**REQUEST FOR PROPOSALS**

Christian County Board of Education

200 Glass Avenue
P.O. Box 609

Hopkinsville, KY 42241

**PRE-EMPLOYMENT/BUS DRIVER ANNUAL PHYSICALS**

The Christian County Board of Education (District) will receive sealed bids for Bus Driver/Athlete Drug Testing and/or Pre-Employment/Bus Driver Annual Physicals. Bids must be mailed or delivered to Jessica Darnell, Director of Business, Christian County Board of Education, PO Box 609, 200 Glass Avenue, Hopkinsville, KY 42241, in an envelope marked “**PHYSICALS**” by 1:00 p.m. March 11, 2020 at which time the bids will be publicly opened. After review of the submitted proposals, a recommendation will be made to the Board at their next regular meeting. The District reserves the right to accept any bid, to reject any or all bids, to waive any irregularities or informalities in bids received where such acceptance, rejection or waiver is considered to be in the best interest of the District. The District reserves the right to award the agreement to other than the low bidder if it is in the best interest of the District.

The period of contract will be from July 1, 2020 until June 30, 2021 (1 year) with the option to extend to total of two years.

Scope of Services

1. Bus Drivers/Transportation Workers
	1. DOT Physical Examination
	2. DOT Required Drug Screen
	3. TB Assessment
	4. TB Test (only if indicated by assessment)
	5. Chest x-ray (only if indicated by TB test & assessment)
2. Other Physical and Medical Services
	1. Fit for Duty physicals may be requested at the discretion of a CCBOE department with the approval of HR when certain physical requirements might limit an employee to return to full duty
	2. Functional Capacity testing, both pre-employment, and post employment
	3. Annual CDL renewal physicals for approximately 175 CDL holders
3. Procedures for Physicals
	1. CDL Physicals
		1. Approximately 175 Board employees have commercial driver’s licenses and must pass an annual medical examination that meets the requirements specified in 702 KAR 5:080, 704 KAR 4:020, and the FMCSR Part 391.41 & 391.43.
	2. Other Classified Staff Physicals
		1. Physical Examination
		2. TB Assessment
		3. TB Test (only if indicated by assessment)
		4. Chest x-ray (only if indicated by TB test & assessment)

**PHYSICAL SERVICES FORM**

NAME OF COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICIAL TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUS DRIVER DOT PHYSICAL EXAM**

$ \_\_\_\_\_\_\_\_\_ bid price per driver

**CLASSIFIED STAFF PHYSICAL EXAM**

$ \_\_\_\_\_\_\_\_\_ bid price per employee