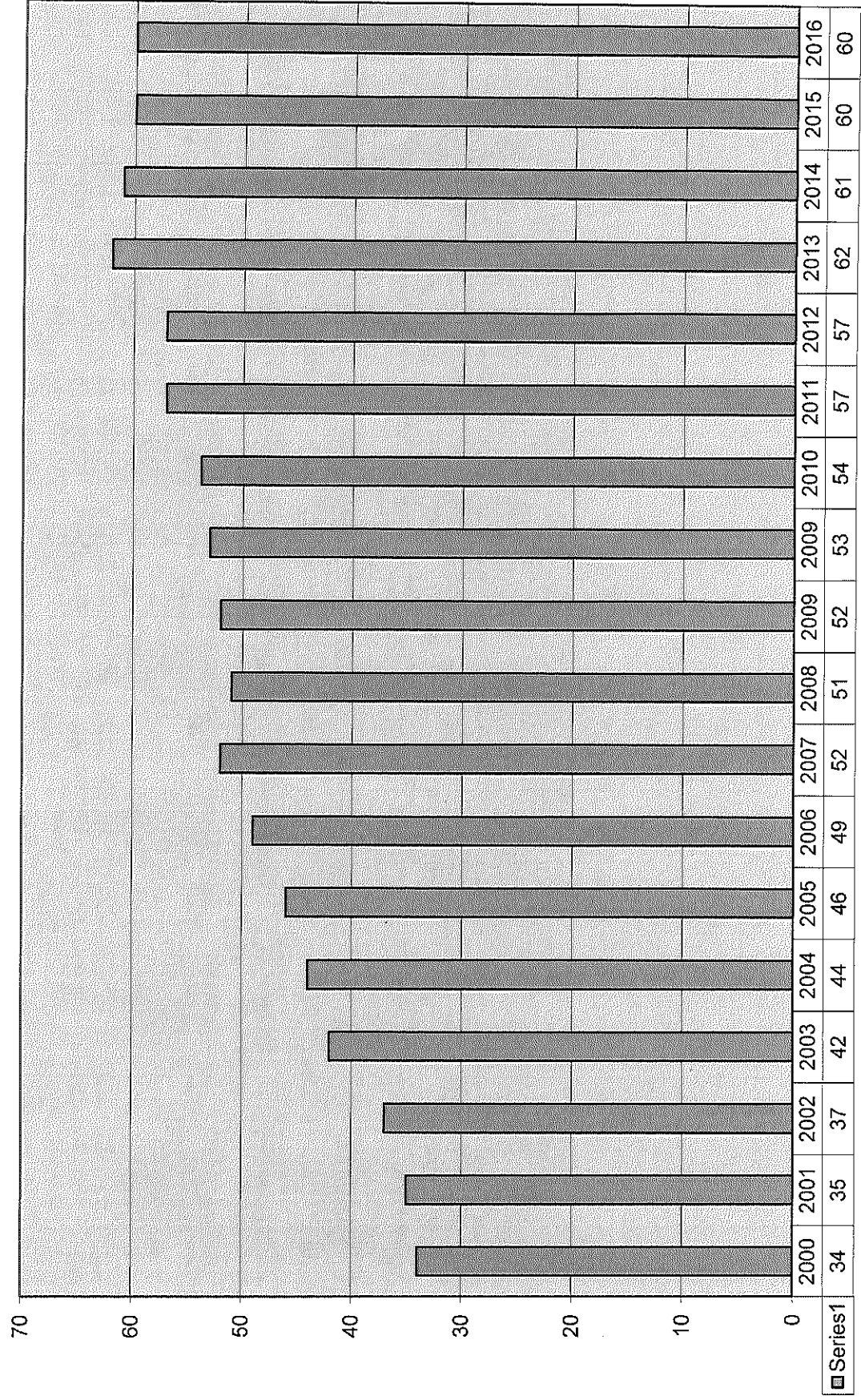
## Fitness Rating

75+	Superior
60-74	Excellent
40-59	Good
25-39	Fair
0-24	Poor

**Savannah Firefighter's Score by Age 2016**



**Firefighter Overall Company Scores 2000-2016**



**St. Joseph's/Candler  
Savannah Fire Department  
Return to Work Status**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician: Dr. Carson/Danello Company: City of Savannah SS#: \_\_\_\_\_

