

COUNTY OF FRESNO

REQUEST FOR QUOTATION

NUMBER: 964-5255

MEDICAL EXAMINATIONS - PRE-EMPLOYMENT, PERIODIC, COMPULSORY & DMV

March 21, 2014

ORG/Requisition: 10100400/ 1011400014

PURCHASING USE

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EMPLOYMENT, PERIODIC, COMPULSORY & DMV.DOC

IMPORTANT: SUBMIT QUOTATION IN SEALED PACKAGE WITH QUOTATION NUMBER, CLOSING DATE AND BUYER'S NAME MARKED CLEARLY ON THE OUTSIDE TO:

COUNTY OF FRESNO, Purchasing
4525 EAST HAMILTON AVENUE, 2nd Floor
FRESNO, CA 93702-4599

CLOSING DATE OF BID WILL BE AT 2:00 P.M., ON APRIL 23, 2014.

QUOTATIONS WILL BE CONSIDERED LATE WHEN THE OFFICIAL PURCHASING TIME CLOCK READS 2:00 P.M.

All quotation information will be available for review after contract award.

Clarification of specifications is to be directed to: Louann M. Jones, e-mail CountyPurchasing@co.fresno.ca.us, phone (559) 600-7118, FAX (559) 600-7126.

GENERAL CONDITIONS: See "County Of Fresno Purchasing Standard Instructions And Conditions For Request For Proposals (RFP'S) and Requests for Quotations (RFQ'S)" attached. Check County of Fresno Purchasing's Open Solicitations website at <https://www2.co.fresno.ca.us/0440/Bids/BidsHome.aspx> for RFQ/RFP documents and changes.

BIDDER TO COMPLETE

UNDERSIGNED AGREES TO FURNISH THE COMMODITY OR SERVICE STIPULATED IN THE ATTACHED QUOTATION SCHEDULE AT THE PRICES AND TERMS STATED, SUBJECT TO THE "COUNTY OF FRESNO PURCHASING STANDARD INSTRUCTIONS AND CONDITIONS FOR REQUEST FOR QUOTATIONS (RFP'S) AND REQUESTS FOR QUOTATIONS (RFQ'S)" ATTACHED.

Except as noted on individual items, the following will apply to all items in the Quotation Schedule.

1. Complete delivery will be made within _____ calendar days after receipt of Order.
2. A cash discount _____ % _____ days will apply.

COMPANY

ADDRESS

CITY

STATE

ZIP CODE

()

TELEPHONE NUMBER

()

FACSIMILE NUMBER

E-MAIL ADDRESS

SIGNED BY

PRINT NAME

TITLE

COUNTY OF FRESNO PURCHASING

STANDARD INSTRUCTIONS AND CONDITIONS FOR REQUESTS FOR PROPOSALS (RFP'S) AND REQUESTS FOR QUOTATIONS (RFQ'S)

Note: the reference to "bids" in the following paragraphs applies to RFP's and RFQ's

GENERAL CONDITIONS

By submitting a bid the bidder agrees to the following conditions. These conditions will apply to all subsequent purchases based on this bid.

1. BID PREPARATION:

- A) All prices and notations must be typed or written in ink. No erasures permitted. Errors may be crossed out, initialed and corrections printed in ink by person signing bid.
- B) Brand Names: Brand names and numbers when given are for reference. Equal items will be considered, provided the offer clearly describes the article and how it differs from that specified. In the absence of such information it shall be understood the offering is exactly as specified.
- C) State brand or make of each item. If bidding on other than specified, state make, model and brand being bid and attach supporting literature/specifications to the bid.
- D) Bid on each item separately. Prices should be stated in units specified herein. All applicable charges must be quoted; charges on invoice not quoted herein will be disallowed.
- E) Time of delivery is a part of the consideration and must be stated in definite terms and must be adhered to. F.O.B. Point shall be destination or freight charges must be stated.
- F) All bids must be dated and signed with the firm's name and by an authorized officer or employee.
- G) Unless otherwise noted, prices shall be firm for one hundred eighty (180) days after closing date of bid.

2. SUBMITTING BIDS:

- A) Each bid must be submitted on forms provided in a sealed envelope/package with bid number and closing date and time on the outside of the envelope/package.
- B) Interpretation: Should any discrepancies or omissions be found in the bid specifications or doubt as to their meaning, the bidder shall notify the Buyer in writing at once. The County shall not be held responsible for verbal interpretations. Questions regarding the bid must be received by Purchasing at least five (5) working days before bid opening. All addenda issued shall be in writing, duly issued by Purchasing and incorporated into the contract.
- C) ISSUING AGENT/AUTHORIZED CONTACT: This RFP/RFQ has been issued by County of Fresno, Purchasing. Purchasing shall be the vendor's sole point of contact with regard to the RFP/RFQ, its content, and all issues concerning it.

All communication regarding this RFP/RFQ shall be directed to an authorized representative of County Purchasing. The specific buyer managing this RFP/RFQ is identified on the cover page, along with his or her telephone number, and he or she should be the primary

point of contact for discussions or information pertaining to the RFP/RFQ. Contact with any other County representative, including elected officials, for the purpose of discussing this RFP/RFQ, its content, or any other issue concerning it, is prohibited unless authorized by Purchasing. Violation of this clause, by the vendor having unauthorized contact (verbally or in writing) with such other County representatives, may constitute grounds for rejection by Purchasing of the vendor's quotation.

The above stated restriction on vendor contact with County representatives shall apply until the County has awarded a purchase order or contract to a vendor or vendors, except as follows. First, in the event that a vendor initiates a formal protest against the RFP/RFQ, such vendor may contact the appropriate individual, or individuals who are managing that protest as outlined in the County's established protest procedures. All such contact must be in accordance with the sequence set forth under the protest procedures. Second, in the event a public hearing is scheduled before the Board of Supervisors to hear testimony prior to its approval of a purchase order or contract, any vendor may address the Board.

- D) Bids received after the closing time will NOT be considered.
- E) Bidders are to bid what is specified or requested first. If unable to or unwilling to, bidder may bid alternative or option, indicating all advantages, disadvantages and their associated cost.
- F) Public Contract Code Section 7028.15

Where the State of California requires a Contractor's license, it is a misdemeanor for any person to submit a bid unless specifically exempted.

3. FAILURE TO BID:

- A) If not bidding, return bid sheet and state reason for no bid or your name may be removed from mailing list.

4. TAXES, CHARGES AND EXTRAS:

- A) County of Fresno is subject to California sales and/or use tax (8.225%). Please indicate as a separate line item if applicable.
- B) **DO NOT** include Federal Excise Tax. County is exempt under Registration No. 94-73-03401-K.
- C) County is exempt from Federal Transportation Tax. Exemption certificate is not required where shipping papers show consignee as County of Fresno.
- D) Charges for transportation, containers, packing, etc. will not be paid unless specified in bid.

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5. W-9 – REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION & CALIFORNIA FORM 590 WITHHOLDING EXEMPTION CERTIFICATE:

Upon award of bid, the vendor shall submit to County Purchasing, a completed IRS Form W-9 - Request for Taxpayer Identification Number and Certification and a California Form 590 Withholding Exemption Certificate if not currently a County of Fresno approved vendor.

6. AWARDS:

- A) Award(s) will be made to the most responsive responsible bidder; however, the Fresno County Local Vendor Preference and/or the Disabled Veteran Business Enterprise Preference shall take precedence when applicable. Said Preferences apply only to Request for Quotations for materials, equipment and/or supplies only (no services); the preference do not apply to Request for Proposals. RFQ evaluations will include such things as life-cycle cost, availability, delivery costs and whose product and/or service is deemed to be in the best interest of the County. The County shall be the sole judge in making such determination.
- B) Unless bidder gives notice of all-or-none award in bid, County may accept any item, group of items or on the basis of total bid.
- C) The County reserves the right to reject any and all bids and to waive informalities or irregularities in bids.
- D) Award Notices are tentative: Acceptance of an offer made in response to this RFP/RFQ shall occur only upon execution of an agreement by both parties or issuance of a valid written Purchase Order by Fresno County Purchasing.
- E) After award, all bids shall be open to public inspection. The County assumes no responsibility for the confidentiality of information offered in a bid.

7. TIE BIDS:

All other factors being equal, the contract shall be awarded to the Fresno County vendor or, if neither or both are Fresno County vendors, it may be awarded by the flip of a coin in the presence of witnesses or the entire bid may be rejected and re-bid. If the General Requirements of the RFQ state that they are applicable, the provisions of the Fresno County Local Vendor Preference shall take priority over this paragraph.

8. PATENT INDEMNITY:

The vendor shall hold the County, its officers, agents and employees, harmless from liability of any nature or kind, including costs and expenses, for infringement or use of any copyrighted or uncopyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with this bid.

9. SAMPLES:

Samples, when required, must be furnished and delivered free and, if not destroyed by tests, will upon written request (within thirty (30) days of bid closing date) be returned at the bidder's expense. In the absence of such notification, County shall have the right to dispose of the samples in whatever manner it deems appropriate.

10. RIGHTS AND REMEDIES OF COUNTY FOR DEFAULT:

- A) In case of default by vendor, the County may procure the articles or service from another source and may recover the cost difference and related expenses occasioned thereby from any unpaid balance due the vendor or by proceeding against performance bond of the

vendor, if any, or by suit against the vendor. The prices paid by the County shall be considered the prevailing market price at the time such purchase is made.

- B) Articles or services, which upon delivery inspection do not meet specifications, will be rejected and the vendor will be considered in default. Vendor shall reimburse County for expenses related to delivery of non-specified goods or services.
- C) Regardless of F.O.B. point, vendor agrees to bear all risks of loss, injury or destruction to goods and materials ordered herein which occur prior to delivery and such loss, injury or destruction shall not release vendor from any obligation hereunder.

11. DISCOUNTS:

Terms of less than fifteen (15) days for cash payment will be considered as net in evaluating this bid. A discount for payment within fifteen (15) days or more will be considered in determining the award of bid. Discount period will commence either the later of delivery or receipt of invoice by the County. Standard terms are Net forty-five (45) days.

12. SPECIAL CONDITIONS IN BID SCHEDULE SUPERSEDE GENERAL CONDITIONS:

The "General Conditions" provisions of this RFP/RFQ shall be superseded if in conflict with any other section of this bid, to the extent of any such conflict.

13. SPECIAL REQUIREMENT:

With the invoice or within twenty-five (25) days of delivery, the seller must provide to the County a Material Safety Data Sheet for each product, which contains any substance on "The List of 800 Hazardous Substances", published by the State Director of Industrial Relations. (See Hazardous Substances Information and Training Act. California State Labor Code Sections 6360 through 6399.7.)

14. RECYCLED PRODUCTS/MATERIALS:

Vendors are encouraged to provide and quote (with documentation) recycled or recyclable products/materials which meet stated specifications.

15. YEAR COMPLIANCE WARRANTY:

Vendor warrants that any product furnished pursuant to this Agreement/order shall support a four-digit year format and be able to accurately process date and time data from, into and between the twentieth and twenty-first centuries, as well as leap year calculations. "Product" shall include, without limitation, any piece or component of equipment, hardware, firmware, middleware, custom or commercial software, or internal components or subroutines therein. This warranty shall survive termination or expiration of this Agreement.

In the event of any decrease in product functionality or accuracy related to time and/or date data related codes and/or internal subroutines that impede the product from operating correctly using dates beyond December 31, 1999, vendor shall restore or repair the product to the same level of functionality as warranted herein, so as to minimize interruption to County's ongoing business process, time being of the essence. In the event that such warranty compliance requires the acquisition of additional programs, the expense for any such associated or additional acquisitions, which may be required, including, without limitation, data conversion tools, shall be borne exclusively by vendor. Nothing in this warranty shall be construed to limit any rights or remedies the County may otherwise have under this Agreement with respect to defects other than year performance.

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16. PARTICIPATION:

Bidder may agree to extend the terms of the resulting contract to other political subdivision, municipalities and tax-supported agencies.

Such participating Governmental bodies shall make purchases in their own name, make payment directly to bidder, and be liable directly to the bidder, holding the County of Fresno harmless.

17. CONFIDENTIALITY:

All services performed by vendor shall be in strict conformance with all applicable Federal, State of California and/or local laws and regulations relating to confidentiality, including but not limited to, California Civil Code, California Welfare and Institutions Code, Health and Safety Code, California Code of Regulations, Code of Federal Regulations.

Vendor shall submit to County's monitoring of said compliance.

Vendor may be a business associate of County, as that term is defined in the "Privacy Rule" enacted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As a HIPAA Business Associate, vendor may use or disclose protected health information ("PHI") to perform functions, activities or services for or on behalf of County as specified by the County, provided that such use or disclosure shall not violate HIPAA and its implementing regulations. The uses and disclosures of PHI may not be more expansive than those applicable to County, as the "Covered Entity" under HIPAA's Privacy Rule, except as authorized for management, administrative or legal responsibilities of the Business Associate.

Vendor shall not use or further disclose PHI other than as permitted or required by the County, or as required by law without written notice to the County.

Vendor shall ensure that any agent, including any subcontractor, to which vendor provides PHI received from, or created or received by the vendor on behalf of County, shall comply with the same restrictions and conditions with respect to such information.

