



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER
ADJ07001

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
CHUCK BOWMAN 304-558-2157

RFQ COPY  
 TYPE NAME/ADDRESS HERE

VENDOR

SHIP TO

ADJUTANT GENERAL'S DEPARTMENT  
 MOUNTAINEER CHALLENGE PROGRAM  
 CAMP DAWSON  
 240 ARMY ROAD  
 KINGWOOD, WV  
 26537  
 304-341-6406

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
06/12/2006				

BID OPENING DATE: **06/29/2006** BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	EA		990-37		
<p>MEDICAL SUPPORT SERVICES</p> <p>THE WEST VIRGINIA PURCHASING DIVISION, ON BEHALF OF THE AGENCY, THE ADJUTANT GENERAL'S DEPARTMENT- MILITARY AFFAIRS AND PUBLIC SAFETY- MOUNTAINEER CHALLENGE ACADEMY, IS SOLICITING BIDS FOR THE 2006-2007 MEDICAL SERVICES CONTRACT PER THE ATTACHED SPECIFICATIONS, SCOPE OF WORK, BID REQUIREMENTS, TERMS &amp; CONDITIONS, AND THE BID SCHEDULE.</p> <p>QUESTIONS AND CLARIFICATION AS THEY RELATE TO THE FOLLOWING SPECIFICATIONS ARE TO BE DIRECTED TO THE BUYER, CHUCK BOWMAN, @ (PHONE) 304.558.2157, (FAX) 304.558.4115 OR (EMAIL) CBOWMAN@WVADMIN.GOV</p> <p>PLEASE SEE THE ATTACHED.</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE UPON AWARD AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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**GENERAL TERMS & CONDITIONS  
REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)**

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. All quotations are governed by the *West Virginia Code* and the *Legislative Rules* of the Purchasing Division.
4. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required registration fee. (Effective June 8, 2006, the fee will change from \$45.00 to \$125.00 pursuant to House Bill 4031.)
5. All services performed or goods delivered under State Purchase Orders/Contracts are to be continued for the term of the Purchase Order/Contract, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods, this Purchase Order/Contract becomes void and of no effect after June 30.
6. Payment may only be made after the delivery and acceptance of goods or services.
7. Interest may be paid for late payment in accordance with the *West Virginia Code*.
8. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
9. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
10. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
11. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern all rights and duties under the Contract, including without limitation the validity of this Purchase Order/Contract.
12. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
13. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, this contract is automatically null and void, and is terminated without further order.
14. **HIPAA Business Associate Addendum** - The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

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**INSTRUCTIONS TO BIDDERS**

1. Use the quotation forms provided by the Purchasing Division.
2. **SPECIFICATIONS:** Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Complete all sections of the quotation form.
4. Unit prices shall prevail in cases of discrepancy.
5. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
6. **DUPLICATE BIDS:** All quotations must be delivered by the bidder to the respective offices listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications.

**ORIGINAL SIGNED BID TO:**

Department of Administration  
Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

NOTICE: Beginning June 8, 2006, there is no need to submit a duplicate bid to the State Auditor's Office pursuant to House Bill 4031.



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<p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

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**CAMP DAWSON**  
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**KINGWOOD, WV**  
**26537** **304-341-6406**

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<p>WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES FOR BANKRUPTCY PROTECTION, THIS CONTRACT IS AUTOMATICALLY NULL AND VOID, AND IS TERMINATED WITHOUT FURTHER ORDER.</p> <p>THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.</p> <p>REV. 04/11/2001</p> <p style="text-align: center;">VENDOR PREFERENCE CERTIFICATE</p> <p>CERTIFICATION AND APPLICATION* IS HEREBY MADE FOR PREFERENCE IN ACCORDANCE WITH WEST VIRGINIA CODE, 5A-3-37 (DOES NOT APPLY TO CONSTRUCTION CONTRACTS).</p> <p>A. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE REASON CHECKED:</p> <p>( ) BIDDER IS AN INDIVIDUAL RESIDENT VENDOR AND HAS RESIDED CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS CERTIFICATION; OR</p> <p>( ) BIDDER IS A PARTNERSHIP, ASSOCIATION OR CORPORA-</p>						