- ☐ Return to work without restrictions
- ☐ Unable to work for \_\_\_\_ days
- ☐ Modified or light duty for \_\_\_\_ days
  - ☐ No weight bearing
  - ☐ Limited use of \_\_\_\_\_
  - ☐ No prolonged standing or walking
  - ☐ No climbing
  - ☐ No bending or stooping
  - ☐ No operating heavy equipment/vehicles
  - ☐ No lifting over \_\_\_\_ pounds
  - ☐ Other \_\_\_\_\_
- ☐ Estimated date of return to normal duty \_\_\_\_\_
- ☐ Discharged from medical/fitness treatment on \_\_\_\_\_
- ☐ Recommend reassessment \_\_\_\_\_
- ☐ Fire Fighter not able to return to active duty due to a permanent disability

**Referral**

- ☐ Refer to DR. \_\_\_\_\_ Appointment Date/Time: \_\_\_\_\_
- ☐ Refer to Wellness Center for Personal Exercise Prescription  
Appointment Date \_\_\_\_\_ Time: \_\_\_\_\_
- ☐ Refer to \_\_\_\_\_ for Functional Capacity Assessment
- ☐ City of Savannah Wellness Coordinator notified of current status via phone  
Date/Time: \_\_\_\_\_

Additional Comments:

Based on fitness assessment and physical by Dr. Carson this fire fighter is able to return to full-duty with no restrictions.

Physician/ RN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy for Chart

Copy to Patient

Copy to City of Savannah



Addendum 2.9, 1

St. Joseph's Candler

St. Joseph's / Candler  
Candler Wellness Center

NFPA 1582 Physical Exam Summary for Firefighters

Name: (Last)		(First)	(Middle)
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #		Date of Birth:
Hazmat? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for present examination: <input type="checkbox"/> Yearly Physical <input type="checkbox"/> Hazemat Exit Physical		Date of Last Examination:

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)
<input type="checkbox"/> Physical Exam				
<input type="checkbox"/> Audiogram				
<input type="checkbox"/> Vision				
<input type="checkbox"/> Color Vision				
<input type="checkbox"/> Pulmonary Function				
<input type="checkbox"/> EKG - 12 lead				
<input type="checkbox"/> Chest X-Ray				
<input type="checkbox"/> Mammogram (females only over 40)				
<input type="checkbox"/> Laboratory Tests <ul style="list-style-type: none"> <li>• CBC</li> <li>• Comprehensive Metabolic Profile</li> <li>• Lipid Profile</li> <li>• PSA (over 40)</li> </ul>				
<input type="checkbox"/> Urinalysis				
<input type="checkbox"/> TB Test				
<input type="checkbox"/> Flu Shot (seasonal)				
<input type="checkbox"/> Tetanus Shot				

Explanation of Abnormal Results / Significant Changes:

☐ Medically cleared to perform job tasks.

☐ Denied medical clearance for current job tasks.

