



**BIDDER QUALIFICATION FORM**

**BID NO.** 026-EE10

**BID TITLE** PHYSICAL EXAMINATIONS - BUS DRIVERS NORTH  
OF FLAGLER STREET

Direct all inquiries to Procurement Management Services.  
 BUYER NAME:  
BARBARA D. JONES, CPPB, DIRECTOR  
 E-MAIL ADDRESS: bjones@dadeschools.net  
 PHONE: (305) 995-2348  
 FAX NUMBER: (305) 995-7443  
 TDD PHONE: (305) 995-2400

Bids will be accepted until 2:00 PM on November 16, 2004 in room 351, School Board Administration Building, 1450 NE 2nd Avenue, Miami, FL 33132, at which time they will be publicly opened. Bids may not be withdrawn for 120 days after opening. (Refer to Instructions to Bidders, para. IV.B.)

THE SUBMISSION OF THE BID BY THE VENDOR, ACCEPTANCE AND AWARD OF THE BID BY THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA, AND SUBSEQUENT PURCHASE ORDERS ISSUED AGAINST SAID AWARD SHALL CONSTITUTE A BINDING, ENFORCEABLE CONTRACT. UNLESS OTHERWISE STIPULATED IN THE BID DOCUMENTS, NO OTHER CONTRACT DOCUMENTS SHALL BE ISSUED.

I. A. **BIDDER CERTIFICATION AND IDENTIFICATION**

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid; and I certify that I am authorized to sign this bid for the bidder.

B. Vendor certifies that it satisfies all necessary legal requirements as an entity to do business with The School Board of Miami-Dade County, Florida.

II. **INDEMNIFICATION**

The Bidder shall hold harmless, indemnify and defend the indemnities (as hereinafter defined) against any claim, action, loss, damage, injury, liability, cost or expense of whatsoever kind or nature including, but not by way of limitation, attorney's fees and court costs arising out of bodily injury to persons, including death, or damage to tangible property arising out of or incidental to the performance of this contract (including goods and services provided thereto) by or on behalf of the Bidder, whether or not due to or caused in part by the negligence or other culpability of the indemnity, excluding only the sole negligence or culpability of the indemnity. The following shall be deemed to be indemnities: The School Board of Miami-Dade County, Florida, its members, officers and employees.

III. **PERFORMANCE SECURITY**, is required on this bid. YES  NO

Refer to **INSTRUCTIONS TO BIDDERS**, para. VII.

IF PERFORMANCE SECURITY IS REQUIRED, PLEASE INDICATE THE TYPE TO BE FURNISHED:

Performance Bond  Check (Cashier's, Certified, or equal)

**An original, manual signature is required on the Bidder Qualification Form.  
 (Bidder is requested to use blue ink, do not use pencil)**

**Legal Name of Vendor** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **E-mail address** \_\_\_\_\_

**By: Signature (Original)**

**Of Authorized Representative** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name (Typed or Printed)**

**Of Authorized Representative** \_\_\_\_\_ **Date** \_\_\_\_\_

# INSTRUCTIONS TO BIDDERS

## NOTICE OF ESTABLISHMENT OF A CONE OF SILENCE

The School Board of Miami-Dade County Public Schools enacts a Cone of Silence from issuance of a solicitation to written recommendation of award. All provisions of School Board Rule 6Gx13-8C-1.212 apply.

### I. PREPARATION OF BIDS

**A. BIDDER QUALIFICATION FORM** qualifies the bidder and the bid and must be completed and submitted as page 1 of the bid.

**1. PERFORMANCE SECURITY.** The form of performance security the bidder will submit, when required to do so, must be furnished. Performance security shall not be submitted with the bid.

**2. BIDDER CERTIFICATION AND IDENTIFICATION.** Bid must contain an original manual signature from an authorized representative. An unsigned bid will be considered non-responsive.

**B. INSTRUCTIONS TO BIDDERS.** Defines conditions of the bid.

**1. ORDER OF PRECEDENCE.** Any inconsistency in this bid shall be resolved by giving precedence in the following order:

- A. Specifications
- B. Special Conditions
- C. Instructions To Bidders

**2. FOR M/WBE designated bids.** The SPECIAL CONDITIONS-Minority/Women owned and controlled Business Participation Statement and the M/WBE Certification Application MUST be completed and SUBMITTED with the bid. If the bidder is not certified by Miami-Dade County Public Schools. Failure to submit the completed application with the bid will be considered non-responsive.

**C. BID PROPOSAL FORM.** Defines requirement of items to be purchased, and must be completed and submitted as page 2 and subsequent pages, if any, of the bid. The bidder should indicate his/her name in the appropriate space on each page.

**1. ITEM SPECIFICATION.** Specifying a certain brand, make or manufacturer is to denote the quality, type, and standard of the article desired. Articles offered must be new merchandise only, of equal or superior grade. On blank lines provided, the bidder is requested to insert the brand name, manufacturer's number and other information necessary to sufficiently identify article offered. Failure to do so may prevent consideration of the item. Also, refer to paragraph X. Packaging.

**2. PRICES.** Prices are requested in units of quantity specified in the bid specifications. In case of a discrepancy in computing the total amount of bid, UNIT PRICE quoted will govern. All prices bid shall include delivery F.O.B. destination, freight prepaid (bidder pays and bears freight charges. Bidder owns goods in transit and files any claims) and shall include all cartage, drayage, packing, etc., delivered to and unloaded at the receiving station at the site designated in BID PROPOSAL FORMS and there received by the designated agent of the Board.

**3. TAXES.** The Board does not pay Federal Excise and State taxes on direct purchases of tangible personal property. The applicable tax exemption number is shown on the purchase order. This exemption does not apply to purchases of tangible personal property made by contractors who use the tangible personal property in the performance of contracts for the improvement of Board-owned real property as defined in Chapter 192 of the Florida Statutes.

### II. SUBMITTING OF BIDS

**A. BID FORMS AND ENVELOPES.** Bids must be submitted on forms furnished by the Board and in sealed envelopes.

Envelopes must be clearly marked with bid number, bid title and bid opening.

**B. ERASURES OR CORRECTIONS.** When filling out the bid proposal form, bidders are required to complete bid proposal in ink.

**1. Use of pencil is prohibited.**

2. Do not erase or use correction fluid to correct an error.
3. All changes must be crossed out and initialed in ink.

Those bids for individual items that do not comply with items 1, 2 and 3 above will be considered non-responsive for that item(s).

**C. PLACE, DATE AND HOUR.** Bids shall be submitted by U.S. Mail, Courier/Express Service, or deposited in the BID BOX located in Room 351, 8:00 A.M. to 4:30 P.M., Monday through Friday, SCHOOL BOARD ADMINISTRATION BUILDING, 1450 N.E. Second Avenue, Miami, Florida 33132. Bids received after the date and hour specified in the BIDDER QUALIFICATION FORM will not be considered.

**D. PUBLIC ENTITY CRIMES.** Section 287.133(2)(a) Florida Statute. A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

**E. SUBMITTING A "NO BID."** If not submitting a bid at this time, return the form entitled "NOTICE TO PROSPECTIVE BIDDERS." Failure to respond, either by submitting a bid or the "NOTICE TO PROSPECTIVE BIDDERS" form for three consecutive times, may result in the company being removed from the School Board's bid list.

**F. AVAILABILITY OF BID INFORMATION.** Immediately following the public opening, bids will be read, upon request, and then compiled in a tabular form, a copy of which will be available for examination in Procurement Management Services.

### III. CANCELLATION OF BIDS OR REQUEST FOR PROPOSALS

An invitation for bids may be canceled, in whole or in part, as may be specified in the solicitation, when it is in the best interest of the Board. The reasons shall be made a part of the master bid file.

**A.** Prior to opening, a solicitation may be canceled in whole or in part, prior to the date and hour specified in the Bidder Qualification Form for receipt of bids, when the Assistant Superintendent, Procurement Management Services, determines in writing, that such action is in the best interest of the Board for reasons including, but not limited to:

1. The Board no longer requires the supplies, services, or construction;
2. The Board no longer can reasonably expect to fund the procurement;
3. A review of a valid protest filed by a bidder as may be determined by the administrative staff; or
4. Proposed amendments to the solicitation would be of such magnitude that a new solicitation is desirable.