18. APPEALS:

Appeals must be submitted in writing within seven (7) working days after notification of proposed recommendations for award. A "Notice of Award" is not an indication of County's acceptance of an offer made in response to this RFP/RFQ. Appeals should be submitted to County of Fresno Purchasing, 4525 E. Hamilton Avenue, Fresno, California 93702-4599. Appeals should address only areas regarding RFP contradictions, procurement errors, quotation rating discrepancies, legality of procurement context, conflict of interest, and inappropriate or unfair competitive procurement grievance regarding the RFP/RFQ process.

Purchasing will provide a written response to the complainant within seven (7) working days unless the complainant is notified more time is required.

If the protesting bidder is not satisfied with the decision of Purchasing, he/she shall have the right to appeal to the Purchasing Agent/CAO within seven (7) business days after Purchasing's notification; except if, notified to appeal directly to the Board of Supervisors at the scheduled date and time.

If the protesting bidder is not satisfied with Purchasing Agent/CAO's decision, the final appeal is with the Board of Supervisors.

19. OBLIGATIONS OF CONTRACTOR:

- A) CONTRACTOR shall perform as required by the ensuing contract. CONTRACTOR also warrants on behalf of itself and all

subcontractors engaged for the performance of the ensuing contract that only persons authorized to work in the United States pursuant to the Immigration Reform and Control Act of 1986 and other applicable laws shall be employed in the performance of the work hereunder.

- B) CONTRACTOR shall obey all Federal, State, local and special district laws, ordinances and regulations.

20. AUDITS & RETENTION:

The Contractor shall maintain in good and legible condition all books, documents, papers, data files and other records related to its performance under this contract. Such records shall be complete and available to Fresno County, the State of California, the federal government or their duly authorized representatives for the purpose of audit, examination, or copying during the term of the contract and for a period of at least three (3) years following the County's final payment under the contract or until conclusion of any pending matter (e.g., litigation or audit), whichever is later. Such records must be retained in the manner described above until all pending matters are closed.

21. DISCLOSURE – CRIMINAL HISTORY & CIVIL ACTIONS:

Applies to Request for Proposal (RFP); does not apply to Request for Quotation (RFQ) unless specifically stated elsewhere in the RFQ document.

In their proposal, the bidder is required to disclose if any of the following conditions apply to them, their owners, officers, corporate managers and partners (hereinafter collectively referred to as "Bidder"):

- Within the three-year period preceding the proposal, they have been convicted of, or had a civil judgment rendered against them for:
 - o fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction;
 - o violation of a federal or state antitrust statute;
 - o embezzlement, theft, forgery, bribery, falsification, or destruction of records; or
 - o false statements or receipt of stolen property

Within a three-year period preceding their proposal, they have had a public transaction (federal, state, or local) terminated for cause or default.

22. DATA SECURITY:

Individuals and/or agencies that enter into a contractual relationship with the COUNTY for the purpose of providing services must employ adequate controls and data security measures, both internally and externally to ensure and protect the confidential information and/or data provided to contractor by the COUNTY, preventing the potential loss, misappropriation or inadvertent access, viewing, use or disclosure of COUNTY data including sensitive or personal client information; abuse of COUNTY resources; and/or disruption to COUNTY operations.

Individuals and/or agencies may not connect to or use COUNTY networks/systems via personally owned mobile, wireless or handheld devices unless authorized by COUNTY for telecommuting purposes and provide a secure connection; up to date virus protection and mobile devices must have the remote wipe feature enabled. Computers or computer peripherals including mobile storage devices may not be used (COUNTY or Contractor device) or brought in for use into the COUNTY's system(s) without prior authorization from COUNTY's Chief Information Officer and/or designee(s).

No storage of COUNTY's private, confidential or sensitive data on any hard-disk drive, portable storage device or remote storage installation unless

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encrypted according to advance encryption standards (AES of 128 bit or higher).

The COUNTY will immediately be notified of any violations, breaches or potential breaches of security related to COUNTY's confidential information, data and/or data processing equipment which stores or processes COUNTY data, internally or externally.

COUNTY shall provide oversight to Contractor's response to all incidents arising from a possible breach of security related to COUNTY's confidential client information. Contractor will be responsible to issue any notification to affected individuals as required by law or as deemed necessary by COUNTY in its sole discretion. Contractor will be responsible for all costs incurred as a result of providing the required notification.

23. PURCHASING LOCATION & HOURS:

Fresno County Purchasing is located at 4525 E. Hamilton Avenue (second floor), Fresno, CA 93702. Non-holiday hours of operation are Monday through Friday, 8:00 A.M. to 12:00 Noon and 1:00 P.M. to 5:00 P.M. PST; Purchasing is closed daily from 12:00 Noon to 1:00 P.M. The following holiday office closure schedule is observed:

January 1*	New Year's Day
Third Monday in January	Martin Luther King, Jr.'s Birthday
Third Monday in February	Washington - Lincoln Day
March 31*	Cesar Chavez' Birthday
Last Monday in May	Memorial Day
July 4*	Independence Day
First Monday in September	Labor Day
November 11*	Veteran's Day
Fourth Thursday in November	Thanksgiving Day
Friday following Thanksgiving	
December 25*	Christmas

* When this date falls on a Saturday, the holiday is observed the preceding Friday. If the date falls on a Sunday, the holiday is observed the following Monday.

BIDDING INSTRUCTIONS CONTRACT SERVICES

Overview

The County of Fresno is soliciting bids to establish an agreement under which the successful bidder will provide, pre-employment, periodic, compulsory (also known as fit-for-duty), and DMV medical examinations for employment related purposes for certain job classifications. A qualified vendor shall be defined as being experienced in conducting medical examinations related to prospective and current employment, as outlined in the Scope of Work section of this RFQ. These examinations shall be conducted utilizing the evaluation system provided by the County of Fresno's medical standards program administrator (current information provided in attachments with the understanding vendor selection for medical standards program administrator is running concurrently), and adopted by the Department of Personnel Services, in accordance with the County's Personnel Rule 8 – Medical Examinations (see Attachment A or visit our website at <http://www.co.fresno.ca.us/DepartmentPage.aspx?id=4806>).

The successful contractor will be required to conduct the pre-employment, periodic, compulsory, and DMV medical examinations consistent with the medical standards, guidelines, and evaluations utilized by the County of Fresno's medical standards program administrator, as adopted by the Department of Personnel Services. The County's medical examination program goal is to ensure that (1) an individual is medically qualified to perform the duties identified as essential functions in a specific job classification with or without reasonable accommodation, and (2) an individual, in performing the job duties, does not present a hazard to the health and safety of self, co-workers, or the public. The types of medical examinations are as follows:

- Pre-employment (post-offer of employment) examinations are required for job classifications including, but not limited to, the positions included in Attachment B, Medical Exam Profiles and/or listed in Attachment D, Cost of Services. Additional positions may be added at any time as determined by the County's needs.
- Employees in safety officer classifications are not currently undergoing periodic medical examinations (same medical examination as is conducted for pre-employment exams), but may be required in the future: employees under age 45 examined every third year after employment; employees 45 years and older examined annually. Should the periodic exams be required, the County anticipates approximately 300 per year would be conducted.
- Compulsory medical examinations (also known as Fit for Duty) may be requested when a department head believes an employee, for medical reasons, has difficulty performing effectively in the essential functions and duties of the job and/or they may be presenting a hazard to themselves or others. Compulsory examination components are determined on a case-by-case basis.
- DMV examinations are required for persons occupying job classifications that are required to drive certain types of vehicles requiring DMV Class A or B licensure pursuant to the Code of Federal Regulations, Title 49. Affected classification series' may include Deputy Sheriff, Juvenile Correctional Officer, Correctional Officer, Road Equipment Operator, Parks Groundskeeper, Driver, Stock Clerk, Agricultural Standards Specialist, and Traffic Equipment Operator. Additional positions may be added at any time as determined by the County's needs.

The successful contractor will receive training regarding the system and process utilized (including forms to use in conducting the exams) by the County's medical standards program administrator and will subsequently perform medical examinations for potential and existing County of Fresno employees upon the Department of Personnel Services' request. For the past five (5) years, the County has required approximately 300-350 medical examinations to be conducted per year; however this does not necessarily indicate what future need will be. The majority of the examinations conducted during this time period fell under the pre-employment exam type (approximately 230 per year), with the second largest being DMV exams (approximately 100 per year). Currently, there are less than ten (10) Compulsory exams conducted annually. In addition, as stated above, should periodic exams be required in the future, we anticipate approximately 300 per year would be conducted.

Medical exams conducted by the selected contractor will be required to be completed without providing a medical recommendation. All medical interpretations and/or recommendations will be provided by the County's medical standards program administrator. (Please see Scope of Work section for additional information and samples of what is currently utilized by the County of Fresno's medical standards program.)

Note: The County reserves the right to enter into agreement with two vendors for the purpose of having an overflow or back-up vendor in the event the primary vendor is unable to meet the medical examination requirements set forth in this RFQ including, but not limited to, established timeframes for conducting the examinations as identified in the Scope of Work section.

LOCAL VENDOR PREFERENCE AND DISABLED VETERAN BUSINESS ENTERPRISE BID

PREFERENCE: The Local Vendor Preference and Disabled Veteran Business Enterprise Preference **does not** apply to this Request for Quotation.

DEFINITIONS: The terms Bidder, Proposer, Contractor and Vendor are all used interchangeably and refer to that person, partnership, corporation, organization, agency, etc. which is offering the quotation and is identified on page one of this Request For Quotation (RFQ).

ISSUING AGENT: This RFQ has been issued by County of Fresno, Purchasing. Purchasing shall be the vendor's sole point of contact with regard to the RFQ, its content, and all issues concerning it.

INTERPRETATION OF RFQ: Vendors must make careful examination of the requirements, specifications and conditions expressed in the RFQ and fully inform themselves as to the quality and character of services required. If any person planning to submit a quotation finds discrepancies in or omissions from the RFQ or has any doubt as to the true meaning or interpretation, correction thereof may be requested at the scheduled Vendor Conference (see below). Any change in the RFQ will be made only by written addendum, duly issued by the County. The County will not be responsible for any other explanations or interpretations.

Questions may be submitted subsequent to the Vendor Conference, subject to the following conditions:

- a. Submit **in writing** to County Purchasing by the April 16, 2014, 10:00 a.m. PST cut-off. Questions must be directed to the attention of the buyer identified on page one.
- b. Submit with the understanding that County can respond only to questions it considers material in nature.

Questions shall be delivered to County of Fresno Purchasing, 4525 E. Hamilton Avenue, Fresno, CA 93702, faxed to (559) 600-7126, or email: CountyPurchasing@co.fresno.ca.us. When faxing, the bidder must confirm receipt within one-half (1/2) hour of transmission.

NOTE: The bidder is encouraged to submit all questions at the Vendor Conference. Time limitations can prevent a response to questions submitted after the conference.

AWARD: Award will be made to the vendor(s) offering the services, products, prices, delivery, equipment and system deemed to be to the best advantage of the County. The County shall be the sole judge in making such determination. Award Notices are tentative: Acceptance of an offer made in response to this RFQ shall occur only upon execution of an agreement by both parties or issuance of a valid written purchase order by Fresno County Purchasing.

RIGHT TO REJECT BIDS: The County reserves the right to reject any and all bids and to waive informalities or irregularities in bids.

AUTHORIZED CONTACT: All communication regarding this RFQ shall be directed to an authorized representative of County Purchasing. The specific buyer managing this RFQ is identified on the cover page, along with his or her telephone number, and he or she should be the primary point of contact for discussions or information pertaining to the RFQ. Contact with any other County representative, including elected officials, for the purpose of discussing this RFQ, its content, or any other issue concerning it, is prohibited unless authorized by Purchasing. Violation of this clause, by the vendor having unauthorized contact (verbally or in writing) with such other County representatives, may constitute grounds for rejection by Purchasing of the vendor's quotation.

The above stated restriction on vendor contact with County representatives shall apply until the County has awarded a purchase order or contract to a vendor or vendors, except as follows. First, in the event that a vendor initiates a formal protest against the RFQ, such vendor may contact the appropriate individual, or individuals who are managing that protest as outlined in the County's established protest procedures. All such contact must be in accordance with the sequence set forth under the protest procedures. Second, in the event a public hearing is scheduled before the Board of Supervisors to hear testimony prior to its approval of a purchase order or contract, any vendor may address the Board.

VENDOR CONFERENCE: On April 7, 2014 at 10:00 a.m. PST, a vendor's conference will be held in which the scope of the project and quotation requirements will be explained. The meeting will be held at the office of County of Fresno Purchasing, 4525 E. Hamilton (between Cedar and Maple), 2nd Floor, Fresno, California. An addendum will be prepared and distributed to all bidders only if necessary to clarify substantive items raised during the bidders' conference.

Bidders are to contact Louann M. Jones at County of Fresno Purchasing, (559) 600-7118, if they are planning to attend the conference.

CODES AND REGULATIONS: All work and material to conform to all applicable state and local codes and regulations.