### VISION

Distant Vision	Acuity	Please Circle One
Corrected or Uncorrected?		Corrected    Uncorrected
Monocular Left	20 /	Abnormal    Corrected    Normal
Monocular Right	20 /	Abnormal    Corrected    Normal
Binocular	20 /	Abnormal    Corrected    Normal
Near Vision	Acuity	Please Circle One
Corrected or Uncorrected?		Corrected    Uncorrected
Monocular Left	20 /	Abnormal    Corrected    Normal
Monocular Right	20 /	Abnormal    Corrected    Normal
Binocular	20 /	Abnormal    Corrected    Normal

**COLOR VISION:** Please circle the correct answer: (Ishihara Plates :)

Yes    No    History of problems with color vision in the past? If yes, explain:

Plate Number	Correct	Person's Answer
One	12	
Two	8	
Three	5	
Four	29	
Five	74	
Six	7	
Seven	45	
Eight	2	
Nine	No Number	
Ten	16	
Eleven	Trace Line Correctly	
Twelve	35	
Thirteen	96	
Fourteen	Trace Line Correctly	

# of Plates Correct: \_\_\_\_\_ # of Plates Incorrect: \_\_\_\_\_

### AUDIOMETRIC SCREENING

**Case History Information – Circle appropriate answers**

1. Do you think you have a hearing loss? Yes    No
2. Have hearing aid(s) ever been recommended for you? Yes    No
3. Is your hearing better in one ear? Yes    No  
If so, which ear?    Right              Left
4. Have you ever had a sudden or rapid progression of hearing loss? Yes    No  
If so, which ear?    Right              Left
5. Do you have ringing or noises in your ears? Yes    No  
If yes, which ear?    Both    Right    Left
6. Do you consider dizziness to be a problem for you? Yes    No
7. Have you had recent drainage from your ear(s)? Yes    No  
If yes, which ear?    Both    Right    Left
8. Do you have pain or discomfort in your ear(s)? Yes    No  
If yes, which ear?    Both    Right    Left
9. Have you received medical consultation for any of the above? Yes    No

**Pure Tone Screen (25 dB HL) (+) response: (-) no response**

Frequency	500 Hz	1000Hz	2000Hz	3000Hz	4000 Hz	6000 Hz	8000 Hz
<u>Right Ear</u>							
<u>Left Ear</u>							

☐ PASS

☐ REFER (No response in ANY box)

## CLINICAL EVALUATION

Area Examined	Results (Use Code) 0 = Within Normal Limits 1 = Significantly Abnormal X = Not Examined	Remarks
Head and Neck		
Thyroid		
Lymph Nodes		
Eyes		
Fundi		
Ears		
Nose and Sinuses		
Mouth and Throat		
Teeth		
Chest and Lungs		
Breast		
Heart		
Abdomen		
Inguinal, e.g. hernia		
Genitalia		
Pelvis		
Anus and Rectum		
Prostate		
Proctoscopic		
Spine		
Skin		
Arms		
Legs		
Feet		
Peripheral Vascular		
Neurologic		
Emotional Status		
Other:		

**Physician's Summary (remarks and diagnoses)**

**Recommendations / Restrictions/Follow-Up**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**



**Fire Fighter Initial Health History**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

HEALTH HISTORY	YES	NO	IF "YES", GIVE DETAILS
<b>Have You Had Any Surgeries/Operations:</b>			
On your back, arm, leg, or knee?	<input type="checkbox"/>	<input type="checkbox"/>	_____
To treat a hernia?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Varicose veins?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Operations?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Allergy – Have You Ever Had or Do you Currently Have:</b>			
Serious Allergy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bad reaction to any medications?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Advised not to take medication (e.g. aspirin)?	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Skin – Have You Ever Had or Do you Currently Have?</b>			
Hives/eczema or rash?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chronic skin problems (e.g., cuts slow to heal?)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Excessive skin dryness?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Problems with "easy bruising"?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemical or jewelry rash/sensitivity?	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Neuro – Have You Ever Had or Do you Currently Have:</b>			
A psychiatric or emotional problem?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Numbness/weakness/paralysis?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dizziness or fainting spells?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Severe/frequent or migraine headaches?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Head injury, concussion, or skull fracture?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological disorders?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizures or blackouts?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stroke:	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Eyes/Ears – Have You Ever Had or Do you Currently Have:</b>			
Hearing loss?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	_____