**B.** When a solicitation is canceled prior to opening, notice of cancellation shall be sent to all businesses solicited, via facsimile or mail, and bids or proposals returned to the vendor unopened.

The notice of cancellation shall:

1. Identify the solicitation;
2. Briefly explain the reason for cancellation; and
3. Where appropriate, explain that an opportunity will be given to compete on any future re-solicitation for procurements of similar supplies, services, or construction.

### IV. CHANGE OR WITHDRAWAL OF BIDS

**A. PRIOR TO BID OPENING.** Should the bidder desire to change or withdraw his/her bid, he/she shall do so in writing. This communication is to be received by the District Director, of Procurement Management, Room 352, School Board Administration Building, prior to date and hour of bid opening. The bidders name, the bid number, the bid title and the date the bid is due must appear on the envelope.

B. AFTER BID OPENING. After bids are opened, they may not be changed, nor withdrawn, for 90 days after the determined opening date, unless otherwise specified on the "BIDDER QUALIFICATION FORM."

C. FAILURE TO ACCEPT BID AWARD. Bidders who, prior to the Bid Award by The School Board of Miami-Dade County, Florida, indicate that they are unable to accept the bid award shall either:

1. Pay to the Board, as liquidated damages, an amount equal to 5% of the unit price bid, times the quantity, or \$10, whichever amount is larger, or
2. Lose eligibility to transact new business with the Board for a period of 14 months from the date the Board acts on the withdrawn bid.

V. PROTESTS TO CONTRACT SOLICITATION OR AWARD

A. The Board shall provide notice of a decision or intended decision concerning a solicitation, contract award, or exceptional purchase by electronic posting which can be accessed at the district's website [www.dadeschools.net](http://www.dadeschools.net).

B. Any person who is adversely affected by the agency decision or intended decision shall file with the agency a notice of protest in writing within 72 hours after the posting of the notice of decision or intended decision. With respect to a protest of the terms, conditions, and specifications contained in a solicitation, including any provisions governing the methods of ranking bids, proposals, or replies, awarding contracts, reserving rights of further negotiation, or modifying or amending any contract, the notice of protest shall be filed in writing within 72 hours after the posting of the solicitation. The formal written protest shall be filed within 10 days after the date the notice of protest is filed. Failure to file a notice of protest or a formal written protest shall constitute a waiver of these proceedings. The formal written protest shall state with particularity the facts and law upon which the protest is based. Saturdays, Sundays, and state holidays shall be excluded in the computation of the 72-hour time periods established herein.

C. All notice of protests will be reviewed by Procurement Management Services, who will offer the protesting bidder the opportunity to meet and discuss the merits of the protest. If the protest is not resolved, the bidder may seek an administrative hearing pursuant to §120.57 Fla. Stat., by filing a formal written protest within 10 days after filing the notice of protest. Petitions for hearing pursuant to §120.57 Fla. Stat., must be filed in accordance with School Board Rule 6Gx13- 8C-1.064.

VI. AWARDS

A. RESERVATION FOR REJECTION OR AWARD. The Board reserves the right to reject any or all bids, to waive irregularities or technicalities, and to request rebids. The Board reserves the right to award on an individual item basis, any combination of items, total low bid or, if an alternate bid is accepted, on such terms as are specified for the alternate bid, whichever manner is in the best interest of the Board.

B. NOTIFICATION OF INTENDED ACTION will be posted on the District's website 7-10 days prior to a regularly scheduled Board meeting.

C. OFFICIAL AWARD DATE. Awards become official upon the Board's formal approval of the award.

D. PURCHASE ORDERS. Purchase orders mailed to successful bidders are the official notification to deliver materials described therein; and the time allowed for delivery begins with the date of the purchase order. In the event that the successful bidder fails to deliver the materials in accordance with the terms and conditions of the bid and purchase order, the bidder shall be considered to be in default of the contract and subject to the default provisions stated in Instructions to Bidders, Section VI. E.

E. DEFAULT. A vendor who fails to perform according to the terms of the contract (bid) shall be considered in default. In the event of default, which may include, but is not limited to poor performance and/or non-performance, a vendor shall either (1) pay liquidated damages of 10 percent of the unit price of the item(s) awarded times

the quantity when no purchase order has been issued, 10 percent of the purchase order when a purchase order has been issued or \$100, whichever is greater or (2) lose eligibility to transact new business with the Board for a period of 14 months from date of termination of award by the Board. Bidders that are determined ineligible may request a hearing pursuant to Chapter 120 of the Florida Statutes, and School Board Rule 6Gx13- 8C-1.064.

F. The intent of the bid documents is to include only the written requirements for materials, equipment, systems, standards and workmanship necessary for the proper execution and completion of the work by the Bidder. The bid documents shall not be construed to create an entitlement to any other scope of work except as specified herein.

VII. PERFORMANCE SECURITY (FOR SUCCESSFUL BIDDERS ONLY)

A. PURPOSE. A performance bond or check may be required to guarantee performance.

B. BONDING COMPANY. Performance Bonds shall be written through a reputable and responsible surety bond agency licensed to do business in the State of Florida and with a surety company or corporation meeting both of the following specifications:

1. Awards Greater than \$500,000

A minimum rating in the latest revision of Best's Insurance Reports of:

| Contract Amount                 | Minimum Rating by A.M. Best |
|---------------------------------|-----------------------------|
| \$ 500,000.01 to \$ 2,500,000   | None                        |
| \$ 2,500,000.01 to \$ 5,000,000 | B + or NA-3                 |
|                                 | No Minimum Class            |
| \$ 5,000,000.01 to \$10,000,000 | A- Class IV                 |
| \$10,000,000.01 or more         | A- Class V                  |

Current certificate of authority as acceptable surety on Federal Bonds in accordance with the latest edition of the United States Treasury Department Circular 570 entitled "Companies Holding Certificates of Authority as Acceptable Sureties on Federal Bonds and as Acceptable Reinsuring Companies" shall be accepted for an amount not exceeding the underwriting limitation thereon.

2. Awards of \$500,000 or Less

Bonds shall be written with a surety company or corporation meeting the qualifications as set forth in Paragraph VII.B. above or the qualifications set forth in section 287.0935, Florida Statutes.

C. AMOUNT. When required as defined herein, the firm or individual(s) to whom an award has been made shall execute and deliver to the School Board of Miami-Dade County, Florida, a Performance Bond, Cashier's/Certified Check, or equal.

1. Awards less than \$200,000 shall be exempt from performance security.

2. Performance security shall not be required, unless otherwise defined in the bid specifications. If performance security is required, it shall equal 100% of the award amount.

D. RELEASE OF PERFORMANCE SECURITY. Return to the Awardee of his/her cash security, or notification to the Awardee and the bonding company to cancel the performance bond, will be made when all goods/services have been accepted and invoices have been approved for payment.

VIII. SAMPLES. When bid samples are required, the buyer will notify bidder to submit samples of the items bid in accordance with the following procedures:

A. All samples must be identified with the bidder's name, bid number, item number, and product name and number. Where non-compliance with this requirement is noted, said item may be considered as being unidentifiable and may not be eligible for consideration in the award recommendation.

B. All samples are to be delivered within 7 calendar days after receipt of notification from buyer, unless otherwise stated in the Special Conditions of the bid. If the bidder does not submit samples by the date and time indicated by the buyer, the bid submitted for that item may not be considered for award.

C. Bidder must obtain, from Materials Testing and Evaluation, a signed receipt acknowledging delivery of samples. Bidder shall include a self-addressed, stamped envelope for return of sample receipt when submitting samples by mail or delivery service. The bidder will receive the original copy of the receipt and the duplicate copy will remain with the Miami-Dade County Public Schools receiving department as the file copy. Bidder shall be solely responsible for delivery of samples and for retaining sample delivery receipts, which must be presented in any dispute regarding receipt of bid samples.

D. Samples should be delivered to the following address:

MIAMI-DADE COUNTY PUBLIC SCHOOLS  
MATERIALS TESTING AND EVALUATION  
7040 West Flagler Street  
Miami, Florida 33144  
Telephone Number: 786-275-0780

Miami-Dade County Public Schools will not be responsible for samples sent to a location other than the location mentioned in the bid.