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<p>TION RESIDENT VENDOR AND HAS MAINTAINED ITS HEAD-            QUARTERS OR PRINCIPAL PLACE OF BUSINESS CONTINUOUSLY IN            WEST VIRGINIA FOR FOUR (4) YEARS IMMEDIATELY PRECEDING            THE DATE OF THIS CERTIFICATION; OR 80% OF THE OWNERSHIP            INTEREST OF BIDDER IS HELD BY ANOTHER INDIVIDUAL,            PARTNERSHIP, ASSOCIATION OR CORPORATION RESIDENT VENDO            WHO HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE            OF BUSINESS CONTINUOUSLY IN WEST VIRGINIA FOR FOUR (4)            YEARS IMMEDIATELY PRECEDING THE DATE OF THIS            CERTIFICATION; OR</p> <p>( ) BIDDER IS A CORPORATION NONRESIDENT VENDOR            WHICH HAS AN AFFILIATE OR SUBSIDIARY WHICH EMPLOYS            A MINIMUM OF ONE HUNDRED STATE RESIDENTS AND WHICH            HAS MAINTAINED ITS HEADQUARTERS OR PRINCIPAL PLACE OF            BUSINESS WITHIN WEST VIRGINIA CONTINUOUSLY FOR THE            FOUR (4) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS            CERTIFICATION.</p> <p>B. APPLICATION IS MADE FOR 2.5% PREFERENCE FOR THE            REASON CHECKED:</p> <p>( ) BIDDER IS A RESIDENT VENDOR WHO CERTIFIES THAT,            DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST            75% OF THE EMPLOYEES WORKING ON THE PROJECT BEING BID            ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN            THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY            PRECEDING SUBMISSION OF THIS BID;            OR</p> <p>( ) BIDDER IS A NONRESIDENT VENDOR EMPLOYING A            MINIMUM OF ONE HUNDRED STATE RESIDENTS OR IS A            NONRESIDENT VENDOR WITH AN AFFILIATE OR SUBSIDIARY            WHICH MAINTAINS ITS HEADQUARTERS OR PRINCIPAL PLACE            OF BUSINESS WITHIN WEST VIRGINIA EMPLOYING A MINIMUM            OF ONE HUNDRED STATE RESIDENTS WHO CERTIFIES THAT,            DURING THE LIFE OF THE CONTRACT, ON AVERAGE AT LEAST</p>						

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<p>75% OF THE EMPLOYEES OR BIDDERS' AFFILIATE'S OR SUBSIDIARY'S EMPLOYEES ARE RESIDENTS OF WEST VIRGINIA WHO HAVE RESIDED IN THE STATE CONTINUOUSLY FOR THE TWO YEARS IMMEDIATELY PRECEDING SUBMISSION OF THIS BID.</p> <p>BIDDER UNDERSTANDS IF THE SECRETARY OF TAX &amp; REVENUE DETERMINES THAT A BIDDER RECEIVING PREFERENCE HAS FAILED TO CONTINUE TO MEET THE REQUIREMENTS FOR SUCH PREFERENCE, THE SECRETARY MAY ORDER THE DIRECTOR OF PURCHASING TO: (A) RESCIND THE CONTRACT OR PURCHASE ORDER ISSUED; OR (B) ASSESS A PENALTY AGAINST SUCH BIDDER IN AN AMOUNT NOT TO EXCEED 5% OF THE BID AMOUNT AND THAT SUCH PENALTY WILL BE PAID TO THE CONTRACTING AGENCY OR DEDUCTED FROM ANY UNPAID BALANCE ON THE CONTRACT OR PURCHASE ORDER.</p> <p>BY SUBMISSION OF THIS CERTIFICATE, BIDDER AGREES TO DISCLOSE ANY REASONABLY REQUESTED INFORMATION TO THE PURCHASING DIVISION AND AUTHORIZES THE DEPARTMENT OF TAX AND REVENUE TO DISCLOSE TO THE DIRECTOR OF PURCHASING APPROPRIATE INFORMATION VERIFYING THAT BIDDER HAS PAID THE REQUIRED BUSINESS TAXES, PROVIDED THAT SUCH INFORMATION DOES NOT CONTAIN THE AMOUNTS OF TAXES PAID NOR ANY OTHER INFORMATION DEEMED BY THE TAX COMMISSIONER TO BE CONFIDENTIAL.</p> <p>UNDER PENALTY OF LAW FOR FALSE SWEARING (WEST VIRGINIA CODE 61-5-3), BIDDER HEREBY CERTIFIES THAT THIS CERTIFICATE IS TRUE AND ACCURATE IN ALL RESPECTS; AND THAT IF A CONTRACT IS ISSUED TO BIDDER AND IF ANYTHING CONTAINED WITHIN THIS CERTIFICATE CHANGES DURING THE TERM OF THE CONTRACT, BIDDER WILL NOTIFY THE PURCHASING DIVISION IN WRITING IMMEDIATELY.</p> <p>BIDDER: -----</p>						

