



ALABAMA FORESTRY COMMISSION

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www.forestry.alabama.gov

August 12, 2020

Request for Proposals (8/12/2020) Professional Services — Physician

The Alabama Forestry Commission, an agency of the State of Alabama, desires to enter into a professional services contract with a physician in the Montgomery, Alabama area to perform pre-employment and fitness-for-duty physical examinations. The contract period would be October 2020 through September 2021, with an option allowing the Forestry Commission to renew for one additional year. You are invited you to submit a proposal for consideration.

The contract would not specify a set number of physical examinations to be performed during the contract period. Rather, physical examinations would be performed on an as-needed basis, and your proposal should reflect a per-examination price. A candidate for employment in a physically demanding position with the Forestry Commission (primarily wildland firefighting) would be given a conditional offer of employment and referred to the contracting physician. The physician would then perform a physical examination using a form provided by the agency and would provide an opinion as to whether the candidate is capable of performing assigned job duties without endangering his/her health/safety or the health/safety of co-workers. In other instances, a current employee may similarly be referred to the contracting physician for a physical examination to determine if the employee remains capable of safely performing his/her assigned duties. Again, a form would be supplied by the agency and the physician would be asked to provide an opinion as to the employee's fitness for duty. The physical examination should include the items listed in Attachment A. The form to be completed and returned to the agency is Attachment B.

In addition to needing a physician to perform employment-related physicals, the Forestry Commission may also occasionally have need of its employees or candidates for employment being referred to medical specialists to provide more in-depth information concerning an individual's physical condition and fitness for duty. In such cases, the contracting physician must be capable of referring an employee or candidate for employment to an appropriate medical specialist, preferably in the Montgomery area. This service would include the contracting physician making all appointments and arrangements related to such referrals, including making direct payment to the medical specialist for all services rendered. The Forestry Commission would reimburse the contracting physician for all costs of the specialist referral. The contracting physician may also add an administrative charge (a flat fee or a percentage of the amount billed by the medical specialist) as compensation for handling the referral and paying the costs thereof.

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If you are interested in being considered for this contract, please respond in writing stating the cost of performing each physical examination described above, keeping in mind that this cost would be in effect during the entire contract period. You should also state your fee for making referrals to medical specialists as described above. With your proposal, you should also include a curriculum vitae or other statement of your qualifications and experience. It is the intent of the Forestry Commission to finalize this contract by mid-October. Therefore, all proposals must be received no later than 5:00 p.m. on September 4, 2020.

Contractual terms of any proposal are negotiable, but all terms must comply with state law and procurement processes. The submission of a proposal does not guarantee that a contract will be granted, and the Alabama Forestry Commission assumes no liability or responsibility to any individual or business by considering a submitted proposal. The Alabama Forestry Commission reserves the right to reject any or all proposals that may be received.

Please submit proposals via email or regular mail by September 4, 2020 to:

Scott Rouse, General Counsel
Alabama Forestry Commission
P.O. Box 302550
Montgomery, AL 36130-2550
scott.rouse@forestry.alabama.gov

For additional information, contact Scott Rouse at (334) 328-7831.

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ATTACHMENT A

ALABAMA FORESTRY COMMISSION PHYSICAL EXAMINATION

Physical examinations ordered by the Alabama Forestry Commission should include the following unless, under individual circumstances, the physician determines that one or more of the procedures are unnecessary:

- Complete physical including full-body exam, vital signs, audiogram, and vision test including color vision screening
- Urinalysis
- Blood Count
- Chemistry Panel
- Total Cholesterol
- HIV Screening
- Chest X-Ray
- EKG
- Pulmonary Function Test

PLEASE NOTE: Tetanus shots are not covered by this contract.