HEALTH HISTORY	YES	NO	IF "YES", GIVE DETAILS	
<b>Heart – Have You Ever Had or Do You Currently Have?</b>				
Rheumatic fever or heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Treated for heart condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Unusually cold or bluish-colored hands or feet?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
High blood pressure. If "Yes", how is it treated?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Do you have a history of elevated cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Anemia or any blood disease?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Phlebitis, varicose veins, or blood clots/poor circulation?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Chest pain with activity?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<b>GI – Have You Ever Had or Do You Currently Have:</b>				
Ulcers?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Hiatal hernia?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Indigestion, pain, or unusual burning in stomach?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Vomiting of blood?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Bloody/tarry bowel movements?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Colitis or nervous stomach?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Yellow jaundice or hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Problems with your pancreas?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Gallbladder disease?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<b>Kidneys – Have You Ever Had or Do You Currently Have:</b>				
Bladder or kidney infections:	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Kidney stones?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Burning or discomfort on urination, or frequent urination?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Hernia?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Blood in urine?	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<b>General Lifestyle I</b>				
<b>(check the answer that best describes you)</b>				
General Health	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
% Seatbelt use	<input type="checkbox"/> 0-24%	<input type="checkbox"/> 25-49%	<input type="checkbox"/> 50-74%	<input type="checkbox"/> 75-100%



Daily stress	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Average hours sleep	<input type="checkbox"/> 6 hours or less	<input type="checkbox"/> 7-8 hours	<input type="checkbox"/> 8 hours or more
Average meals daily	<input type="checkbox"/> 1 meal	<input type="checkbox"/> 2 meals	<input type="checkbox"/> 3 or more
Number of eggs per week	<input type="checkbox"/> 0-1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 or more
Average number red meat meals per week	<input type="checkbox"/> 0-1	<input type="checkbox"/> 2-3	<input type="checkbox"/> 3 or more
Average number of alcoholic Beverages/beers per week	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-14	<input type="checkbox"/> 15 or more

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 ten years?

☐☐

Have you been immunized against hepatitis B?

☐☐

Do you take any prescription medication?

☐☐

Do you take non prescription 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	<input type="checkbox"/>	<input type="checkbox"/>	_____
Weight loss	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nutrition program	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stress management	<input type="checkbox"/>	<input type="checkbox"/>	_____
Smoking cessation	<input type="checkbox"/>	<input type="checkbox"/>	_____
CPR	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Work history – Have you worked in any of the following:</b>			
Hazardous waste industry	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lumber mill?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Meal Preparation?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mine?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nuclear industry?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Paper mill?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pharmaceutical?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plastic production?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pottery mill?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Refinery?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rubber processing plant?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sand pit or quarry?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Service station?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shipyard?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Smelter?	<input type="checkbox"/>	<input type="checkbox"/>	_____



**Have You Ever Worked With or Been Exposed To:**

Aldrin?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Arsenic?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Benzene?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Benzidine?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Beryllium?	<input type="checkbox"/>	<input type="checkbox"/>	_____
BIS chlormethyl ether?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cadmium?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Carbon disulfide?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chlorine?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chlorodane?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chloroform?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Solvents/Degreasers?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Soots and tars?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spray painting?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vinyl chloride?	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH HISTORY**

**Work History IV**

**Jobs- Start with the Most Recent:**

<b>Date (year to year)</b>	<b>Company</b>	<b>Position</b>	<b>Any work hazards</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**ST. Joseph's | Candler**


