

## **Request for Proposal**

### **Fire Department Physician**

The City of Brentwood is accepting proposals for a medical doctor to act as the official fire department physician. Qualified healthcare providers shall submit sealed proposals on the attached sheet no later than Friday, April 30, 1999.

Technical questions about this proposal can be faxed to Captain David Windrow at 371-2270.

Proposals are to be sealed and clearly marked "RFP Fire Department Physician" on the outside of the envelope and submitted to Chief Kenny Lane, City of Brentwood Fire Department, Post Office Box 788, Brentwood, TN 37024-0788.

Oral or faxed proposals will not be accepted. The provider shall abide by and comply with the true intent and meaning of these requirements and shall not attempt to take advantage of any unintentional error or omission.

The City of Brentwood reserves the right to reject any and/or all proposals, to waive technicalities and to accept any proposals deemed to be in the best interest of the city.

*Feel free to make comments or suggestions concerning this proposal. If you believe we have failed to incorporate services that your agency deems beneficial, let us know.*

**City of Brentwood**  
**Fire Department Physician Proposal**

The City of Brentwood Fire Department must comply with the new Respiratory Protection Standard (OSHA 1910.134). The successful healthcare provider would ideally provide all these services on their premises. The successful healthcare provider must have a licensed medical physician on the staff. The successful healthcare provider is encouraged to observe the BFD physical performance appraisal.

Initially, the services will be provided to all of the department's 40 members. The age guidelines in the National Fire Protection Association (NFPA) Standard 1582 concerning frequency will be followed after the baseline is established. There are currently ten members that would require physicals each year, 20 every other year and ten every three years.

|  | <i>Able to Provide</i> |    | <i>On Premises</i> |    | <i>Components</i> |     | <i>Price per Person</i> |
|--|------------------------|----|--------------------|----|-------------------|-----|-------------------------|
|  | Yes                    | No | Yes                | No | Min               | Rec |                         |
| Medical Questionnaire Administration   | Yes                    | No | Yes                | No | Min               | Rec | _____                   |
| Pulmonary Function Test                | Yes                    | No | Yes                | No | Min               | Rec | _____                   |
| Chest X-ray Series                     | Yes                    | No | Yes                | No | Min               | Rec | _____                   |
| Complete Blood Analysis                | Yes                    | No | Yes                | No | Min               | Rec | _____                   |
| Complete Physical Exam                 | Yes                    | No | Yes                | No | Min               | Rec | _____                   |
| Body Composition Analysis              | Yes                    | No | Yes                | No | Min               | Rec | _____                   |
| Electrocardiogram                      | Yes                    | No | Yes                | No | Min               | Rec | _____                   |
| Audiometry                             | Yes                    | No | Yes                | No | Min               | Rec | _____                   |
| Screening Eye Exam                     | Yes                    | No | Yes                | No | Min               | Rec | _____                   |
| Diagnostic Imaging                     | Yes                    | No | Yes                | No | Min               | Rec | _____                   |
| Treadmill Stress Test                  | Yes                    | No | Yes                | No | Min               | Rec | _____                   |
| Exercise and Nutrition Counseling      | Yes                    | No | Yes                | No | Min               | Rec | _____                   |
| Return to Duty Physical (after injury) | Yes                    | No | Yes                | No | Min               | Rec | _____                   |

Min = minimum requirements

Rec = recommended requirements

|                      |  |     |  |
|----------------------|--|-----|--|
| Name of Provider     |  |     |  |
| Name of Contact      |  |     |  |
| Authorized Signature |  |     |  |
| Address              |  |     |  |
|                      |  |     |  |
| Phone                |  | Fax |  |