NAME OF APPLICANT/EMPLOYEE: _____

ATTACHMENT B

ALABAMA FORESTRY COMMISSION

PHYSICAL EXAMINATION

APPLICANT/EMPLOYEE INFORMATION:

TO BE COMPLETED AND SIGNED BY DIVISION DIRECTOR OR REGIONAL FORESTER:

DATE _____

NAME OF APPLICANT/EMPLOYEE: _____

ADDRESS _____

RACE _____ SEX _____ DATE OF BIRTH _____

POSITION APPLIED FOR OR CURRENTLY EMPLOYED AS: _____

BRIEF DESCRIPTION OF DUTIES:

THIS JOB IS CLASSIFIED AS A FIRE FIGHTER POSITION. AS SUCH THE INDIVIDUAL WILL BE REQUIRED TO SUPPRESS WILDFIRES WHICH MAY INCLUDE: 1) OPERATING A CRAWLER TRACTOR WITH A FIRE PLOW FOR EXTENDED PERIODS IN THE FOREST OVER ROUGH TERRAIN, 2) USING HAND TOOLS (SUCH AS A FIRE RAKE, SHOVEL OR CHAINSAW) TO CONSTRUCT FIRE BREAKS, 3) WALKING ALONG EXISTING FIRE BREAKS AND SETTING BACKFIRES (CARRYING A 13± POUND BACKFIRE TORCH). ALL OF THESE ACTIVITIES USUALLY INVOLVE TRAVERSING OVER ROUGH TERRAIN IN VERY SMOKY CONDITIONS AND MAY BE FOR EXTENDED PERIODS (16+ HOURS). PERSONNEL ARE REQUIRED TO WEAR FIRE PROTECTIVE CLOTHING/GEAR WHICH ADDS TO THE HEAT STRESS LEVEL OF THESE ACTIVITIES. A NON-FIRE RELATED DUTY INCLUDES WALKING LONG DISTANCES OVER ROUGH TERRAIN TO INSPECT/GATHER DATA ON FORESTED PROPERTIES.

- Employee has completed pages 2 and 3 of this packet prior to obtaining the required Regional Forester/ Division Director signature below.

PRINT NAME (CHECK ONE): DIVISION DIRECTOR REGIONAL FORESTER

SIGNATURE OF DIVISION DIRECTOR/ REGIONAL FORESTER

NAME OF APPLICANT/EMPLOYEE: _____

INSTRUCTIONS TO CANDIDATE: COMPLETE THIS FORM PRIOR TO YOUR PHYSICAL EXAMINATION AND GIVE IT TO THE EXAMINING PHYSICIAN AT THE TIME OF EXAMINATION. ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY.

CANDIDATE'S NAME: _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(CITY) (STATE) (ZIP)

DATE OF BIRTH: _____ AGE: _____ OCCUPATION: _____

SECTION A: HAVE YOU EVER OR DO YOU HAVE ANY OF THE FOLLOWING; FOR "YES" ANSWERS, SUPPLY FULL DETAILS ON THE REVERSE SIDE. IF THE CONDITION REQUIRED HOSPITALIZATION, CHECK THE CORRESPONDING BOX.

CONDITION	N	YES	HOSPITAL
1. Head Injury			
2. Back trouble or back pain			
3. Any defect of bones or joints including amputations, dislocations, broken bones			
4. Lameness			
5. Rheumatism or Arthritis			
6. Trick or locked knee/knee injury			
7. Foot Trouble			
8. Eye injury, surgery, disease			
9. Have you ever worn glasses/contact lenses			
10. Hard of hearing or hearing problems			
11. Worn a hearing aid			
12. Headaches			
13. Mental illness or nervous breakdown			
14. Addiction to drugs or alcohol			
15. Fainting or Dizzy spells			
16. Epilepsy or seizures			
17. Any disorder of the nervous system			
18. Tuberculosis or other lung trouble			
19. Shortness of breath			

NAME OF APPLICANT/EMPLOYEE: _____

CONDITION	NO	YES	HOSPITAL
20. Asthma			
21. Bronchitis			
22. Poison oak or poison ivy			
23. Skin trouble			
24. Sensitivity to dust			
25. Other allergies			
26. Frequent colds			
27. Cancer or Malignancy			
28. Tumor, growth or cyst			
29. Any complications from childhood diseases			
30. Polio			
31. Rheumatic Fever			
32. Heart trouble, including circulatory			
33. High or low blood pressure			
34. Varicose veins			
35. Pernicious anemia, leukemia or other			
36. Blood disorder or ailment			
37. Hepatitis, jaundice or other liver ailment			
38. Diabetes or sugar in the urine			
39. Ulcers or other stomach trouble			
40. Colitis			
41. Gall bladder trouble			
42. Kidney or bladder trouble			
43. Rupture or hernia			
44. Mononucleosis			
45. Have you ever had or been advised to have an operation? If yes, give the nature and the date(s) of operation(s):			