E. PAYMENT FOR SAMPLES. The Board will buy no samples and will assume no cost incidental thereto.

F. RETURN OF SAMPLES. Samples not destroyed in testing may be claimed by unsuccessful bidders 14 days after bid award date and by successful bidders 14 days after final payment; but the Board will assume no responsibility for samples not claimed within the time specified, and it will pay for no samples damaged in testing.

G. EVALUATION AND TEST RESULTS. If a sample submitted for testing does not comply, the buyer will advise the bidder to contact Materials Testing and Evaluation for further details.

IX. SUBSTITUTIONS. Should the bidder find it necessary to use a material, equipment, product or system other than specified, the bidder shall secure from the Board, through Procurement Management Services, written approval for the use of the alternate materials, equipment, product or system. The Board is not obligated to approve requests for substitutions and has the discretion to require the bidder to provide the materials as specified in the bid documents. In no case shall the bidder be entitled to additional time and/or money arising out of the Board's failure to approve requests for substitutions.

X. PACKAGING

A. TYPE. If packaging is different from that specified, the bidder must note the manner and amounts in which packaging is to be made; otherwise the successful bidder shall furnish packaging as specified. All packaging, wrapping and bundling shall be adequate to insure that materials will be received in undamaged condition. The Board assumes no responsibility for damages of any kind incurred in transit.

B. CONTAINER IDENTIFICATION. The following identification shall be printed, stenciled or legibly written in a conspicuous location on each shipping container:

1. BID NUMBER AND/OR PURCHASE ORDER NUMBER
2. VENDOR'S NAME AND/OR TRADEMARK
3. NAME(S) OF ITEM(S) CONTAINED
4. ITEM NUMBER(S) WITH QUANTITY(IES)

XI. PURCHASES BY OTHER PUBLIC AGENCIES. With the consent and agreement of the successful bidder(s), purchases may be made under this bid by Miami Dade County, Florida, and other governmental agencies or political subdivisions within the State of Florida. Such purchases shall be governed by the same terms and conditions stated herein. This agreement in no way restricts or interferes with the right of any State of Florida Agency or political subdivision to rebid any or all of these items.

XII. RECYCLING REQUIREMENTS. Miami-Dade County Public Schools supports recycling and recommends the use of recycled products where possible. Vendors are requested to submit a letter, along with their bid, indicating whether each item bid and/or its packaging contains pre-consumer or post-consumer waste, and if the product and/or packaging may be recycled.

XIII. ENVIRONMENTAL PRODUCTS. Miami-Dade County Public Schools encourages the use of environmentally safe products.

XIV. DELIVERY AND BILLING

A. DELIVERY. Saturdays, Sundays, and holidays excepted, deliveries shall be made as follows: Schools and Departments - 8:00 A.M. to 3:00 P.M. Merchandise shall be unloaded at the receiving station of the designated delivery point and received there by a designated agent of the Board. A delivery ticket, or one copy of the invoice, prepared as indicated below, shall accompany each delivery.

B. RECEIVING INSPECTION AND TESTING. Delivered items which do not fulfill all requirements will be rejected. Rejected items shall be removed and replaced promptly by the vendor, at no cost to the purchaser.

C. INVOICES. Each invoice shall be issued by the successful bidder and shall be submitted in DUPLICATE to the Accounts Payable Section, P.O. Box 01-2570, Miami, Florida 33101. To be considered for payment, each invoice must show the following information, which appears on the Purchase Order:

1. Purchase Order Number
2. Item Descriptions
3. Quantities and Units
4. Price Extensions
5. Total price of all items on invoice

D. PAYMENT. Unless otherwise specified by Miami-Dade County Public Schools, payment will be made only after delivery, authorized inspection, and acceptance. Payment will be made only to the successful bidder, unless otherwise requested, in writing, by the successful bidder and accepted by Miami-Dade County Public Schools Administration. When bidders are directed to send invoices to a school, the school will make directed payment to the bidder.

XV. NO GRATUITY POLICY. It is the policy of Procurement Management Services not to accept gifts, gratuities, or favors of any kind, or of any value whatsoever, from vendors, members of their staffs, or families.

XVI. COMPLIANCE WITH FEDERAL REGULATIONS

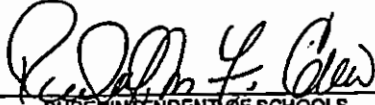
A. All contracts involving federal funds will contain certain provisions required by applicable sections of Title 34, Section 80.36(l) and Section 85.510 Code of Federal Regulations and are included by reference herein. The vendor certifies by signing the bid that the vendor and his/her principals are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in federally funded transactions and may, in certain instances, be required to provide a separate written certification to this effect.

During the term of any contract with the Board, in the event of debarment, suspension, proposed debarment, declared ineligible or voluntarily excluded from participation in federally funded transactions, the vendor shall immediately notify the Assistant Superintendent, Procurement Management Services, in writing. Vendors will also be required to provide access to records, which are directly pertinent to the contract and retain all required records for three years after the Board makes final payment.

B. For all contracts involving Federal funds in excess of \$10,000, the Board reserves the right to terminate the contract for cause, as well as for convenience, by issuing a certified notice to the vendor.

THE BOARD MAY REJECT ANY BID FOR FAILURE BY THE BIDDER TO COMPLY WITH ANY REQUIREMENT STATED ABOVE, IN THE BID PROPOSAL FORM, OR IN ATTACHMENTS THERETO WHICH BECOME PART OF THE BID.

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA

  
SUPERINTENDENT OF SCHOOLS

# Vendor Information Sheet



1A. \_\_\_\_\_  
Federal Employer Identification Number

Or \_\_\_\_\_  
Owner's Social Security Number

1B. \_\_\_\_\_  
Name of Firm, Individual(s), Partners or Corporation

\_\_\_\_\_ Street Address

\_\_\_\_\_ City State Zip Code

2. Telephone/Fax/Contact Person

(\_\_\_\_) \_\_\_\_\_  
Telephone number

(\_\_\_\_) \_\_\_\_\_  
Fax number

\_\_\_\_\_ Contact Person

## 3. Ownership Disclosure

If the contract or business transaction is with a corporation, partnership, sole proprietorship, or joint venture, the full legal name and business address shall be provided for each officer, director, and stockholder or owner who holds, directly or indirectly five percent (5%) or more of the stock or ownership. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. Post Office addresses are not acceptable.

| Name | Title | Address | Gender | Race-ethnicity | Stock Ownership |
|------|-------|---------|--------|----------------|-----------------|
|      |       |         |        |                |                 |
|      |       |         |        |                |                 |
|      |       |         |        |                |                 |
|      |       |         |        |                |                 |

**NOTE:** The information provided by the vendor on this form should be consistent with that provided on the "Vendor's Application". All vendors must have a current vendor's application on file with M-DCPS, and have provided information and/or be familiar with M-DCPS' policy regarding the following: (a) Employment Disclosure, (b) Drug Free Workplace, (c) Family Leave Policy, (d) Code of Business Ethics, (e) Conflict of Interest, (f) Perception, (g) Gratuities, and (h) Business Meals. Failure to provide M-DCPS a current vendor application may cause the vendor not to be awarded any new business with M-DCPS. Vendor applications can be downloaded at: [dcps.dade.k12.fl.us](http://dcps.dade.k12.fl.us) (click District Offices - click Procurement Management).

## INDEMNIFICATION AND INSURANCE

In consideration of this Contract, if awarded, the Vendor agrees without reservation to the indemnification and insurance clauses contained herein. These clauses are attached to and form a part of Bid No. 026-FE10

### INDEMNIFICATION

The Vendor shall hold harmless, indemnify and defend the indemnitees (as hereinafter defined) against any claim, action, loss, damage, injury, liability, cost or expense of whatsoever kind or nature including, but not by way of limitation, attorneys' fees and court costs arising out of bodily injury to persons including death, or damage to tangible property arising out of or incidental to the performance of this Contract (including goods and services provided thereto) by or on behalf of the Vendor, whether or not due to or caused in part by the negligence or other culpability of the indemnitee, excluding only the sole negligence or culpability of the indemnitee. The following shall be deemed to be indemnitees: The School Board of Miami-Dade County, Florida and its members, officers and employees.