NUMBER OF COPIES: Submit **one (1) original and five (5) copies** of your quotation no later than the quotation closing date and time as stated on the front of this document to County of Fresno Purchasing. Each copy to be identical to the original, include all supporting documentation (e.g. literature, brochures, reports, schedules etc.). The cover page of each quotation is to be appropriately marked "Original" or "Copy".

FIRM QUOTATION: All quotations shall remain firm for at least 180 days.

TAXES: The quoted amount must include all applicable taxes. If taxes are not specifically identified in the quotation it will be assumed that they are included in the total quoted.

SALES TAX: Fresno County pays California State Sales Tax in the amount of 8.225% regardless of vendor's place of doing business.

TAXES, PERMITS & FEES: The successful bidder shall pay for and include all federal, state and local taxes direct or indirect upon all materials; pay all fees for, and obtain all necessary permits and licenses, unless otherwise specified herein.

SPECIFICATIONS AND EQUALS: Brand names, where used, are a means of establishing quality and style. Bidders are invited to quote their equals. Alternate offers are to be supported by literature, which fully describes items that you are bidding.

No exceptions to or deviations from this specification will be considered unless each exception or deviation is specifically stated by the bidder, in the designated places. If no exceptions or deviations are shown, the bidder will be required to furnish items exactly as specified herein. The burden of proof of compliance with this specification is the responsibility of the bidder.

LITERATURE: Bidders shall submit literature, which fully describes items on which they are bidding, not later than the closing date of this bid. Any and all literature submitted must be stamped with bidders name and address.

SAMPLES: On request, samples of the products/services on which you are bidding shall be made available to the County. County will designate where samples are to be delivered.

Successful bidder's samples may be retained for checking against delivery, in which case allowance will be made to vendor.

VENDOR ASSISTANCE: Successful bidder shall furnish, at no cost to the County, a representative to assist County departments in determining their product requirements.

MINOR DEVIATIONS: The County reserves the right to negotiate minor deviations from the prescribed terms, conditions and requirements with the selected vendor.

QUOTATION REJECTION: Failure to respond to all questions or not to supply the requested information could result in rejection of your quotation.

BIDDERS' LIABILITIES: County of Fresno will not be held liable for any cost incurred by vendors in responding to the RFQ.

PRICE RESPONSIBILITY: The selected vendor will be required to assume full responsibility for all services and activities offered in the quotation, whether or not they are provided directly. Further, the County of Fresno will consider the selected vendor to be the sole point of contact with regard to contractual matters, including payment of any and all charges resulting from the contract. The contractor may not subcontract or transfer the contract, or any right or obligation arising out of the contract, without first having obtained the express written consent of the County.

PRICES: Bidder agrees that prices quoted are a maximum for the contract period, and in the event of a price decline such lower prices shall be extended to the County of Fresno. Prices shall be quoted F.O.B. destination

CONFIDENTIALITY: Bidders shall not disclose information about the County's business or business practices and safeguard confidential data which vendor staff may have access to in the course of system implementation.

NEWS RELEASE: Vendors shall not issue any news releases or otherwise release information to any third party about this RFQ or the vendor's quotation without prior written approval from the County of Fresno.

BACKGROUND REVIEW: The County reserves the right to conduct a background inquiry of each proposer/bidder which may include collection of appropriate criminal history information, contractual and business associations and practices, employment histories and reputation in the business community. By submitting a quotation/bid to the County, the vendor consents to such an inquiry and agrees to make available to the County such books and records the County deems necessary to conduct the inquiry.

EXCEPTIONS: Identify with explanation, any terms, conditions, specifications or stipulations of the RFQ with which you CAN NOT or WILL NOT comply.

ADDENDA: In the event that it becomes necessary to revise any part of this RFQ, addenda will be provided to all agencies and organizations that receive the basic RFQ.

SUBCONTRACTORS: If a subcontractor is proposed, complete identification of the subcontractor and his tasks shall be provided. The primary contractor is not relieved of any responsibility by virtue of using a subcontractor.

CONFLICT OF INTEREST: The County shall not contract with, and shall reject any bid or quotation submitted by the persons or entities specified below, unless the Board of Supervisors finds that special circumstances exist which justify the approval of such contract:

1. Employees of the County or public agencies for which the Board of Supervisors is the governing body.
2. Profit-making firms or businesses in which employees described in Subsection (1) serve as officers, principals, partners or major shareholders.
3. Persons who, within the immediately preceding twelve (12) months, came within the provisions of Subsection (1), and who were employees in positions of substantial responsibility in the area of service to be performed by the contract, or participated in any way in developing the contract or its service specifications.
4. Profit-making firms or businesses in which the former employees described in Subsection (3) serve as officers, principals, partners or major shareholders.
5. No County employee whose position in the County enables him to influence the selection of a contractor for this RFQ, or any competing RFQ, and no spouse or economic dependent of such employee, shall be employees in any capacity by a bidder, or have any other direct or indirect financial interest in the selection of a contractor.

INVOICING: All invoices are to be delivered in duplicate to Personnel Services, Employment Services Division, 2220 Tulare Street, 14th Floor, Fresno, CA 93721. Reference shall be made to the department number, contract number and candidate name if applicable on the invoice.

PAYMENT: Upon satisfactory completion of work, specified herein and approval by the County, payment will be made in full. Terms of payment will be net forty-five (45) days from the date of receipt of an accurate and complete invoice as detailed in this RFQ.

CONTRACT TERM: It is County's intent to contract with the successful bidder for a term of three (3) years.

RENEWAL: Agreement may be renewed for a potential of two (2) additional one (1) year periods, based on the mutual written consent of all parties.

QUANTITIES: Quantities shown in the bid schedule are approximate and the County guarantees no minimum amount. The County reserves the right to increase or decrease quantities.

ORDERING: Orders will be placed as required by County of Fresno Personnel Services Department, Employment Services Division.

TERMINATION: The County reserves the right to terminate any resulting contract upon thirty (30) days written notice.

INDEPENDENT CONTRACTOR: In performance of the work, duties, and obligations assumed by Contractor under any ensuing Agreement, it is mutually understood and agreed that CONTRACTOR, including any and all of Contractor's officers, agents, and employees will at all times be acting and performing as an independent contractor, and shall act in an independent capacity and not as an officer, agent, servant, employee, joint venturer, partner, or associate of the COUNTY. Furthermore, County shall have no right to control or supervise or direct the manner or method by which Contractor shall perform its work and function. However, County shall retain the right to administer this Agreement so as to verify that Contractor is performing its obligations in accordance with the terms and conditions thereof. Contractor and County shall comply with all applicable provisions of law and the rules and regulations, if any, of governmental authorities having jurisdiction over matters the subject thereof.

Because of its status as an independent contractor, Contractor shall have absolutely no right to employment rights and benefits available to County employees. Contractor shall be solely liable and responsible for providing to, or on behalf of, its employees all legally-required employee benefits. In addition, Contractor shall be solely responsible and save County harmless from all matters relating to payment of Contractor's employees, including compliance with Social Security, withholding, and all other regulations governing such matters. It is acknowledged that during the term of the Agreement, Contractor may be providing services to others unrelated to the County or to the Agreement.

SELF-DEALING TRANSACTION DISCLOSURE: Contractor agrees that when operating as a corporation (a for-profit or non-profit corporation), or if during the term of the agreement the Contractor changes its status to operate as a corporation, members of the Contractor's Board of Directors shall disclose any self-dealing transactions that they are a party to while Contractor is providing goods or performing services under the agreement with the County. A self-dealing transaction shall mean a transaction to which the Contractor is a party and in which one or more

of its directors has a material financial interest. Members of the Board of Directors shall disclose any self-dealing transactions that they are a party to by completing and signing a Fresno County Self-Dealing Transaction Disclosure Form and submitting it to the County prior to commencing with the self-dealing transaction or immediately thereafter.

HOLD HARMLESS CLAUSE: Contractor agrees to indemnify, save, hold harmless and at County's request, defend the County, its officers, agents and employees, from any and all costs and expenses, damages, liabilities, claims and losses occurring or resulting to County in connection with the performance, or failure to perform, by Contractor, its officers, agents or employees under this Agreement and from any and all costs and expenses, damages, liabilities, claims and losses occurring or resulting to any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of Contractor, its officers, agents or employees under this Agreement.

SAFEGUARDS: The contractor shall provide safeguards, in conformity with all local codes and ordinances as may be required.

INSURANCE:

Without limiting the COUNTY's right to obtain indemnification from CONTRACTOR or any third parties, CONTRACTOR, at its sole expense, shall maintain in full force and effect, the following insurance policies or a program of self-insurance, including but not limited to, an insurance pooling arrangement or Joint Powers Agreement (JPA) throughout the term of the Agreement:

A. Commercial General Liability

Commercial General Liability Insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence and an annual aggregate of Two Million Dollars (\$2,000,000). This policy shall be issued on a per occurrence basis. COUNTY may require specific coverages including completed operations, products liability, contractual liability, Explosion-Collapse-Underground, fire legal liability or any other liability insurance deemed necessary because of the nature of this contract.

B. Automobile Liability

Comprehensive Automobile Liability Insurance with limits for bodily injury of not less than Two Hundred Fifty Thousand Dollars (\$250,000.00) per person, Five Hundred Thousand Dollars (\$500,000.00) per accident and for property damages of not less than Fifty Thousand Dollars (\$50,000.00), or such coverage with a combined single limit of Five Hundred Thousand Dollars (\$500,000.00). Coverage should include owned and non-owned vehicles used in connection with this Agreement.

C. Professional Liability

If CONTRACTOR employs licensed professional staff, (e.g., Ph.D., R.N., L.C.S.W., M.F.C.C.) in providing services, Professional Liability Insurance with limits of not less than One Million Dollars (\$1,000,000.00) per occurrence, Three Million Dollars (\$3,000,000.00) annual aggregate.

D. Worker's Compensation

A policy of Worker's Compensation insurance as may be required by the California Labor Code.

CONTRACTOR shall obtain endorsements to the Commercial General Liability insurance naming the County of Fresno, its officers, agents, and employees, individually and collectively, as additional insured, but only insofar as the operations under this Agreement are concerned. Such coverage for additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained by COUNTY, its officers, agents and employees shall be excess only and not contributing with insurance provided under CONTRACTOR's policies herein. This insurance shall not be cancelled or changed without a minimum of thirty (30) days advance written notice given to COUNTY.

Within thirty (30) days from the date CONTRACTOR executes this Agreement, CONTRACTOR shall provide certificates of insurance and endorsement as stated above for all of the foregoing policies, as required herein, to the County of Fresno, **Personnel Services Department, Employment Services Division**, stating that such insurance coverage have been obtained and are in full force; that the County of Fresno, its officers, agents and employees will not be responsible for any premiums on the policies; that such Commercial General Liability insurance names the County of Fresno, its officers, agents and employees, individually and collectively, as additional insured, but only insofar as the operations under this Agreement are concerned; that such coverage for additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained by COUNTY, its officers, agents and employees, shall be excess only and not contributing with insurance provided under CONTRACTOR's policies herein; and that this insurance shall not be cancelled or changed without a minimum of thirty (30) days advance, written notice given to COUNTY.

In the event CONTRACTOR fails to keep in effect at all times insurance coverage as herein provided, the COUNTY may, in addition to other remedies it may have, suspend or terminate this Agreement upon the occurrence of such event.

All policies shall be with admitted insurers licensed to do business in the State of California. Insurance purchased shall be purchased from companies possessing a current A.M. Best, Inc. rating of A FSC VII or better.

BIDDER TO COMPLETE:

Name of Insurance Carrier: _____

Public Liability:	_____	Expires:	_____
Automotive Insurance:	_____	Expires:	_____
Worker's Compensation:	_____	Expires:	_____

Proof of maintenance of adequate insurance will be required before award is made to vendor.

PERFORMANCE BOND: The successful bidders may be required to furnish a faithful performance bond.

DISPUTE RESOLUTION: The ensuing contract shall be governed by the laws of the state of California .Any claim which cannot be amicably settled without court action will be litigated in the U.S. District Court for the Eastern District of California in Fresno, CA or in a state court for Fresno County.

DEFAULT: In case of default by the selected bidder, the County may procure the services from another source and may recover the loss occasioned thereby from any unpaid balance due the selected bidder, or by any other legal means available to the County.

ASSIGNMENTS: The ensuing proposed contract will provide that the vendor may not assign any payment or portions of payments without prior written consent of the County of Fresno.

ASSURANCES: Any contract awarded under this RFQ must be carried out in full compliance with The Civil Rights Act of 1964, The Americans With Disabilities Act of 1990, their subsequent amendments, and any and all other laws protecting the rights of individuals and agencies. The County of Fresno has a zero tolerance for discrimination, implied or expressed, and wants to ensure that policy continues under this RFQ. The contractor must also guarantee that services, or workmanship, provided will be performed in compliance with all applicable local, state, or federal laws and regulations pertinent to the types of services, or project, of the nature required under this RFQ. In addition, the contractor may be required to provide evidence substantiating that their employees have the necessary skills and training to perform the required services or work.