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: \_\_\_\_\_

## **FIRE FIGHTER WELLNESS-FITNESS INITIATIVE PROGRAM**

### **AGREEMENT, INFORMED CONSENT AND RELEASE**

I hereby consent to participate in the Fire Fighter Wellness-Fitness Initiative program (the "Program") provided by St. Joseph's/Candler Health System, Inc. ("St. Joseph's/Candler"), as sponsored by my employer and I consent to the evaluation of my present level of health and fitness and to my participation in each of the health/fitness tests which are to be conducted through the Program. I understand that such tests may include one or all of the following: physician examination according to National Fire Protection Association standards to include hearing, vision, chest x-ray, blood tests, fitness tests of strength, endurance, flexibility, cardiovascular fitness, body fat composition, and other screening tests and examinations as chosen by my employer. I have been told and I understand that there are risks involved in taking these tests, including the risk of injury to my body and other potential risks. I also understand that physical touching and positioning of my body may be necessary to perform the testing, including drawing blood and other screening procedures, and I expressly consent to this physical contact.

I understand and agree that recommendations and instructions given me by the Program will be based upon the specific testing performed and the information supplied by me. I hereby declare that all information, which I have provided to the Program about my physical condition and health, is accurate and complete, to the best of my knowledge. I understand that St. Joseph's/Candler is only responsible for conducting the tests, as chosen by my employer, and for delivering the results of these tests to me. I assume full responsibility for my choices to use or not to use, at my own risk, any portion of the information or instruction I receive. I understand that I can obtain the benefits of the Program only by following the advice of my physician and/or other health care professionals.

I understand that Program personnel will give screening and examination results to me. I understand that, if any of my screening/examination results are not within the normal limits, the fire department physician will advise me to see my primary physician. I understand that the fire department physician shall inform the fire department fire chief or designee only as to whether or not the candidate or current member is medically certified to perform as a member. The specific written consent of the candidate or current member shall be required in order to release confidential medical information regarding this condition to the fire department. I accept full responsibility for consulting with my physician or other health care professionals and for taking all appropriate actions indicated as a result of health problems or high risk indicators identified during testing. In addition, I hereby authorize St. Joseph's/Candler to notify my physician with appropriate health information if the Program staff believes, in their sole discretion, that my medical condition poses a serious threat to others or myself. I release St. Joseph's/Candler, its subsidiaries and affiliated corporations and their respective directors, officers, employees and agents, from any liability in releasing this information to my physician, without further notice to me or any further actions on my part.

I have been told that the information obtained in the Program will be treated as privileged and confidential and will not be released to any person without my express written consent, except as stated above. I do, however, agree that my employer, if applicable, and St. Joseph's/Candler may use any information which is not personally identifiable with me for search and statistical purposes as long as I am not identified or facts are not given which could lead to my identification. I also agree that any information may be used for consultation with other health/fitness professionals, including my physician. Except as stated in this document, any other information obtained through only the Program staff to evaluate my health and fitness will use the Program.

During my participation in the physical fitness testing, if I experience symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences, I agree to inform the Program personnel of my symptoms. I understand that while I exercise, a trained observer will be available to monitor my performance and measure my pulse and blood pressure or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the observer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

As an inducement for and in consideration of my participation in the Program, I hereby agree that St. Joseph's/Candler, its subsidiaries and affiliated corporations and their respective directors, officers, employees and agents, will not be liable for any injuries or damages which may occur from my participations in the Program. I hereby release St. Joseph's/Candler, its subsidiaries and affiliated corporations and their respective directors, officers, employees and agents, from any and all claims or demands which I may now have or have in the future which result from my participation in the Program, and I agree not to sue St. Joseph's/Candler, its subsidiaries and affiliated corporations and their respective directors, officers, employees and agents, for any such claims or demands.

### **Review of Guidelines for Participating in Fire Fighter Fitness Testing**

#### **Resting**

- The BP can not be above **160-100** in order to perform the protocols
- The HR can not be above **110** in order to perform the protocols
- Body Fat % is 3-site UML for male (chest, abdominal, thigh) & female (triceps, suprailiac, thigh)

#### **3 Minute Step Test**

- Avoid all stimulants (caffeine, nicotine, ephedrine, etc) including diet pills and energy drinks prior 12 hours prior to testing.
- Avoid talking during testing.
- Discontinue testing if you start feeling dizzy or light-headed.
- A 2 minute warm up at a cadence of 60 SPM will start the test. Box height will be 13 inches. Test will last for 3 minutes stepping at a cadence of 96 SPM. Immediately after the 3 minutes, participants are to sit on their respective step. Post heart rate is taken after 1 minute cool down.