### INSURANCE

Prior to being recommended for award, the Vendor has five business days after notification to submit proof of insurance as required herein. Failure to submit a fully completed certificate of insurance signed by an authorized representative of the insurer providing such insurance coverages may cause the Vendor to be considered non-responsive and not eligible for award of the Contract. The insurance coverages and limits shall meet, at a minimum, the following requirements:

1. Commercial General Liability Insurance in an amount not less than \$300,000 combined single limit per occurrence for bodily injury and property damage.
2. Professional Liability Insurance in the amount of \$1,000,000 per occurrence.
3. Workers' Compensation Insurance for all employees of the Vendor as required by Florida Statutes.

**"The School Board of Miami-Dade County, Florida and its members, officers and employees" shall be an additional insured on all liability coverages except Workers' Compensation Insurance.**

The insurance coverage required shall include those classifications, as listed in standard liability insurance manuals, which most nearly reflect the operations of the Vendor.

All insurance policies shall be issued by companies with either of the following qualifications:

- (a) The company must be (1) authorized by subsisting certificates of authority by the Department of Insurance of the State of Florida or (2) an eligible surplus lines insurer under Florida Statutes. In addition, the insurer must have a Best's Rating of "B+" or better and a Financial Size Category of "IV" or better according to the latest edition of Best's Key Rating Guide, published by A.M. Best Company.

or

- (b) with respect only to the Workers' Compensation insurance, the company must be (1) authorized as a group self-insurer pursuant to Florida Statutes or (2) authorized as a commercial self-insurance fund pursuant to Florida Statutes.

Neither approval nor failure to disapprove the insurance furnished by the Vendor to the School Board shall relieve the Vendor of the Vendor's full responsibility to provide insurance as required by this Contract.

The Vendor shall be responsible for assuring that the insurance remains in force for the duration of the contractual period; including any and all option years that may be granted to the Vendor. The certificate of insurance shall contain the provision that the School Board be given no less than thirty (30) days written notice of cancellation. If the insurance is scheduled to expire during the contractual period, the Vendor shall be responsible for submitting new or renewed certificates of insurance to the School Board at a minimum of fifteen (15) calendar days in advance of such expiration.

Unless otherwise notified, the certificate of insurance shall be delivered to:

Miami-Dade County Public Schools  
Office of Risk and Benefits Management  
1500 Biscayne Boulevard, Suite 127  
Miami, Florida 33132

The name and address of Miami-Dade County Public Schools, as shown directly above, must be the *Certificate Holder on the certificate of insurance.*

The Vendor may be in default of this Contract for failure to maintain the insurance as required by this Contract. Any questions regarding these requirements should be directed to Ms. La-Chane Clark at 305-995-7133.

**MIAMI-DADE COUNTY PUBLIC SCHOOLS**

**BID PROPOSAL FORM (FORMAT A)**

**TO: THE SCHOOL BOARD OF MIAMI-DADE COUNTY FLORIDA**

|   |                          |                     |
|---|--------------------------|---------------------|
| <b>BID</b><br>026-EE10  | <b>BUYER</b><br>B. JONES | <b>PAGE</b><br>SC-1 |
| <b>TITLE</b><br>Physical Examinations-Bus Drivers North of Flagler Street |                          |                     |

**SPECIAL CONDITIONS**

1. **PURPOSE:** The purpose of this bid is to establish a contract, at firm unit prices, for physical examinations of school bus drivers, north of Flagler Street. The term of the bid shall be for two years from the date of award, and may, by mutual agreement between The School Board of Miami-Dade County, Florida and the awardee, be extended for an additional two-year period and, if needed, 90 days beyond the expiration date of the current contract period. Procurement Management Services, may if considering to extend, request a letter of intent to extend from the awardee, prior to the end of the current contract period. The awardee will be notified when the recommendation has been approved. All prices shall be firm for the term of the contract. The successful vendor(s) agrees to this condition by signing its bid.
  
2. **ESTIMATED QUANTITIES:** The estimated quantities provided in the bid proposal are for bidder's guidance only. No guarantee is expressed or implied, as to quantities that will be used during the contract period. The School Board of Miami-Dade County, Florida is not obligated to place an order for any given amount, subsequent to the award of this bid. Estimates are based upon M-DCPS's actual needs and usage during a previous contractual period, and include an additional ten percent to cover unanticipated increases in requirements.
  
3. **INSURANCE REQUIREMENTS:** Successful vendor(s) are required to have insurance coverage, as specified in the indemnity and insurance form(s), attached hereto and made a part of this bid. The successful vendor(s) must submit completed certificate of insurance form(s), prior to being recommended for award. Failure to submit this form(s), as noted, will result in the vendor(s) not being recommended for award.
  
4. **LOCATION:** The physical examination sites must be located north of Flagler Street, within Miami-Dade County, Florida and should be able to safely and comfortably support a waiting area for a minimum of six (6) to ten (10) people. Mobile vans, if used, must be self-contained, air conditioned, and long enough to perform the vision test, with a bathroom large enough to accommodate all employee physical types. Health facilities must meet criteria established by the State of Florida Agency for Health Care Administration (AHCA), Division of Health Quality Assurance. The School Board of Miami-Dade County Florida, reserves the right to inspect agencies submitting a bid to insure health facility compliance.
  
5. **HOURS OF OPERATION:** Hours of operation shall conform to a regular workday, between 8:00 a.m., providing continuous service, until 5:00 p.m., Monday through Friday.
  
6. **PAYMENT:** All invoices shall be submitted on a monthly basis, with the drivers listed in alphabetical order, last name first, including the social security number and employee number. Invoices shall be submitted as follows:

Ms. Manette Carisma  
 Department of Transportation  
 15401 S. W. 117<sup>th</sup> Avenue  
 Miami, Florida 33177



MIAMI-DADE COUNTY PUBLIC SCHOOLS

BID PROPOSAL FORM (FORMAT A)

TO: THE SCHOOL BOARD OF MIAMI-DADE COUNTY FLORIDA

|  |                   |              |
|--|-------------------|--------------|
| BID<br>026-EE10  | BUYER<br>B. JONES | PAGE<br>SC-2 |
| TITLE<br>Physical Examinations-Bus Drivers North of Flagler Street |                   |              |

SPECIAL CONDITIONS CONTINUED

7. **VENDOR INFORMATION SHEET:** All bidders are requested to complete the attached Vendor Information Sheet. In order to conduct new business under this bid, M-DCPS requires that the vendor(s) have a current vendor application on file. The information on both documents must be consistent. Failure to comply with this condition may cause the bidder(s) not to be awarded any new business. Vendor applications can be downloaded at [www.dade.k12.fl.us](http://www.dade.k12.fl.us) (click District Offices, then click Procurement Management).
  
8. **AWARD:** The award of this contract shall be made to the lowest responsive and responsible bidder. In the event the awarded vendor is unable to perform the services under this contract, The School Board of Miami-Dade County, Florida, reserves the right, at its sole discretion, to assign services, at the price bid, to the awarded vendor on the contract for services South of Flagler Street.
  
9. **ERASURES OR CORRECTIONS:** When filling out the Bid Proposal Form, bidders are required to use a typewriter or complete bid proposal in ink.
  1. Use of pencil is prohibited.
  2. Do not erase or use correction fluid to correct an error.
  3. All changes must be crossed out and initialed in ink.

Those bids for individual items that do not comply with items 1, 2 and 3 above will be considered non-responsive for that item(s).
  
10. **PENALTY/DEFAULT CRITERIA:** The contractor shall be responsible for accurately completing all required sections of the ESE 479 Physical Examination for School Bus Driver and Medical Examiner's Certificate. Three occurrences of incomplete or improperly performed physical examinations and/or failure to comply with any of the requirements of the bid may cause the vendor to be in default of this contract.
  