AUDITS AND RETENTION: The Contractor shall maintain in good and legible condition all books, documents, papers, data files and other records related to its performance under this contract. Such records shall be complete and available to Fresno County, the State of California, the federal government or their duly authorized representatives for the purpose of audit, examination, or copying during the term of the contract and for a period of at least three years following the County's final payment under the contract or until conclusion of any pending matter (e.g., litigation or audit), whichever is later. Such records must be retained in the manner described above until all pending matters are closed.

BIDDER TO COMPLETE THE FOLLOWING:**PARTICIPATION**

The County of Fresno is a member of the Central Valley Purchasing Group. This group consists of Fresno, Kern, Kings, and Tulare Counties and all governmental, tax supported agencies within these counties.

Whenever possible, these and other tax supported agencies co-op (piggyback) on contracts put in place by one of the other agencies.

Any agency choosing to avail itself of this opportunity, will make purchases in their own name, make payment directly to the contractor, be liable to the contractor and vice versa, per the terms of the original contract, all the while holding the County of Fresno harmless. If awarded this contract, please indicate whether you would extend the same terms and conditions to all tax supported agencies within this group as you are proposing to extend to Fresno County.

☐ Yes, we will extend contract terms and conditions to all qualified agencies within the Central Valley Purchasing Group and other tax supported agencies.

☐ No, we will not extend contract terms to any agency other than the County of Fresno.

(Authorized Signature)

Title

VENDOR MUST COMPLETE AND RETURN WITH REQUEST FOR QUOTATION.

Firm: _____

REFERENCE LIST

Provide a list of at least five (5) customers for whom you have recently provided similar products/services. Be sure to include all requested information.

Reference Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No.: (_____) _____ Date: _____
Service Provided: _____

Reference Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No.: (_____) _____ Date: _____
Service Provided: _____

Reference Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No.: (_____) _____ Date: _____
Service Provided: _____

Reference Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No.: (_____) _____ Date: _____
Service Provided: _____

Reference Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No.: (_____) _____ Date: _____
Service Provided: _____

Failure to provide a list of at least five (5) customers may be cause for rejection of this RFQ.

SCOPE OF WORK

The contractor(s) selected will perform all pre-employment, periodic, compulsory, and DMV medical examinations for the County of Fresno upon request of the County's Department of Personnel Services. The specific medical examination to be conducted will be based on job classification (with the exception of DMV examinations) as reflected in Attachment B for each job classification with an existing medical exam profile. The County of Fresno's medical standards program administrator will be responsible for training the medical examination contracted vendor regarding the system and process utilized by the administrator, including forms used and examination components required.

The following specifies the process for which the medical examinations conducted by the selected contractor(s) of this RFQ shall follow:

1. The Department of Personnel Services will contact the contracted vendor to schedule the medical examination. Upon scheduling, the contracted vendor will be notified of the required type of examination (e.g., pre-employment, periodic, compulsory, or DMV) to be performed, including the specific job classification. Medical examinations shall be scheduled within ten (10) County business days from the date of request, unless agreed upon by County and contracted vendor. If the contracted vendor receives a request to perform an examination that is not specified in Attachment B of this RFQ, contractor will receive notification from the County of Fresno pursuant to the County medical standards program administrator's development of the appropriate type of medical examination to be performed. If there is a need to conduct an examination component that is not a part of the medical examination profile, the contracted vendor shall obtain authorization from the County prior to conducting the additional exam component.

The components of each medical examination may change periodically as a result of changes to federal, state, local laws/regulations, essential functions of the job classification, and other factors. Additionally, the need to examine new classifications (as indicated by newly created medical profiles) may be added during the term of the agreement without contract renegotiation or amendment, understanding that cost of the newly created exam classification should be consistent with current pricing for other similar exam profiles.

2. Contracted vendor may utilize their own appropriate forms as approved by the County's medical standards program administrator. An explanation of each form is as follows:
 - Cover Sheet/Intake Form is utilized as the cover sheet of all supporting documentation, including the Medical History and Medical Exam forms, for each examination conducted.
 - Medical History Form will be sent by the Department of Personnel Services to potential and existing employees prior to the scheduled medical examination (exception for DMV exams – see information below). This is to assist the contracted vendor in applying the medical standards administrator's system and in conducting the examination.
 - Medical Examination Form is utilized by the contracted vendor to document all medical findings during the examination. The Medical Examination Form shall be completed in full, indicating all test results.

Once the examination is complete, applicable completed forms will be forwarded to the County of Fresno's medical standards program administrator, along with any additional paperwork, x-ray, lab tests, etc. within two (2) County business days. Should an individual

fail to appear for a scheduled appointment, contracted vendor shall notify the Department of Personnel Services by telephone or electronically no later than the following County business day.

Medical exams conducted by the selected Contractor will be required to be completed without providing a medical recommendation. All medical interpretations and/or recommendations will be provided by the County's medical standards program administrator.

DMV examinations require a Department of Motor Vehicles Medical Examination Report (Attachment C) to be completed in place of the Medical History Form. The employee shall complete the personal health history and the contracted vendor shall complete the medical evaluation section. The DMV form, with certificate, shall be completed in full and given to the employee to submit to DMV at the conclusion of the examination. A copy of the DMV form shall be sent within one (1) County business day to the County's medical standards program administrator, who will notify the Department of Personnel Services of the results.

3. On occasion, a large number of medical examinations (15 or more) may need to be scheduled within ten (10) working days of being notified of the need. The contracted vendor must be able to accommodate such referrals. In all cases, the contractor must provide the County's medical standards program administrator, via electronic means, the required documentation within two (2) County business days.
4. The contracted vendor shall ensure their staff have and maintain appropriate licensure to perform the medical examinations, as required by the State of California and/or other regulations and statutes.

The contractor shall provide for a licensed physician(s) to perform the medical examinations as required by the State of California and/or other regulations/statutes. As allowable, when examinations are conducted by staff other than licensed physicians, such as a licensed Physician's Assistant or Nurse Practitioner, supervision must be provided by a licensed physician. In addition, the medical examination reports must be reviewed and signed by a licensed physician.

5. All examinations (including all testing) shall be performed at the contracted vendor's facility. If the contracted vendor provides services at more than one site, the individual to be examined shall be required to travel only a short distance to receive all required tests. If an individual is required to travel to another location for completion of the required examination/testing, every effort shall be made to have everything completed on the same day (immediately following the initially scheduled appointment, with the exception of components that require follow up, such as Tuberculosis Skin Testing results).

The contracted vendor shall ensure that individuals with scheduled appointments are examined in a timely manner. The waiting time for each individual to be seen by examining staff shall not exceed thirty (30) minutes from their scheduled appointment time.

6. An itemized invoice in duplicate shall be mailed to:

County of Fresno, Personnel Services
2220 Tulare Street, Suite 1400
Fresno CA 93721

once per month (or as may otherwise be agreed upon) within a reasonable time period after month end, not to exceed 15 working days.

The agreement number must appear on all invoices as well as the following information:

Candidate name and date of examination
Classification for which examination was conducted (e.g., Correctional Officer)
Type of examination/testing performed (e.g., pre-employment, DMV, etc.)
Cost of examination

If an invoice submitted by the contracted vendor contains discrepancies/inaccuracies, it will not be processed. The contracted vendor will be required to submit a revised and accurate invoice for payment to be processed. Invoice terms shall be Net 45 days from the date an accurate and complete invoice is received. The County of Fresno does not pay late fees or interest/finance charges.

7. Ownership of all examination/test results rests with the County of Fresno and may be utilized by the County even after termination of an agreement with the contracted vendor. The County of Fresno and its administrator shall retain all examination/test results.
8. Contracted vendor must be willing to be trained by the County's medical standards program administrator to conduct the medical examinations pursuant to the administrator's system (i.e., examination components and tests to perform, forms to utilize, process to follow in communicating results, etc.) and to comply with such requirements. The contracted vendor shall at all times conduct examinations in a professional and courteous manner.
9. Contracted vendor shall testify when the results of compulsory medical examinations are contested.

Attachment A

ATTACHMENT A

PERSONNEL RULE 8 - MEDICAL EXAMINATIONS

The County's medical examination program is under the overall administrative direction of the Director of Personnel Services who makes decisions and takes actions based upon individual medical evaluations, findings, and opinions of California licensed physicians, health care providers or mental health professionals as consulted.

8010 Medical Examinations (Physical and/or Psychological):

8011 Purpose: Examinations are administered to insure insofar as possible that:
1) An individual is medically qualified to perform effectively the essential functions of a position in a specific job classification; and 2) An individual, in performing a position's duties, does not present a hazard to the health and safety of self, co-workers, or the public.

8012 Classified and Unclassified Permanent Positions Covered: The medical examination program applies to all permanent positions in both the classified and unclassified service. Additionally, under certain specific situations, medical examinations may also be administered for extra-help positions.

8020 Medical Examination Required - Scheduling:

8021 New Employee (Ref: Personnel Rule 4): All persons selected for prospective employment within certain job classifications will be required to complete a pre-employment medical history form, as well as undergo a medical examination for the appropriate medical group description prior to beginning work.

In cases of emergency, the Director of Personnel Services may authorize employment prior to the medical examination. In these instances, continued employment is conditioned upon Department of Personnel Services approval after review of the medical examination results.

8022 Present Employees: Employees moving to positions in Medical Group III, IV, or V descriptions will be required to successfully complete a medical examination for the higher group description.

8023 Periodic - Safety Officer: Employees in Safety Officer positions are required to be medically examined periodically: Employees 45 years of age and older, annually; under 45, each third year after employment.

The employee and the employee's department head shall be notified in writing as to whether the employee is medically qualified for continued duty. Any physical deficiencies which are correctable, must be remedied within a reasonable period of time. Failure to complete the medical exam or to take corrective action as indicated subjects the employee to disciplinary action consideration as specified in Section 10077 of Rule 10.

8024 Special Compulsory:

8024.1 If a Department Head believes that an employee has difficulty performing effectively in the assigned duties and functions of the job due to physical or mental reasons, he or she may submit a written request for a special compulsory medical examination to the Director of Personnel Services. The written request shall set forth specific reasons explaining the Department Head's belief that the examination is necessary.

8024.2 If the Director of Personnel Services approves the request, the employee shall be served with a proposed order compelling the employee to undergo a medical examination. This proposed order shall contain a statement in ordinary and concise language of the basis for the conclusion that a medical examination is warranted; this statement may be made by reference to the written request provided by the Department Head.

8024.3 The proposed Order for Compulsory Exam shall be served on the employee with a notice informing the employee that the Director of Personnel Services intends to impose the Order on the employee. The employee shall be provided with copies of all documents on which the Director relied in determining the appropriateness of a compulsory medical exam. The notice shall also provide the employee with a date and time to meet with the Director regarding the intended Order. This meeting shall be held not less than five business days after service of the notice and proposed order. The purpose of this meeting shall be to give the employee an opportunity to refute the factual basis for concluding an examination is warranted.

If an employee is served with an order for compulsory exam and fails to comply with such order, the employee may be subject to disciplinary action by the Department Head.

8024.4 Where a compulsory medical examination is ordered, and the Department Head has provided information that the employee's physical or mental condition presents a hazard to the employee or others, the employee may be reassigned or placed on administrative leave with pay pending the results of the compulsory medical exam. In such case, the Order for Compulsory Medical Exam shall also state that the employee is being reassigned or placed on administrative leave with pay and provide the factual basis for this action. The employee shall have the opportunity to refute this factual basis at the meeting referenced in 8024.3.

8024.5 If, after the compulsory medical exam, it is determined that the employee does not meet the medical standards for the position, the employee may be reassigned, placed on compulsory leave (the employee shall not be paid his or her regular salary but shall be

entitled to use accumulated vacation, sick or annual leave before being placed on leave without pay), dismissed or be subject to other appropriate action such as submission of an application for retirement on behalf of the employee. If the employee is placed on compulsory leave, the employee shall be first provided with a proposed order for compulsory leave and a notice informing the employee of the date and time of a meeting with the Director of Personnel Services. The proposed order shall contain a statement in simple and concise language setting forth the basis for the Director's conclusion that the employee is unfit for duty. The employee shall be provided with copies of all documents on which the Director relied in making this determination. The meeting with the Director shall be held not less than five business days after service of the notice, proposed order and supporting documentation.

8024.6 An employee ordered to undergo a compulsory medical examination shall be entitled to appeal such order to the Civil Service Commission pursuant to Personnel Rule 1041.1. The purpose of such a hearing is to determine whether the Department Head and the Director of Personnel Services complied with the procedural requirements for such an order and whether there was a reasonable basis for concluding that the employee is unfit for duty.

8030 Medical Group Descriptions and Medical Standards and their Application: Each class of position is assigned by the Director of Personnel Services to one of five medical group descriptions based upon the usual working conditions and duties of positions in the class of position. The medical examinations shall utilize the appropriate medical group description information in applying the medical standards to an individual examinee. The written medical standards and elements of the examination are established by the County taking into consideration the recommendations of the County Health Officer, and may include, among other things, use of other State or Federal medical standards (e.g., Peace Office Training Standards, Board of Corrections, etc.). Specific medical examinations are not restricted to the established written standards; but in all instances are expected to take into consideration the usual or known physical and mental demands of the position class.