#### **Jackson Strength Test**

##### ***Leg Test***

- Testing should be avoided if you've recently experienced back problems including but not limited to surgery, muscle strain, herniated disk, etc.
- Step up on platform with feet shoulder width apart. Position chain between balls of feet. Bend hips and knees slightly **keeping back "flat"**. Keep head and chest "up". On command press down with the legs and keep arms straight as if they were ropes. Remember you have three chances. To lessen your chance for injury, progressively pull harder with each subsequent attempt.

##### ***Arm Test***

- Step on platform with feet shoulder width apart. Arm/elbow joint are positioned at a 90 degree angle, keeping elbows to the sides. Do not shrug shoulders, or bend back. Contract arms and move handlebar in a vertical direction. Flex arms for a total of 3 seconds.



### Push-up Test

- Keep back flat. Hips should remain in line with a point directly between the shoulders and ankles. Back must be straight at all times.
- The body must be lowered to the floor until the chin touches the green marker; arms must be pushed up to a straight arm position.
- Push-ups will be performed in time with a **cadence of 80 BPM**. One beat up and one beat down.

### Sit-up Test

- Hands must be cupped behind the ears or at the temples
- Keep back flat and curl up to a 45 degree angle each time
- Curl back on the way down so that the lower back contacts the mat before the upper back and shoulder blades, which must touch the mat completely each time
- Bottom must remain in contact with the mat at all times - a rocking or bouncing movement is not acceptable.
- Sit-ups will be performed in time with a **cadence of 60 BPM**. One beat up and one beat down.

### Flexibility Test

- Warm-up and stretch back several minutes prior to making 1<sup>st</sup> attempt.
- Make sure back and hips are straight against the wall with legs straight out in front and arms straight out in front, one hand over the other.
- Place edge of measuring section at fingertips and secure. 3 measurements will evaluate flexibility of lower back and hamstrings.

**The above instructions were reviewed with me by the Exercise Specialist/Physiologist.**

I have been given an opportunity to ask questions about the procedures of the Program, and have received answers to all of my questions.

This Agreement, Informed Consent and Release is intended to be as broad and inclusive as permitted by law, and if any portion of this document is found to be invalid, the rest of this document will remain in effect. This Agreement, Informed Consent and Release shall be binding on my heirs, executors, administrators and assigns.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read it. I also acknowledge that I have been instructed on the proper form, technique and guidelines for the fire fighter fitness testing. I have also been given the opportunity to ask questions regarding the testing.

Fire Fighter Signature: \_\_\_\_\_ Date \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Fire Fighter Signature: \_\_\_\_\_ Date \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Fire Fighter Signature: \_\_\_\_\_ Date \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Fire Fighter Signature: \_\_\_\_\_ Date \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Fire Fighter Signature: \_\_\_\_\_ Date \_\_\_\_\_ Staff Initial: \_\_\_\_\_

### SECTION III FEE PROPOSAL

I have read and understand the requirements of this request for proposal RFP Event # #4952 and agree to provide the required services in accordance with this proposal and all attachments, exhibits, etc. The proposed fee shall include all labor, material and equipment to provide the services as outlined including any travel or per diem expenses and any other miscellaneous expense involved. The fee for providing the required service is:

***ALL PROPOSERS MUST BE REGISTERED SUPPLIERS ON THE CITY'S WEBSITE TO BE AWARDED AN EVENT. PLEASE REGISTER AT [WWW.SAVANNAHGA.GOV](http://WWW.SAVANNAHGA.GOV) ELECTRONIC SUBMISSIONS WILL NOT BE ACCEPTED. PROPOSALS MUST BE SUBMITTED ON THIS FORM.***

