

Drug/Alcohol Testing and Employee Physical Services (Annual Contract)  
Number: RFP 16-84  
Posting Date: 5/8/2016  
Addendum # 1  
Posting Date: 5/31/2016  
Closing Date: 6/7/2016

The information contained in this document shall become an official part of the original document and shall be acknowledged as noted on the Certification Form (Form 1) of solicitation document in the space provided. Failure to acknowledge receipt of an addendum may result in a status of non-responsive. Firms are encouraged to review the contents of this document and to respond accordingly.

**Addendum No. 1 is being issued to provide clarification for the following questions:**

1. What laboratory are you currently working with?

*Answer: Substance Abuse Testing of Savannah*

2. Who is your current Third Party Administrator?

*Answer: Underwriter Safety and Claims*

3. What is your current pricing?

*Answer:*

<i>Service Description</i>	<i>Price</i>
<i>Pre-Employment Drug Screen (5-Panel)</i>	<i>\$13.00</i>
<i>Post-Accident Drug Screen (5-Panel)</i>	<i>\$13.00</i>
<i>CDL DOT 7-Panel Drug Screen and/or Verification of Sample For Positive Readings (Upon Request Only)</i>	<i>\$25.00</i>
<i>Breath Alcohol Test</i>	<i>\$25.00</i>

4. Please list your current collection sites.

*Answer: Substance Abuse Testing of Savannah*

5. Could we please get samples of the physical forms?

*Answer: PLEASE SEE ATTACHED FORMS*

**\*\*\*ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED\*\*\***

End of Addendum #1 to RFP 16-84 Drug/Alcohol Testing and Employee Physical Services (Annual Contract)

Georgia Department of Education

Post-Offer and Annual Physical Examination
For School Bus Drivers

To the examining physician:

The purpose of this examination is to detect the presence of defects of such character and extent as to affect the applicant's ability to safely operate a school bus.

As a minimum, the applicant shall have no mental, nervous, organic, or functional disease or condition that would interfere with safe driving; he or she shall have no loss of foot or hand; his or her visual acuity in each eye shall be at least 20/40, or correctable to 20/40 with glasses, and visual form field shall not be less than 140 degrees in horizontal meridian, and ability to distinguish red, green, and yellow colors; his or her hearing shall be such that a forced whispered voice is first perceived, in the better ear, at not less than 5 feet with or without the use of a hearing aid...

Driver's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_
Address \_\_\_\_\_

To be completed by examining physician (Please comment in each space. Enter 0 for negative.)

Medical History (Present state of health)

Illnesses

\_\_\_\_\_ Asthma \_\_\_\_\_ Stomach Ulcer \_\_\_\_\_ Seizures
\_\_\_\_\_ Tuberculosis \_\_\_\_\_ Diabetes \_\_\_\_\_ Convulsions Fainting
\_\_\_\_\_ Chronic Cough \_\_\_\_\_ Cancer \_\_\_\_\_ Emotional Illnesses
\_\_\_\_\_ Shortness of Breath \_\_\_\_\_ Kidney Diseases \_\_\_\_\_ Muscular Diseases
\_\_\_\_\_ Cardiovascular Diseases \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Allergies

Injuries and Broken Bones

Head \_\_\_\_\_ Neck \_\_\_\_\_ Back \_\_\_\_\_ Arms \_\_\_\_\_ Legs \_\_\_\_\_ Other \_\_\_\_\_

Operations \_\_\_\_\_

Occupational History (Exposure -- duration and time)

Dusts \_\_\_\_\_ Fumes \_\_\_\_\_ Radiation \_\_\_\_\_ Other \_\_\_\_\_

The above information to the best of my knowledge is accurately recorded with no pertinent medical data omitted, and I hereby authorize the release of the information listed above and the results of the examination to the officials of the Board of Education. Chatham County

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

(Physical Examination continued)

Height (in stockings) \_\_\_\_\_ Weight (indoor clothing) \_\_\_\_\_ Temperature \_\_\_\_\_ Pulse \_\_\_\_\_

Respiration \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Has no current clinical diagnosis of high blood pressure likely to interfere with his or her ability to drive a school bus safely (if blood pressure is consistently over 160/90 mm Hg, further test may be necessary).

Hearing: Distance Test: Left Ear \_\_\_\_\_ Right Ear \_\_\_\_\_ OR Audiometric: Left Ear \_\_\_\_\_ Right Ear \_\_\_\_\_ (Pure tone averages for 500, 1000 & 2000 Hz)

Vision: (State methods used)

Distant Right \_\_\_\_\_ Corrected Right \_\_\_\_\_ Left \_\_\_\_\_ Corrected Left \_\_\_\_\_ Near Right \_\_\_\_\_ Corrected Right \_\_\_\_\_ Left \_\_\_\_\_ Corrected Left \_\_\_\_\_ Color \_\_\_\_\_

Skin \_\_\_\_\_ Head \_\_\_\_\_ Neck \_\_\_\_\_

Nose \_\_\_\_\_ Mouth \_\_\_\_\_ Teeth \_\_\_\_\_

Throat \_\_\_\_\_ Thyroid \_\_\_\_\_

Thorax: Heart \_\_\_\_\_ Lungs \_\_\_\_\_ Chest X-Ray Results \_\_\_\_\_ (When deemed advisable by physician)

(Reexamine heart after exercise in those over 35) \_\_\_\_\_

Vascular System \_\_\_\_\_ Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_

Musculo-Skeletal Arms \_\_\_\_\_ Legs \_\_\_\_\_ Digits \_\_\_\_\_ Back \_\_\_\_\_ Joints \_\_\_\_\_ Neurological \_\_\_\_\_

Recto-genital studies: Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

Rectal \_\_\_\_\_ Genitalia \_\_\_\_\_

Laboratory Findings

Urinalysis: Spec. Gr. \_\_\_\_\_ Albumin \_\_\_\_\_ Sugar \_\_\_\_\_

Tuberculosis Skin Test: Positive \_\_\_\_\_ Negative \_\_\_\_\_ (Required of all new drivers and others when deemed advisable by physician)



Physician's comments \_\_\_\_\_

This is to certify that I have this day, Date of Exam, \_\_\_\_\_ examined \_\_\_\_\_ and find him/her

\_\_\_\_\_ Qualified as a School Bus Driver \_\_\_\_\_ Not Qualified as a School Bus Driver

Examining Physician's MD/DO Signature

Georgia Medical License Number

Signature of PA or Cert. Nurse Practitioner

If signed by PA or NP complete the following:

Print Name of Supervising/Delegating Physician

Medical License Number for Supervising/Delegating Physician