Following are the medical group descriptions and the general distinguishing criteria:

8031 MEDICAL GROUP I - Light Physical Activity: This group includes positions which require only light physical effort and may include lifting of small, light objects and some bending, stooping, squatting, twisting, and reaching. Considerable walking or standing may be involved.

8032 MEDICAL GROUP II - Moderate Physical Activity: This group includes positions which require moderate physical effort using arms, legs, back, and trunk in frequent lifting, pushing or pulling of objects weighing (or offering resistance equivalent to) 10-25 pounds, and occasionally over 25 pounds.

Generally, bending, stooping, squatting, twisting, reaching, as well as standing and walking are involved.

- 8033 MEDICAL GROUP III - Heavy Physical Activity: This group includes positions which require heavy physical effort using arms, legs, back and trunk in frequent lifting, pushing, or pulling objects weighing (or offering resistance equivalent to) over 25 pounds. Generally, considerable bending, stooping, squatting, twisting, reaching, as well as standing and walking are involved. Physical stamina is usually required and explosive strength using bursts of energy may be required, depending upon specific position assignments.
- 8034 MEDICAL GROUP IV - Safety Officer: This group includes law enforcement positions which are covered by the Safety Officer provisions of the County's retirement plan. Sound physical condition in all respects is required because of exposure to and need to counteract and control, violent action or behavior. Heavy physical activity as described in Medical Group III may be encountered occasionally to frequently depending upon specific assignments and emergency situations.
- 8035 MEDICAL GROUP V - Safety Officer (Sworn): This group includes law enforcement positions which are covered by the Safety Officer provisions of the County's retirement plan. The same physical fitness requirements exist as for Group IV. However, positions in Group V are exposed more frequently to hostile environments in which heavy physical demands such as running, jumping, and climbing occur. Also, positions in Group V more frequently are involved in situations in which the incumbent must be able to handle specific physical actions individually without immediate assistance.
- 8040 Reasonable Accommodation: When, in the opinion of the Director of Personnel Services, it would not impose an undue hardship on the County, every effort shall be made to provide reasonable accommodation to the known physical or mental limitations of a qualified individual with a disability. The terms "reasonable accommodation" and "qualified individual with a disability" are used herein as defined in compliance regulations pertaining to the Americans with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA).
- 8050 Appeals (Medical Examinations Other Than Special Compulsory):
- 8051 Only Basis for Appeal: An individual who is disqualified in the County's medical examination may appeal only on a supported claim that the individual does in fact meet the medical standards for the class of position in which employment was being considered, and is, therefore, medically qualified. The claim must be supported by presentation of medical evidence supplied by a California licensed physician, health care provider or mental health professional.
- 8052 Appeal Procedure: A medically disqualified person in order to file an appeal, must submit it to the Director of Personnel Services in writing within ten (10) working days after the date the disqualification notice was mailed.

The appeal must specify the reasons why the individual feels he or she meets the County's medical standards for the class of position. Medical evidence as noted in 8051 must accompany the appeal or a date specified, by which, in the reasonably near future the individual will supply the supportive medical evidence.

8053 Appeal Resolution: After reviewing the appeal along with the individual's medical examination records, the Director of Personnel Services may:

8053.1 Reject the Appeal: The Director of Personnel Services will notify the appellant in writing as to the reasons for upholding the rejection.

8053.2 Re-examination: Require re-examination by an independent California licensed physician, health care provider or mental health professional. The findings of these licensed professionals will be submitted to the Director of Personnel Services who after considering them, will render a written decision and the reasons therefore to the appellant.

8053.3 Refer to a Medical Review Board for Evaluation: A medical review board ordinarily consists of three (3) licensed physicians, health care providers or mental health professionals, as selected by the Director of Personnel Services for a specific appeal situation. Information about the duties, responsibilities, physical demands and working conditions of the position in question will be supplied the review board. In addition, the board will have access to the properly released medical records of the appellant and may conduct its own medical examinations if deemed necessary. The medical review board will submit its findings to the Director of Personnel Services who, after considering them, will render a written decision and reasons therefore to the appellant.

Attachment B

MEDICAL EXAM PROFILE

JUNE 2001

CLASS: CHIEF PROBATION OFFICER
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S. spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM PROFILE

JUNE 2001

CLASS: DEPUTY CHIEF PROBATION OFFICER
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM PROFILE
JUNE 2001

CLASS: PROBATION DIVISION DIRECTOR
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM PROFILE

JUNE 2001

CLASS: PROBATION SERVICES MANAGER
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM COMPONENT PROFILE

June 2001

JOB CLASS: Deputy Probation Officer III/IV

EMPLOYER: Fresno County

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Dipstick Urinalysis-blood, glucose, protein.
 - d. Sight screening - near, far, depth, color, peripheral.
 - e. Audiometric testing - with OSHA approved sound booth.
 - f. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM 18/21/25).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing(5 panel).



OCCU-MED

MEDICAL EXAM COMPONENT PROFILE

CREATED FEBRUARY 2013

EMPLOYER: FRESNO COUNTY

JOB CLASS: DEPUTY PROBATION OFFICER I

THE FOLLOWING ARE THE RECOMMENDED ACTIVITIES AND TESTS, WHICH SHOULD BE COMPLETED FOR THIS JOB CLASS. THESE MEDICAL EVALUATION COMPONENTS ARE BASED ON MINIMUM REQUIREMENTS FOR A JOB-RELATED MEDICAL EVALUATION.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Kaiser Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ Authorization For Release of Information From Medical Record Form.
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurological, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, and peripheral.
 - d. Physician's summary, including comments related to job requirements.
 - e. Range of Motion: back exam.
- ☒ Audiogram with OSHA Approved Sound Booth (800 – 8000Hz).
- ☒ PPD (TB) Skin Test.
- ☒ Chest X-Ray (PA) with Interpretation.
- ☒ Pulmonary Function Test with Interpretation.
- ☒ Treadmill Stress Test with Interpretation (Bruce Protocol – 12 METS; 85% Maximum Predicted Heart Rate).
- ☒ (House Labs) Blood Chemistry Panel.
- ☒ (House Labs) Urinalysis (Gross and Microscopic).

NOTE: PLEASE SUBMIT ALL COMPONENTS TO OCCU-MED IMMEDIATELY BY FAX TO 559-435-7200 UPON COMPLETION OF EXAM. EXAM RESULTS SHOULD THEN BE MAILED TO: OCCU-MED, 2121 W. BULLARD AVE., FRESNO, CA 93711.

MEDICAL EXAM PROFILE
JUNE 2001

JOB CLASS: SUPERVISING JUVENILE CORRECTIONAL OFFICER
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM PROFILE

JUNE 2001

CLASS: SENIOR JUVENILE CORRECTIONAL OFFICER
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM PROFILE

JUNE 2001

CLASS: JUVENILE CORRECTIONAL OFFICER II
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM PROFILE

JUNE 2001

JOB CLASS: JUVENILE CORRECTIONAL OFFICER I
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM PROFILE
SEPTEMBER 2001

CLASS: SHERIFF'S CAPTAIN
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM PROFILE
SEPTEMBER 2001

CLASS: SHERIFF'S LIEUTENANT
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM PROFILE
SEPTEMBER 2001

CLASS: SHERIFF'S SERGEANT
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
- a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. 5, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM PROFILE

SEPTEMBER 2001

CLASS: DEPUTY SHERIFF III
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM COMPONENT PROFILE

April 2009

JOB CLASS: DEPUTY SHERIFF II**EMPLOYER: FRESNO COUNTY**

The following are the recommended activities and tests, which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ Authorization For Release of Information From Medical Record Form
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurological, vascular, lymphatic, and skin.
 - c. Dipstick Urinalysis-blood, glucose, protein.
 - d. Sight screening - near, far, depth, color, and peripheral.
 - e. Gross hearing test.
 - f. Physician's summary, including comments related to job requirements.
- ☐ Audiometric testing – with headset
- ☒ Audiometric testing - with OSHA approved sound booth
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol – 12 METS required).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel.
- ☐ Hepatitis B & C Virus Screening.
- ☒ Urinalysis - Gross & Microscopic.
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.

MEDICAL EXAM PROFILE

SEPTEMBER 2001

CLASS: DEPUTY SHERIFF I
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.



MEDICAL EXAM COMPONENT PROFILE
CREATED NOVEMBER 2006

EMPLOYER: RESERVE OFFICER
JOB CLASS: FRESNO COUNTY

THE FOLLOWING ARE THE RECOMMENDED ACTIVITIES AND TESTS, WHICH SHOULD BE COMPLETED FOR THIS JOB CLASS. THESE MEDICAL EVALUATION COMPONENTS ARE BASED ON MINIMUM REQUIREMENTS FOR A JOB-RELATED MEDICAL EVALUATION.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Occu-Med Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ Authorization For Release of Information From Medical Record Forrh.
- ☒ General Physical Examination:
- a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurological, vascular, lymphatic, and skin.
 - c. Range of Motion: back exam.
 - d. Sight screening - near, far, depth, color, and peripheral.
 - e. Physician's summary, including comments related to job requirements.
- ☒ Audiogram with OSHA Approved Sound Booth (800 – 8000Hz).
- ☒ PPD (TB) Skin Test.
- ☒ Chest X-Ray (PA) with Interpretation.
- ☒ Pulmonary Function Test with Interpretation.
- ☒ Treadmill Stress Test with Interpretation.
- ☒ (House Labs) Blood Chemistry Panel.
- ☒ (House Labs) Urinalysis (Gross and Microscopic).

NOTE: PLEASE SUBMIT ALL COMPONENTS TO OCCU-MED *IMMEDIATELY BY FAX* TO 559-435-7200 UPON COMPLETION OF EXAM. EXAM RESULTS SHOULD THEN BE MAILED TO: OCCU-MED, 2121 W. BULLARD AVE., FRESNO, CA 93711.



MEDICAL EXAM COMPONENT PROFILE

November 2006

JOB CLASS: Uniform Field Division Reserve Deputy Sheriff (UFD)

EMPLOYER: Fresno County

The following are the recommended activities and tests, which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ Authorization For Release of Information From Medical Record Form
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Dipstick Urinalysis-blood, glucose, protein.
 - d. Sight screening - near, far, depth, color, peripheral.
 - e. Gross hearing test.
 - f. Physician's summary, including comments related to job requirements.
- ☒ Audiometric testing - with OSHA approved sound booth
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol - 12 METS required).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (do not include STD).
- ☐ Hepatitis B & C Virus Screening.
- ☒ Urinalysis - Gross & Microscopic.
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.



OCCU-MED

MEDICAL EXAM COMPONENT PROFILE

November 2006

JOB CLASS: Reserve Deputy Sheriff (Special Guard – 108)

EMPLOYER: Fresno County

The following are the recommended activities and tests, which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ Authorization For Release of Information From Medical Record Form
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Dipstick Urinalysis-blood, glucose, protein.
 - d. Sight screening - near, far, depth, color, peripheral.
 - e. Gross hearing test.
 - f. Physician's summary, including comments related to job requirements.
- ☒ Audiometric testing - with OSHA approved sound booth
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol – 12 METS required).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (do not include STD).
- ☐ Hepatitis B & C Virus Screening.
- ☒ Urinalysis - Gross & Microscopic.
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.

MEDICAL EXAM COMPONENT PROFILE

JOB CLASS: COMMUNICATIONS DISPATCHER
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Dipstick Urinalysis-blood, glucose, protein.
 - d. Sight screening - near, far, depth, color, peripheral.
 - e. Audiometric testing - with OSHA approved sound booth.
 - f. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☐ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☐ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☐ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☐ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM 18/21/25).
- ☐ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.

MEDICAL EXAM PROFILE

November 2004

JOB CLASS: Community Service Officer
EMPLOYER: Fresno County

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Dipstick Urinalysis-blood, glucose, protein.
 - d. Sight screening - near, far, depth, color, peripheral.
 - e. Audiometric testing - with OSHA approved sound booth.
 - f. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☐ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☐ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☐ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM 18/21/25).
- ☐ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.

MEDICAL EXAM PROFILE
SEPTEMBER 2001

CLASS: CORRECTIONAL OFFICER CAPTAIN
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM PROFILE

SEPTEMBER 2001

CLASS: CORRECTIONAL OFFICER LIEUTENANT
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM PROFILE
SEPTEMBER 2001

CLASS: CORRECTIONAL OFFICER SERGEANT
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM PROFILE
SEPTEMBER 2001

CLASS: CORRECTIONAL OFFICER IV
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.
- ☐
- ☐

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM PROFILE
SEPTEMBER 2001

CLASS: CORRECTIONAL OFFICER I/II/III
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.

MEDICAL EXAM PROFILE

MARCH 2002

CLASS: SUPERVISING DISTRICT ATTORNEY INVESTIGATOR
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation, plus additional components to obtain baseline data as determined necessary or desirable by the employer to promote wellness.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Sight screening - near, far, depth, color, peripheral.
 - d. Audiometric testing - with OSHA approved sound booth.
 - e. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☐ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the miner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues.