11. **CONE OF SILENCE:** A Cone of Silence is applicable to this competitive solicitation. Any inquiry, clarification or information regarding this bid must be requested in writing by Fax or E-mail to:

Barbara D. Jones, CPPB, Director  
 Procurement Management Services  
 Fax No. (305) 995-7443  
 E-mail: [bjones@dadeschools.net](mailto:bjones@dadeschools.net)

MIAMI-DADE COUNTY PUBLIC SCHOOLS

BID PROPOSAL FORM (FORMAT A)

TO: THE SCHOOL BOARD OF MIAMI-DADE COUNTY FLORIDA

|  |                   |              |
|--|-------------------|--------------|
| BID<br>026-EE10  | BUYER<br>B. JONES | PAGE<br>SC-3 |
| TITLE<br>Physical Examinations-Bus Drivers North of Flagler Street |                   |              |

SPECIAL CONDITIONS CONTINUED

A copy of this written request must be sent simultaneously to:

Ileana Martinez, School Board Clerk  
 Miami-Dade County Public Schools  
 1450 N. E. 2<sup>nd</sup> Avenue, Room 268B  
 Miami, Florida 33132  
 Fax No. (305) 995-1448  
 E-mail: [martinez@dadeschools.net](mailto:martinez@dadeschools.net)

12. **BID ADDENDUMS:** All bidders should monitor continuously, M-DCPS, Procurement Management Services website for any addendums that may be posted, prior to the opening of this solicitation. The Procurement Management website, which lists all bids, addendums, and award information, is as follows: <http://procurement.dadeschools.net>
  
13. **OCCUPATIONAL LICENSE:** Any person, firm, corporation or joint venture, with a business location in Miami-Dade County, Florida, which is submitting a bid, shall meet the County's Occupational License Tax requirements in accordance with Chapter 8A, Article IX of the Code of Miami-Dade County shall meet their local Occupational Tax requirements. A copy of the license is requested to be submitted with the Bid Proposal. If the Bidder has already complied with this requirement, a new copy is not required while the license is valid and in effect. It is the Bidder's responsibility to resubmit a copy of new license after the expiration or termination of the current license. Non-compliance with this condition may cause the bid not to be considered for award.

The School Board of Miami-Dade County, Florida  
 Bid #026-EE10  
 Physical Examinations-Bus Drivers North of Flagler Street

**BID PROPOSAL FORM (FORMAT B)**

|  |
|--|
| Type or print in this box the complete name of the bidder:         |
| Bid No. 026-EE10   |
| Title: Physical Examinations - Bus Drivers North of Flagler Street |
| Buyer: B. Jones  |

PLEASE COMPLETE ALL SHADED AREAS

|                 |
|-----------------|
| NAME OF BIDDER: |
|-----------------|

| ITEM | DESCRIPTION OF ITEM  | Qty   | Unit | Price Per Unit |  |
|------|--|-------|------|----------------|--|
|      | VENDOR SHALL INDICATE MANUFACTURER'S WARRANTY, IF GREATER THAN ONE YEAR  |       |      |                |  |
|      | Physical examinations for school bus drivers shall be conducted, per the attached specifications, as outlined on the Florida Department of Education, Division of Support Services Physical Examination for School Bus Driver and Medical Examiner's Certificate (Form ESE 479) and in compliance with the attached U.S. Department of Transportation School Bus Driver Physical Standards: Medical Regulatory Criteria for Physical Examinations. |       |      |                |  |
| 1    | Physical examinations: Site to be located north of Flagler Street or contractor must have a mobile van.  | 1,500 | Each |                |  |



# Florida School Bus Operators Medical Examination Report for Commercial Driver Fitness Determination

**1. DRIVER'S INFORMATION** Driver completes this section

Florida Department of Education

Driver's Name (Last, First, Middle) \_\_\_\_\_ Social Security No. \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex  M  F  New certification  Recertification  Follow-up \_\_\_\_\_ Date of Exam \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Work Tel: ( ) \_\_\_\_\_ Home Tel: ( ) \_\_\_\_\_ Driver License No. \_\_\_\_\_ License Class  A  B  C  D  Other \_\_\_\_\_ State of Issue \_\_\_\_\_

**2. HEALTH HISTORY** Driver completes this section, but medical examiner is encouraged to discuss with driver.

|  |  |  |   |  |   |
|--|--|--|---|--|---|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Any illness or injury in last 5 years?                           | Yes <input type="checkbox"/> No <input type="checkbox"/> | Muscular disease  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Loss of, or altered consciousness   |
| <input type="checkbox"/>                                 | Head/Brain injuries, disorder, or illnesses                      | <input type="checkbox"/>                                 | Shortness of breath                                       | <input type="checkbox"/>                                 | Fainting, dizziness   |
| <input type="checkbox"/>                                 | Seizures, epilepsy   | <input type="checkbox"/>                                 | Lung disease, emphysema, asthma, chronic bronchitis       | <input type="checkbox"/>                                 | Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring |
| <input type="checkbox"/>                                 | Medication _____   | <input type="checkbox"/>                                 | Kidney disease, dialysis                                  | <input type="checkbox"/>                                 | Stroke or paralysis   |
| <input type="checkbox"/>                                 | Eye disorders or impaired vision (except corrective lenses)      | <input type="checkbox"/>                                 | Liver disease   | <input type="checkbox"/>                                 | Missing or impaired hand, arm, foot, leg, finger, toe                               |
| <input type="checkbox"/>                                 | Ear disorders, loss of hearing or balance                        | <input type="checkbox"/>                                 | Digestive problems  | <input type="checkbox"/>                                 | Spinal injury or disease  |
| <input type="checkbox"/>                                 | Heart disease or heart attack; other cardiovascular condition    | <input type="checkbox"/>                                 | Diabetes or elevated blood sugar controlled by:           | <input type="checkbox"/>                                 | Chronic low back pain   |
| <input type="checkbox"/>                                 | Medication _____   | <input type="checkbox"/>                                 | diet  | <input type="checkbox"/>                                 | Regular, frequent alcohol use   |
| <input type="checkbox"/>                                 | Heart surgery (valve replacement/bypass, angioplasty, pacemaker) | <input type="checkbox"/>                                 | pills   | <input type="checkbox"/>                                 | Narcotic or habit forming drug use  |
| <input type="checkbox"/>                                 | High blood pressure  | <input type="checkbox"/>                                 | Insulin   | <input type="checkbox"/>                                 |   |
| <input type="checkbox"/>                                 | Medication _____   | <input type="checkbox"/>                                 | Nervous or psychiatric disorders, e.g., severe depression | <input type="checkbox"/>                                 |   |
|  |  | <input type="checkbox"/>                                 | Medication _____  |  |   |

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving.)

I certify that the above information is complete and true. I understand that inaccurate, false, or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*NOTE: All Florida public school bus drivers, including charter school bus drivers, must obtain a Commercial Driver's Medical Examination every year.

**3. VISION** Testing (Medical Examiner completes Sections 3 through 7)

Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Numerical readings must be provided.

| ACUITY    | UNCORRECTED | CORRECTED | HORIZONTAL FIELD OF VISION |
|-----------|-------------|-----------|----------------------------|
| Right Eye | 20/         | 20/       | Right Eye °                |
| Left Eye  | 20/         | 20/       | Left Eye °                 |
| Both Eyes | 20/         | 20/       | °                          |

Complete next line only if vision testing is done by an ophthalmologist or optometrist.

Date of Examination \_\_\_\_\_ Name of Ophthalmologist or Optometrist (print) \_\_\_\_\_ Telephone No. \_\_\_\_\_ License No. / State of Issue \_\_\_\_\_ Signature \_\_\_\_\_

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-compare values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors?  Yes  No

Applicant meets acuity requirement only when wearing:  Corrective Lenses

Monocular Vision:  Yes  No

**4. HEARING** Standard: a) Must first perceive forced whispered voice ≥ 5ft., with or without hearing aid, or b) average hearing loss in better ear ≤ 40 dB.

Check if hearing aid used for tests.  Check if hearing aid required to meet standard.

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14dB from ISO for 500Hz, -10dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

| a) Record distance from individual at which forced whispered voice can first be heard. | Right Ear |      | Left Ear |      | b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951) |
|--|-----------|------|----------|------|--|
|  | Feet      | Feet | Feet     | Feet |  |
|  |           |      |          |      |  |

Average: \_\_\_\_\_ Average: \_\_\_\_\_

**5. BLOOD PRESSURE / PULSE RATE** Numerical readings must be recorded.

| Blood Pressure                                | Systolic | Diastolic |
|---|----------|-----------|
| Driver qualified if ≤ 160/90 on initial exam. |          |           |

Pulse Rate  Regular  Irregular

**GUIDELINES FOR BLOOD PRESSURE EVALUATION**

On initial exam: If 161 - 180 and/or 91-104, qualify 3 months only. → If ≤ 160 and/or 90, qualify for 1 year. Document Rx & control the 3<sup>rd</sup> month. → Annually if acceptable BP is maintained.