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<p>DATE: -----</p> <p>SIGNED: -----</p> <p>TITLE: -----</p> <p>* CHECK ANY COMBINATION OF PREFERENCE CONSIDERATION(S) IN EITHER "A" OR "B", OR BOTH "A" AND "B" WHICH YOU ARE ENTITLED TO RECEIVE. YOU MAY REQUEST UP TO THE MAXIMUM 5% PREFERENCE FOR BOTH "A" AND "B". (REV. 12/00)</p> <p>NOTICE</p> <p>AN ORIGINAL, SIGNED BID MUST BE SUBMITTED TO:</p> <p>DEPARTMENT OF ADMINISTRATION            PURCHASING DIVISION            BUILDING 15            2019 WASHINGTON STREET, EAST            CHARLESTON, WV 25305-0130</p> <p>THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPES OR THE BIDS MAY NOT BE CONSIDERED:</p> <p>SEALED BID</p>						

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LINE	QUANTITY	UOP	CAT NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
BUYER:				CB-23		
RFQ. NO.:				ADJ07001		
BID OPENING DATE:				06/29/2006		
BID OPENING TIME:				1:30 PM		
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:						
-----						
CONTACT PERSON (PLEASE PRINT CLEARLY):						
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***** THIS IS THE END OF RFQ ADJ07001 ***** TOTAL: _____						

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The Mountaineer Challenge Academy (MCA) is, a State Program under the Adjutant General's Department – Military Affairs and Public Safety, seeking bids from a Medical Provider to give medical support for their residential student population. Students, called Cadets, are age 16 – 18, male and female residents of WV who reside at Camp Dawson, Kingwood, WV. The required support periods are two (2), twenty-two week periods each year generally mid July to mid December and Mid January to Mid June. In order to align the contract with the MCA fiscal year, the initial contract will be July 1, 2006 through June 30, 2007. (Starting date of initial contract is negotiable.)

Primary requirements of the contract include the following.

Vendor is to provide a professional medical continuum of care for the Cadets attending the MCA that follows the medical industry's standards of care. This will include; but is **not limited to**: sick call on-site, sports physicals, immunizations, office calls at the provider's location, and referrals to specialist as needed. The vendor will provide the necessary office support and hospital care necessary as a result of this contract. The vendor will be sensitive to gender issues of the Cadets and will provide a same gender support person when an exam is to be performed by a medical professional of the different gender. As the first line of medical care, the vendor **must** have "on call" telephone support available to the MCA after hours.

Vendor is to provide on-site (at Camp Dawson) sick call and triage, Monday through Friday of each cycle. Vendor will conduct sick call when school is in cycle from 0700 – 0800 (Longer time frame if warranted by number of sick calls.) The MCA makes available to the vendor a small office suitable for conducting sick call examinations with easy access to a rest room. The MCA provides a telephone, a computer with local area network access, and a vehicle for necessary medical support activities. Sick call consists of diagnosing and treating minor medical problems and determining whether an off-site office visit or additional care is necessary. Cadets will complete a "sick call" form identifying their medical complaints, durations, etc. The MCA Staff will provide additional comments and observations when available on the same form. The medical personnel will complete the form following the exam with instructions to the MCA Staff regarding medications, appointments, or future treatment and provide a copy to the MCA. The vendor will use the MCA Medical Wristband Procedure to further identify Cadets limitations. The vendor will provide consumable/expendable items necessary for sick call: i.e. sample medications (to reduce Cadet's cost), bandages, disposal of all sharps, etc. The health care provider may be a doctor, physician assistant, paramedic or nurse practitioner at the Vendor's discretion but **must** be under the insurance and supervision of a licensed physician.

Vendor is to conduct sports type physical exams On-site (Camp Dawson – MCA) for approximately 120 applicants (but no more than 160 applicants) on the first Monday and Tuesday at the beginning of each class. A fourth of the class on Monday morning, one fourth on Monday afternoon and a fourth each on Tuesday morning and afternoon. This rotation supports the MCA training schedule. All physical exams are to include the determination of suitability for participation in the MCA 22-week program with concerns for physical and mental health. MCA will provide a completed medical history form and physical form for each applicant. Vendor is to provide all materials and labor required for

the examinations. The physical exam will include screening for color blindness. The physical exam for all females will include a pregnancy test prior to the Cadet receiving any immunizations. The vendor will discuss, with Senior MCA Staff at the end of the exams, any Cadets who are not suitable for the program and those with required follow-up.