MEDICAL EXAM COMPONENT PROFILE

July 2007

JOB CLASS: DISTRICT ATTORNEY INVESTIGATOR I/II/SENIOR
EMPLOYER: COUNTY OF FRESNO

The following are the recommended activities and tests, which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ Authorization For Release of Information From Medical Record Form
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Dipstick Urinalysis-blood, glucose, protein.
 - d. Sight screening - near, far, depth, color, peripheral.
 - e. Audiometric testing - with OSHA approved sound booth.
 - f. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☒ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☒ Stress EKG (treadmill per Bruce protocol - 12 METS required).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☒ Complete Blood Count.
- ☒ Blood Chemistry Panel (do not include VDRL).
- ☒ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.

MEDICAL EXAM COMPONENT PROFILE

June 2005

JOB CLASS: DEPUTY CORONER I
EMPLOYER: FRESNO COUNTY

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Dipstick Urinalysis-blood, glucose, protein.
 - d. Sight screening - near, far, depth, color, peripheral.
 - e. Audiometric testing - with OSHA approved sound booth.
 - f. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☐ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☐ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☐ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☒ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM 18/21/25).
- ☐ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.

MEDICAL EXAM PROFILE

May 2005

JOB CLASS: Forensic Autopsy Technician
EMPLOYER: Fresno County

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Dipstick Urinalysis-blood, glucose, protein.
 - d. Sight screening - near, far, depth, color, peripheral.
 - e. Audiometric testing - with OSHA approved sound booth.
 - f. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☐ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☐ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☐ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☒ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM 18/21/25).
- ☐ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing(5 panel).

NOTE: Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.

MEDICAL EXAM PROFILE

July 2004

JOB CLASS: Clinical Supervisor
EMPLOYER: Fresno County

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Dipstick Urinalysis-blood, glucose, protein.
 - d. Sight screening - near, far, depth, color, peripheral.
 - e. Audiometric testing - with OSHA approved sound booth.
 - f. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☐ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☐ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☐ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☐ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM 18/21/25).
- ☐ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.

MEDICAL EXAM COMPONENT PROFILE

May 2007

Benchmark

JOB CLASS: UNLICENSED MENTAL HEALTH CLINICIAN

EMPLOYER: COUNTY OF FRESNO

The following are the recommended activities and tests, which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization
- ☒ Complete Medical History Questionnaire
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments)
- ☒ Authorization For Release of Information From Medical Record Form
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurological, vascular, lymphatic, and skin
 - c. Dipstick Urinalysis-blood, glucose, protein
 - d. Sight screening - near, far, depth, color, and peripheral
 - e. Gross hearing test – with headset
 - f. Physician's summary, including comments related to job requirements
- ☐ Audiometric testing - with OSHA approved sound booth
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results
- ☐ Chest X-Ray (PA)
- ☐ Chest X-Ray (PA & LAT)
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume)
- ☐ Resting EKG (12-lead)
- ☐ Stress EKG (treadmill per Bruce protocol – 12 METS required)
- ☐ Hemoglobin & Hematocrit (H&H)
- ☒ Complete Blood Count
- ☒ Blood Chemistry Panel (do not include STD)
- ☐ Hepatitis B & C Virus Screening
- ☐ Urinalysis - Gross & Microscopic
- ☒ Range of Motion - Back Exam
- ☐ Drug Testing

OTE: Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.

MEDICAL EXAM PROFILE

February, 2005

CLASS: Recreational Therapist I/II
EMPLOYER: Fresno County

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Dipstick Urinalysis-blood, glucose, protein.
 - d. Sight screening - near, far, depth, color, peripheral.
 - e. Audiometric testing - with OSHA approved sound booth.
 - f. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☐ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☐ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☐ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☐ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", c.g., CHEM-18/21/25, etc.).
- ☐ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☐ Range of Motion - Back Exam.
- ☐ Drug Testing.
- ☒ Release of Information Consent

NOTE: Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.

MEDICAL EXAM PROFILE

July 2004

JOB CLASS: Community Mental Health Specialist
EMPLOYER: Fresno County

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Dipstick Urinalysis-blood, glucose, protein.
 - d. Sight screening - near, far, depth, color, peripheral.
 - e. Audiometric testing - with OSHA approved sound booth.
 - f. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☐ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☐ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☐ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM 18/21/25).
- ☐ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☒ Range of Motion - Back Exam.
- ☐ Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.

MEDICAL EXAM COMPONENT PROFILE

May 2007

Benchmark

JOB CLASS: PSYCHIATRIC TECHNICIAN

EMPLOYER: COUNTY OF FRESNO

The following are the recommended activities and tests, which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization
- ☒ Complete Medical History Questionnaire
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments)
- ☒ Authorization For Release of Information From Medical Record Form
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurological, vascular, lymphatic, and skin
 - c. Dipstick Urinalysis-blood, glucose, protein
 - d. Sight screening - near, far, depth, color, and peripheral
 - e. Gross hearing test - with headset
 - f. Physician's summary, including comments related to job requirements
- ☐ Audiometric testing - with OSHA approved sound booth
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results
- ☐ Chest X-Ray (PA)
- ☐ Chest X-Ray (PA & LAT)
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume)
- ☐ Resting EKG (12-lead)
- ☐ Stress EKG (treadmill per Bruce protocol - 12 METS required)
- ☐ Hemoglobin & Hematocrit (H&H)
- ☒ Complete Blood Count
- ☒ Blood Chemistry Panel (do not include STD)
- ☐ Hepatitis B & C Virus Screening
- ☐ Urinalysis - Gross & Microscopic
- ☒ Range of Motion - Back Exam
- ☐ Drug Testing

OTE:

Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.

MEDICAL EXAM PROFILE

February, 2005

CLASS: Substance Abuse Specialist I/II
EMPLOYER: Fresno County

The following are the recommended activities and tests which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- ☒ Complete Medical History Questionnaire.
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Dipstick Urinalysis-blood, glucose, protein.
 - d. Sight screening - near, far, depth, color, peripheral.
 - e. Audiometric testing - with OSHA approved sound booth.
 - f. Physician's summary, including comments related to job requirements.
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- ☐ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- ☐ Chest X-Ray (PA).
- ☐ Chest X-Ray (PA & LAT).
- ☐ Pulmonary Function (Forced vital capacity and forced expiratory volume).
- ☐ Resting EKG (12-lead).
- ☐ Stress EKG (treadmill per Bruce protocol).
- ☐ Hemoglobin & Hematocrit (H&H).
- ☐ Complete Blood Count.
- ☒ Blood Chemistry Panel (panel based on local laboratory "package", e.g., CHEM-18/21/25, etc.).
- ☐ Urinalysis - Gross & Microscopic.
- ☐ Lumbar Spine X-Ray (single standing lateral view of the L. S, spine).
- ☐ Range of Motion - Back Exam.
- ☐ Drug Testing.
- ☒ Release of Information Consent

NOTE: Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.

MEDICAL EXAM COMPONENT PROFILE

May 2007

Benchmark

JOB CLASS: LICENSED VOCATIONAL NURSE

EMPLOYER: COUNTY OF FRESNO

The following are the recommended activities and tests, which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization
- ☒ Complete Medical History Questionnaire
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments)
- ☒ Authorization For Release of Information From Medical Record Form
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurological, vascular, lymphatic, and skin
 - c. Dipstick Urinalysis-blood, glucose, protein
 - d. Sight screening - near, far, depth, color, and peripheral
 - e. Gross hearing test – with headset
 - f. Physician's summary, including comments related to job requirements
- ☐ Audiometric testing - with OSHA approved sound booth
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results
- ☐ Chest X-Ray (PA)
- ☐ Chest X-Ray (PA & LAT)
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume)
- ☐ Resting EKG (12-lead)
- ☐ Stress EKG (treadmill per Bruce protocol – 12 METS required)
- ☐ Hemoglobin & Hematocrit (H&H)
- ☒ Complete Blood Count
- ☒ Blood Chemistry Panel (do not include STD)
- ☐ Hepatitis B & C Virus Screening
- ☐ Urinalysis - Gross & Microscopic
- ☒ Range of Motion - Back Exam
- ☐ Drug Testing

OTE:

Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.

MEDICAL EXAM COMPONENT PROFILE

May 2007

Benchmark

JOB CLASS: MENTAL HEALTH NURSE

EMPLOYER: COUNTY OF FRESNO

The following are the recommended activities and tests, which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- ☒ Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization
- ☒ Complete Medical History Questionnaire
- ☒ Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments)
- ☒ Authorization For Release of Information From Medical Record Form
- ☒ General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurological, vascular, lymphatic, and skin
 - c. Dipstick Urinalysis-blood, glucose, protein
 - d. Sight screening - near, far, depth, color, and peripheral
 - e. Gross hearing test – with headset
 - f. Physician's summary, including comments related to job requirements
- ☐ Audiometric testing - with OSHA approved sound booth
- ☐ TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD
- ☒ TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results
- ☐ Chest X-Ray (PA)
- ☐ Chest X-Ray (PA & LAT)
- ☒ Pulmonary Function (Forced vital capacity and forced expiratory volume)
- ☐ Resting EKG (12-lead)
- ☐ Stress EKG (treadmill per Bruce protocol – 12 METS required)
- ☐ Hemoglobin & Hematocrit (H&H)
- ☒ Complete Blood Count
- ☒ Blood Chemistry Panel (do not include STD)
- ☐ Hepatitis B & C Virus Screening
- ☐ Urinalysis - Gross & Microscopic
- ☒ Range of Motion - Back Exam
- ☐ Drug Testing

OTE: Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.

Attachment C

INSTRUCTIONS TO THE DRIVER

You must use this medical examination report when applying for a Commercial California Driver License (CDL) or certificates (School Bus, Youth Bus, SPAB, GPPV, or Farm Labor) that require a medical examination. This report also meets United States Department of Transportation (DOT) requirements. A driver who does not meet DOT's medical standards may, after evaluation by the Department of Motor Vehicles (DMV), be issued a restricted license if DMV determines the driver's condition will not affect his or her ability to drive safely.

- Drivers applying for, or who hold, a certificate to drive a School Bus, School Pupil Activity Bus, Youth Bus, General Public Paratransit Vehicle, or Farm Labor Vehicle must have their examination performed by a Physician Assistant, Advanced Practice Registered Nurse, Doctor of Medicine (MD), Doctor of Osteopathy (DO) or a Doctor of Chiropractic (DC) listed on the most current National Registry. The Medical Examination Report and Medical Certificate **must** be signed by the medical examiner who performed the examination.
- School bus drivers 65 years of age and older must submit a new medical report to DMV every year. (Vehicle Code Section 12517.2b)
- The Health Questionnaire (DL 546) may be used by drivers with a Restricted Firefighter's License or a Non-Commercial Class C License with a Firefighter endorsement rather than this medical report.
- The Health Questionnaire (DL 546) may also be used by drivers applying for a Non-Commercial

Class A license and those drivers who need the Agricultural Hazardous Materials or Waste Transportation Verification of Training.

NATIONAL REGISTRY OF MEDICAL EXAMINERS
Beginning May 21, 2014, interstate commercial motor vehicle drivers **must** have their medical examination performed by a certified medical examiner listed on the National Registry of Certified Medical Examiners (National Registry). A list of certified medical examiners may be found on the National Registry Website <https://nationalregistry.fmcsa.dot.gov>

Class A, B, or Commercial C License

CDL drivers who have submitted a current medical examination report to DMV documenting they meet the physical qualification requirements, no longer need to carry the medical examiner's certificate for more than 15 days after the date it was issued. You are required to give a medical report to DMV when you first apply for the license and every two years thereafter. If the medical report is incomplete, your license application will be delayed or denied.

If you qualify by using a hearing aid, you must wear the hearing aid and use it whenever you are driving. Also, you must keep with you a spare power source to use in the hearing aid.

Federal Law requires that you disclose the type of commercial operation you are engaged in.

- Non-Excepted Interstate: License does not restrict the transport, origination, or destination of the load to be transported.

- Non-Excepted Intrastate: License is restricted to operation in California only. You may only transport cargo that originates in and the final destination is in California. While driving commercially you may not cross state or international borders.
 - Excepted Interstate: California does not issue a commercial driver license that is excepted from driver qualification requirements.
 - Excepted Intrastate: California does not issue a commercial driver license that is excepted from driver qualification requirements.
- Drivers renewing their medical certificate may mail this report to:

Department of Motor Vehicles
CDL Unit, G204
P. O. Box 944278
Sacramento, CA 94244-2780

If you are required to have a CDL as part of your job, your employer shall pay the cost of the examination unless it was taken before you applied for the job (Labor Code §231).

Information on Drug Testing

Federal regulations and state law have established minimum standards for commercial motor carriers' antidrug programs including testing for the use of controlled substances. This testing requirement applies to drivers required to have a Commercial drivers license.

Your employer will tell you whether or not your medical exam should include a drug test.

49 CFR 391.41 PHYSICAL QUALIFICATIONS FOR DRIVERS — THE DRIVER'S ROLE

Responsibilities, work schedules, physical and emotional demands, and lifestyles among commercial drivers vary by the type of driving that they do. Some of the main types of drivers include the following: turn around or short relay (drivers return to their home base each evening); long relay (drivers drive 8-10 hours and then have a 10-hour off-duty period); straight through haul (cross country drivers); and team drivers (drivers share the driving by alternating their 5-hour driving periods and 5-hour rest periods).