If > 180 and/or 104, not qualified until reduced to < 181/105. Then qualify for 3 months only. → If ≤ 160 and/or 90, qualify for 6 months. Document Rx & control the 3<sup>rd</sup> month. → Annually.

Medical examiner should take at least 2 readings to confirm blood pressure.

**6. LABORATORY AND OTHER TEST FINDING** Numerical readings must be recorded.

Urinalysis is required. Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem. Other testing (Describe and record)

| URINE SPECIMEN | SPEC. GRAVITY | PROTEIN | BLOOD | SUGAR |
|----------------|---------------|---------|-------|-------|
|                |               |         |       |       |

**7. PHYSICAL EXAMINATION** Height: \_\_\_\_\_ (in.) Weight: \_\_\_\_\_ (lbs)

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See Instructions To The Medical Examiner for guidance.

| BODY SYSTEM  | CHECK FOR:  | YES | NO | BODY SYSTEM   | CHECK FOR:  | YES | NO |
|--|---|-----|----|---|---|-----|----|
| 1. General Appearance                                | Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.  |     |    | 7. Abdomen and Viscera  | Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abnormal wall muscle weakness.   |     |    |
| 2. Eyes  | Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.                          |     |    | 8. Vascular system  | Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.   |     |    |
| 3. Ears  | Middle ear disease, occlusion of external canal, perforated eardrums.   |     |    | 9. Genito-urinary system  | Hernias.  |     |    |
| 4. Mouth and Throat                                  | Irremediable deformities likely to interfere with breathing or swallowing.  |     |    | 10. Extremities - Limb impaired. Driver may be subject to SPE certificate if otherwise qualified. | Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly. |     |    |
| 5. Heart   | Murmurs, extra sounds, enlarged heart, pacemaker.   |     |    | 11. Spine, other musculoskeletal  | Previous surgery, deformities, limitation of motion, tenderness.  |     |    |
| 6. Lungs and chest, not including breast examination | Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest. |     |    | 12. Neurological  | Impaired equilibrium, coordination, or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.  |     |    |

\*COMMENTS: \_\_\_\_\_

Note certification status here. See Instructions To The Medical Examiner for guidance.

Meets standards in 49 CFR 391.41; qualifies for 1 year certificate  Wearing corrective lenses  Skill Performance Evaluation (SPE) Certificate

Does not meet standards  Wearing hearing aid  Driving within an exempt intracity zone

Meets standards, but periodic evaluation required  Accompanied by a \_\_\_\_\_ waiver/exemption  Qualified by operation of 49 CFR 391.64

Due to \_\_\_\_\_ driver qualified only for:  3 months  6 months  Other \_\_\_\_\_

Temporarily disqualified due to (condition or medication): \_\_\_\_\_

Return to medical examiner's office for follow up on \_\_\_\_\_

If meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

Medical Examiner's Signature \_\_\_\_\_  
 Medical Examiner's Name (print) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

**DEXTERITY TESTING FOR SCHOOL BUS DRIVER** (For each item, mark [X] "Yes" or "No")

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Applicant did climb and descend the front steps of a 65-passenger bus without pausing.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Applicant did open and close a manually operated 65-passenger bus entrance door without difficulty while seated in the driver's seat.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Applicant did activate the brake pedal with the right foot in 3/4 of a second or less after removing the right foot from the throttle pedal.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Applicant did move from a seated position in the driver's seat of a 65-passenger bus to the rear of the bus, open the emergency door, and exit the bus all within 20 seconds.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Applicant did operate the driving controls using both arms simultaneously and quickly. For example, activate master panel switches or shift gears while keeping one hand on the steering wheel of a 65-passenger bus traveling 25 miles per hour. (Activity #5 is to be done last, only if all prior activities are successfully completed) | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of School District Examiner \_\_\_\_\_ Date Examined \_\_\_\_\_

Rule 6A-3.0141(9)(c) FAC, states: Successfully pass a dexterity test administered by the school district and maintain a valid Medical Examiner's Certificate.

**MEDICAL EXAMINER'S CERTIFICATE**

I certify that I have examined \_\_\_\_\_ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-49) and with knowledge of the driving duties. I find this person is qualified; and if applicable, only when:

wearing corrective lenses  driving within an exempt intracity zone (49 CFR 391.62)

wearing hearing aid  accompanied by a Skill Performance Evaluation Certificate (SPE)

accompanied by a \_\_\_\_\_ waiver/exemption  qualified by operation of 49 CFR 391.64

The information provided regarding this physical examination is true and complete. This certificate is valid for a maximum period of 13 months from the date of examination unless a limited validation period is indicated. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Medical Examiner's Name (Print) \_\_\_\_\_  MD  DO  Chiropractor  Advance Practice Nurse

Medical Examiner's License or Certificate No. / Issuing State \_\_\_\_\_  Physician Assistant

Signature of Driver \_\_\_\_\_ Medical Certificate Exp. Date \_\_\_\_\_

Address of Driver \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_





## Federal Motor Carrier Safety Administration


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**Rules & Regulations**
[Medical Conference Reports](#) | [Regulations](#) | [Medical Advisory Criteria for Evaluation Under 49 CFR Part 391.41](#)

### Medical Advisory Criteria for Evaluation Under 49 CFR Part 391.41

**Note** Unlike regulations which are codified and have a statutory base, the recommendations in this advisory are simply guidance established to help the medical examiner determine a driver's medical qualifications pursuant to Section 391.41 of the Federal Motor Carrier Safety Regulations (FMCSRs). The Office of Motor Carrier Research and Standards routinely sends copies of these guidelines to medical examiners to assist them in making an evaluation. The medical examiner may, but is not required to, accept the recommendations. Section 390.3(d) of the FMCSRs allows employers to have more stringent medical requirements.

#### 391.41(b)(1)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no loss of a foot, leg, hand, or arm, or has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to Section 391.49. and

#### 391.41(b)(2)

A person is physically qualified to drive a commercial motor vehicle if that person has no impairment of:

(i) A hand or finger which interferes with prehension or power grasping.

(ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle.

(iii) Any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle.

(iv) Has been granted a Skill Performance Evaluation (SPE) certificate pursuant to Section 391.49.

A person who suffers loss of a foot, leg, hand or arm or whose limb impairment in any way interferes with the safe performance of normal tasks associated with operating a commercial motor vehicle is subject to the SPE Certification Program pursuant to Section 391.49, assuming the person is otherwise qualified.

With the advancement of technology, medical aids and equipment, modifications have been

developed to compensate for certain disabilities. The SPE Certification Program (formerly the Limb Waiver Program) was designed to allow persons with the loss of a foot or limb or with functional impairment to qualify under the Federal Motor Carrier Safety Regulations (FMCSRs) by use of prosthetic devices or equipment modifications which enable them to safely operate a commercial motor vehicle. Since there are no medical aids equivalent to the original body or limb, certain risks are still present, and thus restrictions may be included on individual SPE certificates when a State Director for the FMCSA determines they are necessary to be consistent with safety and public interest.

If the driver is found otherwise medically qualified (391.41(b)(3) through (13)), the medical examiner must check on the medical certificate that the driver is qualified only if accompanied by a SPE certificate. The driver and the employing motor carrier are subject to appropriate penalty if the driver operates a motor vehicle in interstate or foreign commerce without a current SPE certificate for his/her physical disability.

#### **391.41(b)(3)**

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.

Diabetes mellitus is a disease which, on occasion, can result in a loss of consciousness or disorientation in time and space. Individuals who require insulin for control have conditions which can get out of control by the use of too much or too little insulin, or food intake not consistent with the insulin dosage. Incapacitation may occur from symptoms of hyperglycemic or hypoglycemic reactions (drowsiness, semiconsciousness, diabetic coma, or insulin shock).