Vendor will provide a medical technician or medical assistant operating under the insurance and supervision of the Provider to be on-site daily for approximately four hours. This person will manage Cadet medical records. This individual will be responsible for coordinating appointments, care and medications with MCA Staff. This person will be responsible for dispensing all medications for Cadets, whether it is brought from home or prescribed while attending the MCA. Medication management is done on a daily basis with all medications packaged and given to the MCA Senior Squad Leader. When medications / prescriptions are new or refilled at the local pharmacy, the medical technician or medical assistant is responsible for picking them up and working them into the system. The MCA provides a vehicle for transportation. All charts, medications (ordering and dispensing), appointment coordination, insurance coordination, and medical records management are to be completed by this position.

Vendor must attend Opening Day for each cycle held twice annually, mid July and mid January, on a Sunday at the Craig Civic Center, Kingwood, WV. The vendor will supply adequate staff to work two stations to:

- a. Collect, document name and amount of prescription medication on the MCA Medication Log Form, and prepare for first med call on location.
- b. Complete urinalysis as required for sports physical (sugar, protein, pregnancy for females, etc.) to identify any Cadets that might need retesting during the physical examines that will follow during the next two days.

Vendor must provide and administer immunizations as required. The MCA will identify any applicants who have shot records documenting previous immunization. These immunizations will not be duplicated for those applicants having proof of meeting the requirements. The following are required at this time:

- a. Diphtheria-Tetanus (adult) booster to each Cadet, at the time of the physical examination, qualified to enter the program.
- b. Tuberculosis screening (Adult PPD). All MCA staff annually and each Cadet must be screened.

Off-site office appointments at the vendor's main office may be necessary when the environment and or time constraints of sick call prevent adequate care. All efforts will be made by the vendor to handle Cadets needs on-site to reduce the number of off-site medical appointments. In the location provided by the MCA, the vendor will plan and maintain a well-stocked and sanitary exam/office location to facilitate on-site sick call. The vendor will facilitate easy access to the vendor's off-site office appointments, which will result in a minimum of "time out of the school day" for the Cadets.

Financial compensation for this contract will be generated from patient billing not from the State of WV – MCA. Vendor will be responsible for all billing issues for those Cadets with insurance and those who are uninsured. Vendor will coordinate with

insurance providers when pre-authorization is necessary to facilitate the required or recommended treatment. The vendor is responsible for coordinating all off-site appointments with MCA, other service providers, and Cadet families. The hourly rates of the Medical Technician, Physician Assistant, and Nurse Practitioner as they relate to on-site sick call coordination, medication dispensing, and opening day registration coordination will be billed to the Mountaineer Challenge Academy.

Vendor **must** have and maintain physician privileges at Preston Memorial Hospital. Vendor **must** utilize Preston Memorial Hospital for treatment and lab work when not available through their practice.

Vendor must have office practice within a twenty (20) mile radius of Camp Dawson and in close proximity to Preston Memorial Hospital to reduce "time away from class" and to expedite treatment. Vendor to provide physical address of office and any supporting directions to their office in the space provided below:

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*Please see the attached class schedule and medical form samples. Included in the attachment is the Cadet Medicine Check-In for Opening Day Form, Sick Call Form page 1 & 2, Cadet Medication Log, and the Physical Examination Form page 1 & 2.

**BID SCHEDULE  
 #ADJ07001**

	<u>UNIT PRICE</u>	<u>TOTAL</u>
<b>BID ITEM #1: Physical Exams</b> (Est. Qty. 120, but not to exceed 160)		
(100) Insured Cadets	\$ _____	\$ _____
( 20) Uninsured Cadets	\$ _____	\$ _____
<b>BID ITEM #2: Diptheria-Tetnus Immunization</b>		
( 30) Insured Cadets	\$ _____	\$ _____
( 5) Uninsured Cadets	\$ _____	\$ _____
<b>BID ITEM #3: Tuberculosis Screening</b>		
( 55) Insured Cadets	\$ _____	\$ _____
( 15) Uninsured Cadets	\$ _____	\$ _____
( 40) MCA Staff (to be billed to MCA)	\$ _____	\$ _____
<b>BID ITEM #4: On-Site Sick Call (per Cadet)</b> *Estimates are per week		
( 10) Insured Cadets	\$ _____	\$ _____
( 2) Uninsured Cadets	\$ _____	\$ _____
<b>BID ITEM #5: Med. Tech. / Phys. Asst. (Hourly)</b> *Billing monthly in arrears in quarter/hour increments		
( 25) On-Site Sick Call Coordination, Medication Dispensing (est. hours per week)	\$ _____/hr	\$ _____
( 16) Opening Day Registration Coordination (est. hours/ per employee for this event)	\$ _____/hr	\$ _____
<b>BID ITEM #6: Phone Consultations</b> *Calls placed during regular office hours after on-site sick call and calls placed after regular office hours are included in this line item price		
( 5) Calls per month	\$ _____	\$ _____
	<b>TOTAL</b>	\$ _____

