

LEBANON BOARD OF EDUCATION, CONNECTICUT

REQUEST FOR PROPOSALS FOR MEDICAL ADVISOR SERVICES

7/16/2020

The Lebanon Board of Education invites sealed proposals for Medical Advisor Services until July 31, 2020 at 1:00 pm. At that time proposals will be opened in public and read aloud.

The documents comprising the Request for Proposals may be obtained on the Lebanon Board of Education website, www.lebanonct.org, under RFP.

The Lebanon Board of Education reserves the rights to amend or terminate this request for Proposals, accept all or any part of a proposal, reject all proposals, waive any informalities or non-material deficiencies in a proposal, and award the contract to the lowest proposal that meets the criteria set forth in the RFP and is in the best interests of the Lebanon Board of Education

EXHIBIT A TO THE CONTRACT

SCOPE OF SERVICES

As outlined in Connecticut General Statutes 10-207a, responsibilities and duties of the medical advisor to a public school system are as follows:

(a) Each school medical advisor shall work with the local or regional board of education that appointed such school medical advisor and the board of health or health department for the school district under the jurisdiction of such board to (1) plan and administer the health program for each school, (2) advise on the provision of school health services, (3) provide consultation on the school health environment, and (4) perform any other duties that may be agreed on by the school medical advisor and the local or regional board of education that appointed such school medical advisor.

(b) With the approval of the local or regional board of education, the school medical advisor may establish a diagnostic and treatment program for health and dental services to pupils, provided no costs incurred for such health service shall be charged to the local or regional board of education without approval of such board.

In addition to the responsibilities outlined in Statute Section 10-207a, responsibilities include:

Physical examination of all qualified children in the public schools not done by a private physician as outlined in Statute Section 10-206a.

Sports screenings and consultation concerning physical examinations and fitness for students of the Lebanon Public Schools participating in interscholastic sports.

Environmental sanitary and safety inspection of each of the school buildings and grounds and reports of the inspections as requested.

Consultation and advice regarding health and safety matters, when requested, to the superintendent and the Board of Education.

Meeting with the school nurses or other appropriate staff to discuss and/or provide consultation on school health practices and procedures.

Training of staff, as determined necessary, to administer emergency injections.

LEBANON BOARD OF EDUCATION

**EXHIBIT B
PROPOSAL FORM**

The undersigned, having become thoroughly familiar with the terms and conditions affecting the performance and costs of the Medical Advisor Services, hereby proposes and agrees to fully perform the Medical Advisor Services in strict accordance with the Proposal Documents and the "Letter of Agreement as Medical Advisor," for the following sum of money:

Annual Stipend \$ _____ Hourly rate for Physical Exams \$ _____

In submitting this proposal, it is understood that the right is reserved by the Owner to waive any informalities in, or to reject any and all bids.

The undersigned bidder further agrees, if awarded the contract on this proposal (bid), to commence work at the time stated in the notice to proceed, unless otherwise permitted or directed by the Board. Services shall be automatically renewed from year to year thereafter, unless either party desires to modify or terminate the Agreement, which must be done in writing.

This form must be signed by an officer authorized to represent and commit the organization to all terms and conditions contained in the proposal. The authorized person signing below further certifies that this bid has been prepared without collusion with any other bidder, the Lebanon Board of Education, or any employee of the Lebanon Board of Education, and is unaware of any direct, personal pecuniary interest of any employee of the Lebanon Board of Education in the outcome of this bid.

Name of Physician/Practice: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Federal I.D. Number: _____

Authorized Signature: _____

Date: _____

Printed Name: _____

Title: _____