The administration of insulin is within itself, a complicated process requiring insulin, syringe, needle, alcohol sponge and a sterile technique. Factors related to long-haul commercial motor vehicle operations such as fatigue, lack of sleep, poor diet, emotional conditions, stress, and concomitant illness, compound the diabetic problem. Because of these inherent dangers, the FMCSA has consistently held that a diabetic who uses insulin for control does not meet the minimum physical requirements of the FMCSRs.

Hypoglycemic drugs, taken orally, are sometimes prescribed for diabetic individuals to help stimulate natural body production of insulin. If the condition can be controlled by the use of oral medication and diet, then an individual may be qualified under the present rule.

See Conference Report on Diabetic Disorders and Commercial Drivers and Insulin-Using Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>

#### **391.41(b)(4)**

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis.

or

Any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.

The term "has no current clinical diagnosis of" is specifically designed to encompass, (1) a current cardiovascular condition; or (2) a cardiovascular condition which has not fully stabilized regardless of the time limit. The term "known to be accompanied by" is designed to include a clinical diagnosis of a cardiovascular disease (1) which is accompanied by symptoms of syncope, dyspnea, collapse, or congestive cardiac failure; and or (2) which is

likely to cause syncope, dyspnea, collapse, or congestive cardiac failure.

It is the intent of the Federal Motor Carrier Safety Regulations to render unqualified, a driver who has a current cardiovascular disease which is accompanied by and/or likely to cause symptoms of syncope, dyspnea, collapse, or congestive cardiac failure. However, the subjective decision of whether the nature and severity of an individual's condition will likely cause symptoms of cardiovascular insufficiency is on an individual basis and qualification rests with the medical examiner and the motor carrier. In those cases where there is an occurrence of cardiovascular insufficiency (myocardial infarction, thrombosis, etc.), it is suggested that, before a driver is certified, he/she have a normal resting and stress ECG, no residual complications, no physical limitations, and is taking no medication likely to interfere with safe driving.

Coronary artery bypass surgery and pacemaker implantation are remedial procedures and thus not unqualifying. Implantable cardioverter defibrillators are disqualifying due to risk of syncope. Coumadin is a medical treatment which can improve the health and safety of the driver and should not, by its use, medically disqualify the commercial driver. The emphasis should be on the underlying medical condition(s) which require treatment and the general health of the driver. FMCSA should be contacted at (202) 366-1790 for additional recommendations regarding the physical qualification of drivers on coumadin.

(See Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

#### **391.41(b)(5)**

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with the ability to control and drive a commercial motor vehicle safely.

Since a driver must be alert at all times, any change in his or her mental state is in direct conflict with highway safety. Even the slightest impairment in respiratory function under emergency conditions (when greater oxygen supply is necessary for performance) may be detrimental to safe driving.

There are many conditions that interfere with oxygen exchange and may result in incapacitation, including emphysema, chronic asthma, carcinoma, tuberculosis, chronic bronchitis and sleep apnea. If the medical examiner detects a respiratory dysfunction, that in any way is likely to interfere with the driver's ability to safely control and drive a commercial motor vehicle, the driver must be referred to a specialist for further evaluation and therapy.

Anticoagulation therapy for deep vein thrombosis and/or pulmonary thromboembolism is not unqualifying once optimum dose is achieved, provided lower extremity venous examinations remain normal and the treating physician gives a favorable recommendation.

See Conference on Pulmonary/Respiratory Disorders and Commercial Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>

#### **391.41(b)(6)**

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no current clinical diagnosis of high blood pressure likely to interfere with the ability to operate a commercial motor vehicle safely.

Hypertension alone is unlikely to cause sudden collapse; however, the likelihood increases when target organ damage, particularly cerebral vascular disease is present. This advisory criteria is based on FMCSA's Cardiovascular Advisory Guidelines for the Examination of CMV Drivers, which used the Sixth Report of the Joint National Committee on Prevention,



### Detection, Evaluation, and Treatment of High Blood Pressure (1997).

**Stage 1** hypertension corresponds to a systolic BP of 140-159 mmHg and/or a diastolic BP of 90-99 mmHg. The driver with a BP in this range is at low risk for hypertension-related acute incapacitation and may be medically certified to drive for a one-year period. Certification examinations should be done annually thereafter and should be less than 140/90. If less than 160/100, certification may be extended one time for three months.

A blood pressure of 160-179 systolic and/or 100-109 diastolic is considered **Stage 2** hypertension, and the driver is not necessarily unqualified during evaluation and institution of treatment. The driver is given a one time certification of three months to reduce his or her blood pressure to less than 140/90. A blood pressure in this range is an absolute indication for antihypertensive drug therapy. Provided treatment is well tolerated and the driver demonstrates a BP value of less than 140/90, he or she may be certified for one year from the date of the initial exam. The driver is certified annually thereafter.

A blood pressure at or greater than 180 (systolic) and 110 (diastolic) is considered **Stage 3**, high risk for an acute BP-related event. The driver may not be qualified, even temporarily, until reduced to less than 140/90 and treatment is well tolerated. The driver may be certified for 6 months and biannually (every 6 months) thereafter if at recheck BP is less than 140/90.

Annual recertification is recommended if the medical examiner does not know the severity of hypertension prior to treatment.

An elevated blood pressure finding should be confirmed by at least two subsequent measurements on different days.

Treatment includes non-pharmacologic and pharmacologic modalities as well as counseling to reduce other risk factors. Most antihypertensive medications also have side effects, the importance of which must be judged on an individual basis. Individuals must be alerted to the hazards of these medications while driving. Side effects of somnolence or syncope are particularly undesirable in commercial drivers.

Secondary hypertension is based on the above stages.

Evaluation is warranted if patient is persistently hypertensive on maximal or near-maximal doses of 2-3 pharmacologic agents. Some causes of secondary hypertension may be amenable to surgical intervention or specific pharmacologic therapy. (See Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers at: <http://www.fmcsa.dot.gov/rulesregs/medreports.htm>)

### GUIDELINES FOR BLOOD PRESSURE EVALUATION

| Reading         | Category | Expiration Date                    | Recertification   |
|-----------------|----------|------------------------------------|---|
| 140-159/90-99   | Stage 1  | 1 year                             | 1 year if <140/90.<br>One-time certificate for 3 months if 140-159/90-99. |
| 160-179/100-109 | Stage 2  | One-time certificate for 3 months. | 1 year from date of exam if <140/90.                                      |
| ≥ 180/110       | Stage 3  | Disqualified                       | 6 months from date of exam if <140/90, then every 6 months if <140/90.    |

Driver qualified if <140/90.

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of a rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease which interferes with the ability to control and operate a commercial motor vehicle.

Certain diseases are known to have acute episodes of transient muscle weakness, poor muscular coordination (ataxia), abnormal sensations (paresthesia), decreased muscle tone (hypotonia), visual disturbances and pain which may be suddenly incapacitating. With each recurring episode, these symptoms may become more pronounced and remain for longer periods of time. Other diseases have more insidious onsets and display symptoms of muscle wasting (atrophy), swelling and paresthesia which may not suddenly incapacitate a person but may restrict his/her movements and eventually interfere with the ability to safely operate a motor vehicle. In many instances these diseases are degenerative in nature or may result in deterioration of the involved area.

Once the individual has been diagnosed as having a rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease, then he/she has an established history of that disease. The physician, when examining an individual, should consider the following:

- (1) The nature and severity of the individual's condition (such as sensory loss or loss of strength;
- (2) The degree of limitation present (such as range of motion);
- (3) The likelihood of progressive limitation (not always present initially but manifest itself over time;
- (4) The likelihood of sudden incapacitation.

If severe functional impairment exists, the driver does not qualify. In cases where more frequent monitoring is required, a certificate for a shorter period of time may be issued.

See Conference on Neurological Disorders and Commercial Drivers at:  
<http://www.dot.gov/rulesregs/medreports.htm>

#### 391.41(b)(8)

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no established medical history or clinical diagnosis of epilepsy;

or

Any other condition which is likely to cause the loss of consciousness, or any loss of ability to control a commercial motor vehicle.