The following factors may be involved in a driver's performance of duties: abrupt schedule changes and rotating work schedules, which may result in irregular sleep patterns and a driver beginning a trip in a fatigued condition; long hours; extended time away from family and friends, which may result in lack of social support; tight pickup and delivery schedules, with irregularity in work, rest, and eating patterns; adverse road, weather and traffic conditions, which may cause delays and lead to hurriedly loading or unloading cargo in order to compensate for the lost time; and environmental conditions such as excessive vibration, noise and extremes in temperature. Transporting passengers or hazardous materials may add to the demands on the commercial driver.

There may be duties in addition to the driving task for which a driver is responsible and needs to be fit. Some of these responsibilities are: coupling and uncoupling trailer(s) from the tractor, loading and unloading trailer(s) (sometimes a driver may lift a heavy load or unload as much as 50,000 lbs. of freight after sitting for a long period of time without any stretching period); inspecting the operating condition of tractor and/or trailer(s) before, during, and after delivery of cargo; lifting, installing, and removing heavy tire chains; and, lifting heavy tarpaulins to cover open top trailers. The above tasks demand agility, the ability to bend and stoop, the ability to maintain a crouching position to inspect the underside of the vehicle, frequent entering and exiting of the cab, and the ability to climb ladders on the tractor and/or trailer(s).

In addition, a driver must have the perceptual skills to monitor a sometimes complex driving situation, the judgment skills to make quick decisions, when necessary, and the manipulative skills to control an oversize steering wheel, shift gears using a manual transmission, and maneuver a vehicle in crowded areas.

§391.41 PHYSICAL QUALIFICATIONS FOR DRIVERS

(a)(1)(i) A person subject to this part must not operate a commercial motor vehicle unless he or she is medically certified as physically qualified to do so, and, except as provided in paragraph (a)(2) of this section, when on-duty has on his or her person the original, or a copy, of a current medical examiner's certificate that he or she is physically qualified to drive a commercial motor vehicle.

(ii) A person who qualifies for the medical examiner's certificate by virtue of having obtained a medical variance from FMCSA, in the form of an exemption letter or a skill performance evaluation certificate must have on his or her person a copy of the variance documentation when on-duty.

(2) CDL exception. (i) Beginning January 30, 2014, a driver required to have a commercial driver's license under part 383 of this chapter, and who submitted a current medical examiner's certificate to the State in accordance with § 383.71(h) of this chapter documenting that he or she meets the physical qualification requirements of this part, no longer needs to carry on his or her person the medical examiner's certificate specified at §391.43(h), or a copy for more than 15 days after the date it was issued as valid proof of medical certification.

(ii) A CDL holder required by §383.71(h) to obtain a medical examiner's certificate, who obtained such by virtue of having obtained a

medical variance from FMCSA, must continue to have in his or her possession the original or copy of that medical variance documentation at all times when on-duty.

(3) A person is physically qualified to drive a commercial motor vehicle if:

(i) That person meets the physical qualification standards in paragraph (b) of this section and has complied with the medical examination requirements in §391.43; or

(ii) That person obtained from FMCSA a medical variance from the physical qualification standards in paragraph (b) of this section and has complied with the medical examination requirement in §391.43.

(b) A person is physically qualified to drive a motor vehicle if that person:

(1) Has no loss of a foot, a leg, a hand, or an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate (formerly Limb Waiver Program) pursuant to §391.49.

(2) Has no impairment of: (i) A hand or finger which interferes with prehension or power grasping; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or has been granted a SPE certificate pursuant to §391.49.

(3) Has no established medical history or

clinical diagnosis of diabetes mellitus currently requiring insulin for control.

(4) 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.

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

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

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

(8) Has no established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle.

(9) Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his ability to drive a commercial motor vehicle safely.

(10) Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40

(Snellen) or better with corrective lenses, distinct binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green and amber.

(11) First perceives a forced whispered voice in the better ear at not less than 5 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 American National Standard (formerly ASA Standard) Z24.5-1951.

(12) (i) Does not use any drug or substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or any other habit-forming drug. (ii) Does not use any non-Schedule

I drug or substance that is identified in the other Schedules in 21 part 1308 except when the use is prescribed by a licensed medical practitioner, as defined in § 382.107, who is familiar with driver's medical history and has advised the driver that the substance will not adversely affect the driver's ability to safely operate a commercial motor vehicle.

(13) Has no current clinical diagnosis of alcoholism.

INSTRUCTIONS TO THE MEDICAL EXAMINER

General Information

Review these instructions before examining the driver. If you are a licensed Physician Assistant or Advanced Practice Nurse, **you must be under a physician's supervision to perform this exam.** If you are a Doctor of Chiropractic **you must be clinically competent to perform the medical examination.** Only a Physician Assistant, Advanced Practice Registered Nurse, Doctor of Medicine (MD), Doctor of Osteopathy (DO) or a Doctor of Chiropractic (DC) listed on the most current National Registry of Certified Medical Examiners can perform the examination for persons who will drive a School Bus, School Pupil Activity Bus, Youth Bus, General Public Paratransit Vehicle, or Farm Labor Vehicle. The medical certificate and medical report must be signed by the medical examiner who performs the examination.

The purpose of this examination is to determine a driver's physical qualification to operate a commercial motor vehicle (CMV) in interstate commerce according to the requirements in 49 CFR 391.41-49. Therefore, the medical examiner must be knowledgeable of these requirements and guidelines developed by the FMCSA to assist the medical examiner in making the qualification determination. The medical examiner should be familiar with the driver's responsibilities and work environment and is referred to the section on the form, The Driver's Role.

In addition to reviewing the Health History section with the driver and conducting the physical examination, the medical examiner should discuss common prescriptions and over-the-counter medications relative to the side effects and hazards of these medications while driving. Educate the driver to read warning labels on all medications. History of certain conditions may be cause for rejection, particularly if required by regulation, or may indicate the need for additional laboratory tests or more stringent examination perhaps by a medical specialist. These decisions are usually made by the medical examiner in light of the driver's job responsibilities, work schedule and potential for the condition to render the driver unsafe.

Medical conditions should be recorded even if they are not cause for denial, and they should be discussed with the driver to encourage appropriate remedial care. This advice is especially needed when a condition, if neglected, could develop into a serious illness that could affect driving.

If the medical examiner determines that the driver is fit to drive and is also able to perform non-driving responsibilities as may be required, the medical examiner signs the medical certificate which the driver must carry with his/her license, as specified in federal regulation. The certificate must be dated. Under current regulations, the certificate is valid for two years, unless the driver has a medical condition that does not prohibit driving but does require more frequent monitoring. In such situations, the medical certificate should be issued for a shorter length of time. The physical examination should be done carefully and at least as complete as is indicated by the attached form. **CONTACT THE FMCSA AT (202) 366-4001 FOR FURTHER INFORMATION** (a vision exemption, Skill Performance Evaluation [SPE] Certificate, exempt intracity zone, qualifying drivers under 49 CFR 391.64, etc.). **NOTE:** In California, if a driver is only qualified when accompanied by a waiver/exemption, Skill Performance Evaluation Certificate, or when qualified by operation of 49 CFR 391.64, a copy of the waiver/exemption or certificate must be attached to the medical report before submission to the California Department of Motor Vehicles. If the driver does not already have such a waiver/exemption or certificate, do not check the "waiver/exemption or certificate" boxes. If a driver does not qualify **solely** on the standards in 49 CFR 391.41(b) 1,2,10, or 11, he/she may be eligible for a restricted California commercial license. Please check the appropriate box on page 4.

DMV has a booklet, *A Physician's Guide for Commercial Driver License Medical Exams*. This booklet contains guidelines that supplement the federal regulations. Medical examiners may request a copy of this booklet by calling (916) 657-6550. State and federal laws require this exam.

Interpretation of Medical Standards

Since the issuance of the regulations for physical qualifications of commercial drivers, the Federal Motor Carrier Safety Administration (FMCSA) has published recommendations called Advisory Criteria to help medical examiners in determining whether a driver meets the physical qualifications for commercial driving. These recommendations have been condensed to provide information to medical examiners that (1) is directly relevant to the physical examination and (2) is not already included in the medical examination form. The specific regulation is printed in *italics* and its reference by section is highlighted.

Federal Motor Carrier Safety Regulations Advisory Criteria

Loss of Limb: §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 an arm, or has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to §391.49.

Limb Impairment: §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; or (ii) An arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or Any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle; or Has been granted a Skill Performance Evaluation (SPE) Certificate pursuant to §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 Skill Performance Evaluation (SPE) Certification Program pursuant to §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 commercial motor vehicle in interstate or foreign commerce without a current SPE certificate for his/her physical disability.

Diabetes: §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, semi-consciousness, 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 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. CMV drivers who do not meet the Federal diabetes standard may call (202) 366-4001 for an application for a diabetes exemption. (See Conference Report on Diabetic Disorders and Commercial Drivers and Insulin-Using Commercial Motor Vehicle Drivers at:

www.fmcsa.dot.gov/rulesregs/medreports.htm).

Cardiovascular Condition: §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: "a clinical diagnosis of" (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 FMCSRs 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 before a driver is certified that he or she have a normal resting and stress electrocardiogram (ECG), no residual complications and 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. The FMCSA should be contacted at (202) 366-4001 for additional recommendations regarding the physical qualification of drivers on coumadin. (See Cardiovascular Advisory Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers at:

www.fmcsa.dot.gov/rulesregs/medreports.htm)

Respiratory Dysfunction §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 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:

www.fmcsa.dot.gov/rulesregs/medreports.htm)

Hypertension §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 regulatory 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 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 examination should be done annually thereafter and should be at or less than 140/90. If less than 160/100, certification may be extended one time for 3 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 or equal to 140/90. A blood pressure in this range is an absolute indication for anti-hypertensive drug therapy. Provided treatment is well tolerated and the driver demonstrates a BP value of 140/90 or less, he or she may be certified for one year from 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 be not qualified, even temporarily, until reduced to 140/90 or less and treatment is well tolerated. The driver may be certified for 6 months and biannually (every 6 months) thereafter if at recheck BP is 140/90 or less.

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 nonpharmacologic 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 treatment.

(See Cardiovascular Advisory Panel Guidelines for the Medical Examination of Commercial Motor Vehicle Drivers at:

www.fmcsa.dot.gov/rulesregs/medreports.htm)

Rheumatic, Arthritic, Orthopedic, Muscular, Neuromuscular or Vascular Disease §391.41(b)(7)

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

Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular or vascular disease

which interferes with the ability to control and operate a commercial motor vehicle safely.

Certain diseases are known to have acute episodes of transient muscle weakness, poor muscular coordination (ataxia), abnormal sensations (paresthesia), decreased muscular 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 may manifest itself over time); and (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:

www.fmcsa.dot.gov/rulesregs/medreports.htm)

Epilepsy §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 loss of consciousness or any loss of ability to control a 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 loss of consciousness or loss of ability to control a 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 has 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 and 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 drive 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:

www.fmcsa.dot.gov/rulesregs/medreports.htm)

Mental Disorders §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 ability to drive a 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 accidents 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 accidents. 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 neuroses) 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:

www.fmcsa.dot.gov/rulesregs/medreports.htm)

Vision §391.41(b)(10)

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

Has 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, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic 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) 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 distance visual acuity and another lens in the other eye for near vision is not acceptable, nor are telescopic lenses acceptable for the driving of 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 Standard may call (202) 366-4001 for an application for a vision exemption.

(See Visual Disorders and Commercial Drivers at: www.fmcsa.dot.gov/rulesregs/medreports.htm)

Hearing §391.41(b)(11)

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

First perceives a forced whispered voice in the better ear at not less than 5 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 American National Standard (formerly ASA Standard) Z24.5-1951.

Since the prescribed standard under the FMCSRs is the American Standards Association (ANSI), it may be necessary to convert the audiometric results from the 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). The opposite ear should be tested in the same manner. 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:

www.fmcsa.dot.gov/rulesregs/medreports.htm)

Drug Use §391.41(b)(12)

A person is physically qualified to drive a commercial motor vehicle if that person *does not use any drug or substance identified in 21 CFR 1308.11, Schedule I, an amphetamine, a narcotic, or any other habit-forming drug. A driver may use a non-schedule I drug or substance that is identified in the other Schedules in 21 part 1308 if the substance or drug is prescribed by a licensed medical practitioner who: (A) is familiar with the driver's medical history, and assigned duties, and (B) 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 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, an 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 negative drug test result. Additionally, given that the certification period is normally two 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: www.fmcsa.dot.gov/rulesregs/medreports.htm)

Alcoholism §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 of" 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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MEDICAL EXAMINATION REPORT FOR COMMERCIAL DRIVER FITNESS DETERMINATION

1. DRIVER INFORMATION Driver completes this section. PRINT IN CAPITAL LETTERS - USING BLACK OR DARK BLUE INK.

LAST NAME		FIRST		DRIVER LICENSE NUMBER	
ADDRESS		CITY	STATE	ZIP	WORK TELEPHONE NUMBER () () ()
SOCIAL SECURITY NUMBER		LICENSE CLASS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	STATE OF ISSUE	<input type="checkbox"/> New certification <input type="checkbox"/> Recertification <input type="checkbox"/> Follow up	
BIRTHDATE		AGE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	EYES	HAIR

PLEASE READ THE "INSTRUCTIONS TO THE DRIVER" BEFORE ANSWERING.