ITEM NO	DESCRIPTION	ESTIMATED NUMBER OF EXAMINATIONS	UNIT PRICE	TOTAL
1	Female up to 40 years of age	8	90.20	721.60
2	Male up to 40 years of age	183	90.20	16506.60
3	Male from age 40 and over	66	90.20	5953.20
4	Female 40 years of age and older	4	90.20	360.80
5	HazMat Assessment	90	90.20	8118
6	Return to Duty Assessment (Including physician office visit and fitness evaluation)	30	164.50	4935.00
7	Annual Fitness Evaluation	351	74.30	26079.30
8	Electrocardiogram (EKG)	351	66.55	23359.05
9	Pulmonary Function Test (PFT)	351	15.93	5591.43
10	Blood Analysis : Complete Blood Count (CBC) Complete Metabolic Count (CMP)	351	24.75	8687.25
11	Urinalysis	351	61.00	21411.00
12	Cardiovascular Stress Test	10	277.00	2770.00
13	Hemoccult	100	9.55	955.00

ITEM NO	DESCRIPTION	ESTIMATED NUMBER OF EXAMINATIONS	UNIT PRICE	TOTAL
	Hemoccult			
14	Chest x-ray	80	208.55	16684.00
15a	Immunizations : PPD (test to screen for tuberculosis exposure)	310	23.70	7347.00
15b	Hepatitis A	20	72.00	1440.00
15c	Hepatitis B	30	68.00	2040.00
16d	TDAP (tetanus, diphtheria, and pertussis)	50	47.00	2350.00
16e	Shingles (recommended for adults over 50)	10	300.00	3000.00
17	Special Exposure Evaluation	5	853.00	4265.00
18	TB Spot Test	5	79.00	395.00

TOTAL COST \$ 162969.23

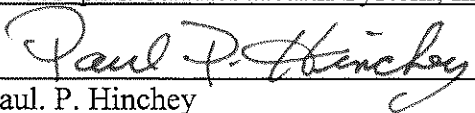
*\*Flu vaccine: St. Joseph's/Candler reserves the right to increase fees for flu vaccine based upon purchase cost, which may vary if national vaccine shortages occur.*

*St. Joseph's/Candler notifies the City of Savannah that the fees described in attached Section III will increase 1.5% annually at each additional renewal term of the agreement.*

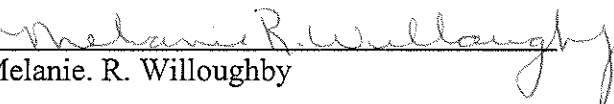
SUBMITTED BY: Paul P. Hinchey President and CEO, St. Joseph's/Candler Wellness Center  
Melanie Willoughby, RN, BSN, CCRN , Director Health Management

PROPOSER: St. Joseph's/Candler Health System, Inc.

Signed:

  
Paul. P. Hinchey

Signed:

  
Melanie. R. Willoughby

ADDRESS: 5353 Reynolds St.

CITY/STATE: Savannah, Georgia 31405

TELEPHONE: (912) 819-8811 or 657-1871

Fax: (912) 819-6488

**INDICATE MINORITY OWNERSHIP STATUS OF BIDDER (FOR  
STATISTICAL PURPOSES ONLY):**

☒ **NON-MINORITY OWNED**

☐ **ASIAN AMERICAN**

☐ **AFRICAN AMERICAN**

☐ **AMERICAN INDIAN**

☐ **HIPANIC**

☐ **OTHER MINORITY**

☐ **WOMAN (non-minority)**

**DESCRIBE :**

\_\_\_\_\_

**CONFIRM RECEIPT OF ANY ADDENDA ISSUED FOR THIS RFP:**

**ADDENDUM #** \_\_\_\_\_