Epilepsy is a chronic functional disease characterized by seizures or episodes that occur without warning, resulting in loss of voluntary control which may lead to loss of consciousness and/or seizures. Therefore, the following drivers cannot be qualified:

- (1) a driver who has a medical history of epilepsy;
- (2) a driver who has a current clinical diagnosis of epilepsy; or
- (3) a driver who is taking antiseizure medication.

If an individual has had a sudden episode of a nonepileptic seizure or loss of consciousness of unknown cause which did not require antiseizure medication, the decision as to whether that person's condition will likely cause the loss of consciousness or loss of ability to control a commercial motor vehicle is made on an individual basis by the medical examiner in consultation with the treating physician. Before certification is considered, it is suggested that a 6-month waiting period elapse from the time of the episode. Following the waiting period, it is suggested that the individual have a complete neurological examination. If the results of the examination are negative and antiseizure medication is not required, then the driver may be qualified.

In those individual cases where a driver had a seizure or an episode of loss of consciousness that resulted from a known medical condition (e.g., drug reaction, high temperature, acute infectious disease, dehydration, or acute metabolic disturbance), certification should be deferred until the driver has fully recovered from that condition, has no existing residual complications, and is not taking antiseizure medication.

Drivers with a history of epilepsy/seizures off antiseizure medication and seizure-free for 10 years may be qualified to operate a CMV in interstate commerce. Interstate drivers with a history of a single unprovoked seizure may be qualified to drive a CMV in interstate commerce if seizure-free and off antiseizure medication for a 5-year period or more.

See Conference on Neurological Disorders and Commercial Drivers at:  
<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>

#### **391.41(b)(9)**

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with the driver's ability to drive a commercial motor vehicle safely.

Emotional or adjustment problems contribute directly to an individual's level of memory, reasoning, attention, and judgment. These problems often underlie physical disorders. A variety of functional disorders can cause drowsiness, dizziness, confusion, weakness, or paralysis that may lead to incoordination, inattention, loss of functional control and susceptibility to crashes while driving. Physical fatigue, headache, impaired coordination, recurring physical ailments, and chronic "nagging" pain may be present to such a degree that certification for commercial driving is inadvisable. Somatic and psychosomatic complaints should be thoroughly examined when determining an individual's overall fitness to drive. Disorders of a periodically incapacitating nature, even in the early stages of development, may warrant disqualification.

Many bus and truck drivers have documented that "nervous trouble" related to neurotic, personality, emotional or adjustment problems is responsible for a significant fraction of their preventable crashes. The degree to which an individual is able to appreciate, evaluate and adequately respond to environmental strain and emotional stress is critical when assessing an individual's mental alertness and flexibility to cope with the stresses of commercial motor vehicle driving.

When examining the driver, it should be kept in mind that individuals who live under chronic emotional upsets may have deeply ingrained maladaptive or erratic behavior patterns. Excessively antagonistic, instinctive, impulsive, openly aggressive, paranoid or severely depressed behavior greatly interfere with the driver's ability to drive safely. Those individuals who are highly susceptible to frequent states of emotional instability (schizophrenia, affective psychoses, paranoia, anxiety or depressive neurosis) may warrant disqualification.

Careful consideration should be given to the side effects and interactions of medications in the overall qualification determination. See Psychiatric Conference Report for specific recommendations on the use of these medications and potential hazards for driving.

See Conference on Psychiatric Disorders and Commercial Drivers at:  
<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>

#### **391.41 (b)(10)**

A person is physically qualified to drive a commercial motor vehicle if that person:

Has a distant visual acuity of at least 20/40 (Snellen) in each eye with or without corrective lenses, or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses;

and

distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses;

and

field of vision of at least 70 degrees in the horizontal meridian in each eye;

and

the ability to recognize the colors of traffic control signals and devices showing standard; red, green, and amber.

The term "ability to recognize the colors of" is interpreted to mean if a person can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber, he or she meets the minimum standard, even though he or she may have some type of color perception deficiency. If certain color perception tests are administered (such as Ishihara, Pseudoisochromatic, Yarn, etc.), and doubtful findings are discovered, a controlled test using signal red, green, and amber may be employed to determine the driver's ability to recognize these colors.

Contact lenses are permissible if there is sufficient evidence to indicate that the driver has good tolerance and is well adapted to their use. Use of a contact lens in one eye for distant visual acuity and another lens in the other eye for near vision is not acceptable, nor are telescopic lenses acceptable for driving commercial motor vehicles.

If an individual meets the criteria by the use of glasses or contact lenses, the following statement shall appear on the Medical Examiner's Certificate: "Qualified only if wearing corrective lenses." CMV drivers who do not meet the Federal vision standards may call (202) 366-1790.

See Visual Disorders and Commercial Drivers at:  
<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>

#### **391.41(b)(11)**

A person is physically qualified to drive a commercial vehicle if that person:

First perceives a forced whispered voice in the better ear at not less than five feet with or without the use of a hearing aid.

or

If tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to the American National Standard, [formerly American Standard Association (ASA)] Z24.5-1951.

Since the prescribed standard under the FMCSRs is the American National Standards Institute (ANSI), it may be necessary to convert the audiometric results from the International Standards Organization (ISO) standard to the ANSI standard. Instructions are included on the Medical Examination Report form.

If an individual meets the criteria by using a hearing aid, the driver must wear that hearing aid and have it in operation at all times while driving. Also, the driver must be in possession of a spare power source for the hearing aid.

For the whispered voice test, the individual should be stationed at least 5 feet from the

examiner with the ear being tested turned toward the examiner. The other ear is covered. Using the breath which remains after a normal expiration, the examiner whispers words or random numbers such as 66, 18, 23, etc. The examiner should not use only sibilants (s-sounding test materials). If the individual fails the whispered voice test, the audiometric test should be administered.

If an individual meets the criteria by the use of a hearing aid, the following statement must appear on the Medical Examiner's Certificate "Qualified only when wearing a hearing aid."

See Hearing Disorders and Commercial Motor Vehicle Drivers at:  
<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>

#### **391.41(b)(12)**

A person is physically qualified to drive a commercial vehicle if that person:

Does not use a controlled substance identified in 21 CFR 1308.11, Schedule I, an amphetamine, a narcotic, or any other habit-forming drug.

Exception: A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties; and has advised the driver that the prescribed substance or drug will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

This exception does not apply to the use of methadone.

The intent of the medical certification process is to medically evaluate a driver to ensure that the driver has no medical condition which interferes with the safe performance of driving tasks on a public road. If a driver uses a Schedule I drug or other substance, amphetamine, a narcotic, or any other habit-forming drug, it may be cause for the driver to be found medically unqualified. Motor carriers are encouraged to obtain a practitioner's written statement about the effects on transportation safety of the use of a particular drug.

A test for controlled substances is not required as part of this biennial certification process. The FMCSA or the driver's employer should be contacted directly for information on controlled substances and alcohol testing under Part 382 of the FMCSRs.

The term "uses" is designed to encompass instances of prohibited drug use determined by a physician through established medical means. This may or may not involve body fluid testing. If body fluid testing takes place, positive test results should be confirmed by a second test of greater specificity. The term "habit forming" is intended to include any drug or medication generally recognized as capable of becoming habitual, and which may impair the user's ability to operate a commercial motor vehicle safely.

The driver is medically unqualified for the duration of the prohibited drug(s) use and until a second examination shows the driver is free from the prohibited drug(s) use. Recertification may involve a substance abuse evaluation, the successful completion of a drug rehabilitation program, and a negative drug test result. Additionally, given that the certification period is normally 2 years, the examiner has the option to certify for a period of less than 2 years if this examiner determines more frequent monitoring is required.

See Conference on Neurological Disorders and Commercial Drivers and Conference on Psychiatric Disorders and Commercial Drivers at:  
<http://www.fmcsa.dot.gov/rulesregs/medreports.htm>.

#### **391.41(b)(13)**

A person is physically qualified to drive a commercial motor vehicle if that person:

Has no current clinical diagnosis of alcoholism.

The term "current clinical diagnosis" is specifically designed to encompass a current alcoholic illness or those instances where the individual's physical condition has not fully stabilized, regardless of the time element. If an individual shows signs of having an alcohol-use problem, he or she should be referred to a specialist. After counseling and/or treatment, he or she may be considered for certification.



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