MARK ONE OF THE DRIVING TYPES BELOW

- | | |
|---|---|
| <input type="checkbox"/> NI Non-Excepted Interstate | <input type="checkbox"/> EI Excepted Interstate (Not available in California) |
| <input type="checkbox"/> NA Non-Excepted Intrastate | <input type="checkbox"/> EA Excepted Intrastate (Not available in California) |

CHECK ONE OF THE BOXES BELOW

- ☐ I am **NOT** submitting this medical examination report to obtain a certificate to operate a School Bus, School Pupil Activity Bus, Youth Bus, General Public Paratransit Vehicle, or Farm Labor Vehicle.
- ☐ **I AM** submitting this medical examination report to apply for or retain a certificate to operate a School Bus, School Pupil Activity Bus, Youth Bus, General Public Paratransit Vehicle, or Farm Labor Vehicle.

PLEASE READ THE FOLLOWING INFORMATION

If you indicated you have submitted this medical examination report for one or more of the certificates listed above, your medical examination **MUST** be performed by a Physician Assistant, Advanced Practice Registered Nurse, Doctor of Medicine (MD), Doctor of Osteopathy (DO), or a Doctor of Chiropractic (Chiropractor) listed on the most current National Registry of Certified Medical Examiners. Your medical examination report and medical certificate **MUST** be signed by the physician who performed the examination. If your medical examination report does not indicate your medical examination was performed by an MD, DO, Physician Assistant, Advanced Practice Registered Nurse or a Chiropractor listed on the most current National Registry of Certified Medical Examiners; DMV will not process your certificate application or accept your medical examination report, and your medical examination report will be returned to you.

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

<table border="0"> <tr><td>Yes</td><td>No</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Any illness or injury in last 5 years</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Head/Brain injuries, disorders or illnesses</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Seizures, epilepsy</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">medication _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Eye disorders or impaired vision (except corrective lenses)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Ear disorders, loss of hearing or balance</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Heart disease or heart attack, other cardiovascular condition</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">medication _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Heart surgery (valve replacement/ bypass, angioplasty, pacemaker)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">High blood pressure</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">medication _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">Muscular disease</td></tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	Any illness or injury in last 5 years		<input type="checkbox"/>	<input type="checkbox"/>	Head/Brain injuries, disorders or illnesses		<input type="checkbox"/>	<input 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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. (Attach additional sheet, if needed).

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certification.

DRIVER'S SIGNATURE	DATE
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DRIVER LICENSE NUMBER	NAME	DATE OF EXAM
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MEDICAL EXAMINER COMPLETES SECTIONS 3 THROUGH 8

QUALIFIED	NOT QUALIFIED	Check each item in appropriate box to show "Qualified" or "Not Qualified". Explain any special findings or test results NOT in an acceptable tolerance range.																																								
<input type="checkbox"/>	<input type="checkbox"/>	<p>3. VISION Numerical readings must be provided</p> <p>Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.</p> <p>INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable 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 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.</p> <table border="1"> <tr> <th colspan="4">Numerical readings must be provided.</th> <th rowspan="5">Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green and amber colors?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant meets visual acuity requirement only when wearing: <input type="checkbox"/> Corrective Lenses Monocular Vision (one eye blind):..... <input type="checkbox"/> Yes <input type="checkbox"/> No</th> </tr> <tr> <th>ACUITY</th> <th>UNCORRECTED</th> <th>CORRECTED</th> <th>HORIZONTAL FIELD OF VISION</th> </tr> <tr> <td>Right Eye</td> <td>20/</td> <td>20/</td> <td>Right Eye °</td> </tr> <tr> <td>Left Eye</td> <td>20/</td> <td>20/</td> <td>Left Eye °</td> </tr> <tr> <td>Both Eyes</td> <td>20/</td> <td>20/</td> <td></td> </tr> </table> <p>Complete next line only if vision testing is done by an ophthalmologist or optometrist</p> <table border="1"> <tr> <td>DATE OF EXAMINATION</td> <td>(IF APPLICABLE) NAME OF OPHTHALMOLOGIST OR OPTOMETRIST (PRINT)</td> </tr> <tr> <td>TELEPHONE NO.</td> <td>LICENSE NO./STATE OF ISSUE</td> </tr> <tr> <td></td> <td>SIGNATURE X</td> </tr> </table>	Numerical readings must be provided.				Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green and amber colors?..... <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant meets visual acuity requirement only when wearing: <input type="checkbox"/> Corrective Lenses Monocular Vision (one eye blind):..... <input type="checkbox"/> Yes <input type="checkbox"/> No	ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION	Right Eye	20/	20/	Right Eye °	Left Eye	20/	20/	Left Eye °	Both Eyes	20/	20/		DATE OF EXAMINATION	(IF APPLICABLE) NAME OF OPHTHALMOLOGIST OR OPTOMETRIST (PRINT)	TELEPHONE NO.	LICENSE NO./STATE OF ISSUE		SIGNATURE X													
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DRIVER LICENSE NUMBER	NAME	DATE OF EXAM
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. Check each item in appropriate box to show "Qualified" or "Not Qualified"

As you complete items 1 - 12 below, you will find some items that have no clearly defined measures to indicate a driver is "qualified" or "not qualified". For such items, please check "qualified" if the driver's condition appears within normal limits.

See Instructions To The Medical Examiner for guidance.

Any abnormalities present?

QUALIFIED	NOT QUALIFIED	BODY SYSTEM	CHECK FOR:	YES*	NO
		1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		
		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.		
		3. Ears	Middle ear disease, occlusion of external canal, perforated eardrums.		
		4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.		
		5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker.		
		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.		
		7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal Viscera wall muscle weakness.		
		8. Vascular system	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		
		9. Genito-urinary system.	Hernias.		
		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.		
		11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		
		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

**8. PHYSICIAN, CHIROPRACTOR, PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE REGISTERED NURSE
COMPLETES THIS SECTION**

DRIVER LICENSE NUMBER	NAME	DATE OF EXAM
-----------------------	------	--------------

DRIVER'S IDENTITY VERIFIED BY:

☐ Driver License No: ☐ Other Photo ID (Specify ID used):

Medical Examiners 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.) If the driver has previously been diagnosed with Stage 1, Stage 2, or Stage 3 hypertension and continues to require medication for treatment of hypertension, please indicate here and follow instructions for reduced term of medical certificate.

PHYSICIAN NOTE:

A Doctor of Medicine (MD), Doctor of Osteopathy (DO), Physician Assistant, Advanced Practice Registered Nurse, or a Doctor of Chiropractic (DC) listed on the most current National Registry of Certified Medical Examiners can perform a medical examination for persons submitting a medical examination report to operate one or more of the following: School Bus, School Pupil Activity Bus, Youth Bus, General Public Paratransit Vehicle, or Farm Labor Vehicle.

Note certification status here. See *Instructions to the Medical Examiner* for guidance.
I certify under penalty of perjury under the laws of the State of California that I am licensed, certified, and/or registered, in accordance with applicable State laws and regulations to perform physical examinations, that I have examined the driver named above in accordance with the Motor Carrier Safety Regulations (49 CFR 391.41 – 391.49) and with knowledge of the driving duties, I find this person:

(CHECK ALL THAT APPLY)

☐ Meets standards in 49 CFR 391.41; qualifies for 2 year medical certificate effective (must insert date) ____ / ____ / ____ and which will expire (must insert date) ____ / ____ / ____.

☐ Does not meet standards

☐ May qualify for California restricted CDL if solely unqualified based on 49 CFR 391.41(b)1,2,10, or 11.

☐ Meets standards, but periodic evaluation required due to _____

_____. Driver qualified only for:

☐ 3 months ☐ 6 months ☐ 1 year ☐ Other _____

Medical certificate effective (must insert date) ____ / ____ / ____ and will expire (must insert date) ____ / ____ / ____.

☐ Temporarily disqualified due to (condition or medication): _____
 Return to medical examiner's office for follow up on _____

ONLY QUALIFIED WHEN:

☐ Wearing corrective lenses

☐ Wearing hearing aid

CHECK THE BOXES BELOW ONLY WHEN THE DRIVER PRESENTS ONE OF THE DOCUMENTS LISTED, A COPY OF WHICH MUST BE ATTACHED TO THIS REPORT.

☐ Accompanied by a _____ waiver/exemption. Driver must present exemption at time of certification. (must attach copy)

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate (must attach copy)

☐ Driving within an exempt intracity zone (not applicable in California)

☐ Qualified by operation of 49 CFR 391.64 (must attach copy of waiver/exemption)

A completed examination form is on file in my office.

MEDICAL EXAMINER'S NAME (PRINT)

TITLE ☐ Physician ☐ Chiropractor ☐ Physician Assistant ☐ Advanced Practice Registered Nurse
 (☐ M.D. ☐ D.O.)

ADDRESS

DMV COMPLETES THIS SECTION

STATE MEDICAL LICENSE OR CERTIFICATE NUMBER	ISSUE STATE	NATIONAL REGISTRY NUMBER	REVIEWED BY (Indicate Tech ID#)	Field Office	HDQTRS
MEDICAL LICENSE/CERTIFICATE ISSUE DATE		MEDICAL LICENSE/CERTIFICATE EXPIRATION DATE		<input type="checkbox"/> Forward for further review	
MEDICAL EXAMINER'S SIGNATURE		TELEPHONE NUMBER ()	UPDATED BY (TECH #)		DATE UPDATED
If driver meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle as specified in federal regulation.)					
DATE STAMP					

Attachment D

ATTACHMENT D

COST OF SERVICES

BIDDER TO COMPLETE: the following cost of medical examinations performed based on components of specific examination outlines (refer to Attachment B).

1. Chief Probation Officer	\$ _____
2. Deputy Chief Probation Officer	\$ _____
3. Probation Division Director	\$ _____
4. Probation Services Manager	\$ _____
5. Deputy Probation Officer III/IV	\$ _____
6. Deputy Probation Officer I	\$ _____
7. Supervising Juvenile Correctional Officer	\$ _____
8. Senior Juvenile Correctional Officer	\$ _____
9. Juvenile Correctional Officer II	\$ _____
10. Juvenile Correctional Officer I	\$ _____
11. Sheriff's Captain	\$ _____
12. Sheriff's Lieutenant	\$ _____
13. Sheriff's Sergeant	\$ _____
14. Deputy Sheriff III	\$ _____
15. Deputy Sheriff II	\$ _____
16. Deputy Sheriff I	\$ _____
17. Reserve Officer	\$ _____
18. Uniformed Field Division Reserve Deputy Sheriff (UFD)	\$ _____
19. Reserve Deputy Sheriff (Special Guard 108)	\$ _____
20. Communications Dispatcher	\$ _____
21. Community Service Officer	\$ _____

22. Correctional Captain	\$ _____
23. Correctional Lieutenant	\$ _____
24. Correctional Sergeant	\$ _____
25. Correctional Officer IV	\$ _____
26. Correctional Officer I/II/III	\$ _____
27. Supervising District Attorney Investigator	\$ _____
28. District Attorney Investigator I/II/Senior	\$ _____
29. Deputy Coroner I	\$ _____
30. Forensic Autopsy Technician	\$ _____
31. Clinical Supervisor	\$ _____
32. Unlicensed Mental Health Clinician	\$ _____
33. Recreational Therapist I/II	\$ _____
34. Community Mental Health Specialist	\$ _____
35. Psychiatric Technician	\$ _____
36. Substance Abuse Specialist I/II	\$ _____
37. Licensed Vocational Nurse	\$ _____
38. Mental Health Nurse	\$ _____
39. DMV Examinations	\$ _____
40. Fit for Duty Examinations	\$ _____
41. Other Classifications yet to be determined	\$ _____
42. Hourly rate for providing testimony on contested results of compulsory medical examinations	\$ _____

CHECK LIST

This Checklist is provided to assist the vendors in the preparation of their bid response. Included in this list, are important requirements and is the responsibility of the bidder to submit with the bid package in order to make the bid compliant. Because this checklist is just a guideline, the bidder must read and comply with the bid in its entirety.

Check off each of the following:

1. _____ Front page of the Request for Quotation (RFQ) has been signed (original signature) and completed.
2. _____ One (1) original and five (5) copies of the RFQ have been provided.
3. _____ Addenda, if any, have been completed, first page signed and included in the bid package.
4. _____ The completed *Reference List* as provided with this RFQ.
5. _____ Attachment D – Cost of Services as provided with this RFQ has been completed, price reviewed for accuracy and any corrections initialed in ink.
6. _____ Indicate all of bidder exceptions to the County's requirements, conditions and specifications as stated within this RFQ.
7. _____ The *Participation* page as provided within this RFQ has been signed and included
8. _____ Specification, descriptions etc. for items offered under bidder(s) quotation.
9. _____ *Lastly, on the **LOWER LEFT HAND CORNER** of the sealed envelope, box, etc. transmitting your bid include the following information:*

County of Fresno RFQ No. 964-5255
Closing Date: April 23, 2014
Closing Time: 2:00 P.M.
Commodity or Service: Medical Examinations - Pre-Employment, Periodic, Compulsory & DMV