NAME OF APPLICANT/EMPLOYEE: _____

**Physical Examination Consent Form for the
Alabama Forestry Commission**

I _____, a prospective employee and/or current employee of the Alabama Forestry Commission, understand that I am required to undergo a physical examination to determine my fitness for work due to the nature of the job for which I am being considered. I hereby give my consent for the Alabama Forestry Commission to order any physical examination it considers necessary. I understand that this examination is a condition for employment.

I authorize the physician, laboratory and other medical personnel to release the results of my examination to the Commission for whatever use the Commission deems appropriate. Further, I release the laboratory or medical personnel conducting the exam, the Commission, and the Commission's employees, directors, officers, and supervisors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from this physical examination.

I have read and understood this consent, and I sign this without any coercion or duress.

Print Name

Signature

Date

NAME OF APPLICANT/EMPLOYEE: _____

TO BE COMPLETED BY EXAMINING PHYSICIAN: (NOTE ANY ABNORMALITIES)

DATE: _____ NAME OF APPLICANT: _____

HEIGHT _____ WEIGHT _____

TEMPERATURE _____ BLOOD PRESSURE _____

PULSE _____ RESPIRATION _____

EARS _____ EYES _____

VISION (STATE METHOD USED):

DISTANT:
RIGHT _____ CORRECTED _____
RIGHT _____ LEFT _____
CORRECTED LEFT _____

NEAR:
RIGHT _____
CORRECTED RIGHT _____
LEFT _____
CORRECTED LEFT _____

COLOR VISION _____ PERIPHERAL VISION (METHOD USED) _____

SKIN: _____ NOSE: _____

THROAT: _____ TEETH: _____

NECK: _____ THORAX: _____

LUNGS: _____ CHEST X-RAY: _____

HEART: _____ (RE-EXAMINE AFTER EXERCISE IN MEN OVER 35)

ABDOMEN: _____ HERNIA: _____

GENITALIA: _____ RECTAL: _____

BACK: FLEXION _____ EXTENSION _____ ROTATION _____

EXTREMITIES: UPPER JOINTS _____ DIGITS _____

LOWER JOINTS _____ DIGITS _____

URINALYSIS: _____ ALBUMIN _____ SUGAR _____

SEROLOGY: _____

IF DEFECTS HAVE BEEN FOUND, HAVE YOU INFORMED THE APPLICANT? YES () NO ()

NAME OF APPLICANT/EMPLOYEE: _____

THIS INDIVIDUAL IS BEING CONSIDERED FOR OR IS CURRENTLY EMPLOYED BY THE ALABAMA FORESTRY COMMISSION. HIS/HER JOB WILL CALL FOR PERIODS OF STRENUOUS LABOR AND STRESS, INCLUDING BUT NOT LIMITED TO WILDFIRE CONTROL, OPERATING HEAVY EQUIPMENT, MANUAL CONSTRUCTION OF FIRE LINES WITH TOOLS (RAKES, SHOVELS, ETC.) AS DULY STATED ON PAGE ONE OF THIS PHYSICAL EXAMINATION FORM.

IN MY OPINION, AFTER PERFORMING THIS EXAMINATION AND REVIEWING THE REPORT OF MEDICAL HISTORY, THIS PERSON **(IS) (IS NOT)** PHYSICALLY FIT TO PERFORM STRENUOUS LABOR.

DATE OF EXAMINATION: _____

EXAMINING PHYSICIAN'S SIGNATURE M.D.

(ADDRESS)

NOTE: THE ALABAMA FORESTRY COMMISSION, NOT THE EMPLOYEE, WILL BE RESPONSIBLE FOR ALL FEES INCURRED FROM SAID PHYSICAL EXAMINATION.