Vendor Name: \_\_\_\_\_

Signature : \_\_\_\_\_



# School Calendar Class 2006

012

CADETS RETURNING FROM SCHEDULED LEAVE ARE TO BE SIGNED IN AT THE BARRACKS NO EARLIER THAN 5:00 PM AND NO LATER THAN 6:00 PM

### July

Sun	Mon	Tues	Wed	Thur	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

 Cadet Leave Begins
 Cadet Leave Ends

**Opening Day**  
 Sunday, July 16, 2006  
 By Appointment

**First Phase Graduation**  
 Friday, September 1, 2006  
 1:00 pm  
 Kingwood Craig Civic Center

CADET LEAVE BEGINS  
 IMMEDIATELY  
 FOLLOWING CEREMONY

### October

Sun	Mon	Tues	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Sun	Mon	Tues	Wed	Thur	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

**First Cadet Leave Ends**  
 Tuesday, September 5, 2006  
 RETURN TIME AS POSTED

**Visitation Day**  
 Sunday, September 24, 2006  
 11:00 am - 4:00 pm

**Second Cadet Leave Begins**  
 Friday, October 6, 2006  
 4:30 pm

**Second Cadet Leave Ends**  
 RETURN TIME AS POSTED

Sun	Mon	Tues	Wed	Thur	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

**Visitation Day**  
 Sunday, November 5, 2006  
 11:00 am - 4:00 pm

### September

Sun	Mon	Tues	Wed	Thur	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

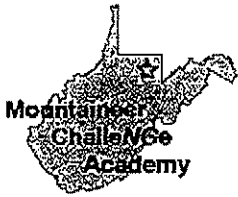
**Third Cadet Leave Begins**  
 Wednesday, November 22, 2006  
 NOON

**Third Cadet Leave Ends**  
 Sunday, November 26, 2006  
 RETURN TIME AS POSTED

**Final Graduation**  
 Friday, December 15, 2006  
 1:00 pm  
 Kingwood Craig Civic Center

### December

Sun	Mon	Tues	Wed	Thur	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						



## Mountaineer Challenge Academy

## CADET MEDICINE CHECK-IN FOR OPENING DAY

CADET NAME: \_\_\_\_\_

ALLERGIES: MEDICATION \_\_\_\_\_ FOOD \_\_\_\_\_  
INSECTS \_\_\_\_\_ SEASONAL \_\_\_\_\_

## CURRENT PRESCRIPTION MEDICATIONS:

Drug \_\_\_\_\_ Rx No. \_\_\_\_\_  
Instructions \_\_\_\_\_ Dosage: \_\_\_\_\_

Quantity \_\_\_\_\_ Number of Pills/Liquid in Bottle: \_\_\_\_\_

Drug \_\_\_\_\_ Rx No. \_\_\_\_\_  
Instructions \_\_\_\_\_ Dosage: \_\_\_\_\_

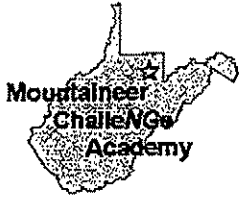
Quantity \_\_\_\_\_ Number of Pills/Liquid in Bottle: \_\_\_\_\_

Drug \_\_\_\_\_ Rx No. \_\_\_\_\_  
Instructions \_\_\_\_\_ Dosage: \_\_\_\_\_

Quantity \_\_\_\_\_ Number of Pills/Liquid in Bottle: \_\_\_\_\_

Drug \_\_\_\_\_ Rx No. \_\_\_\_\_  
Instructions \_\_\_\_\_ Dosage: \_\_\_\_\_

Quantity \_\_\_\_\_ Number of Pills/Liquid in Bottle: \_\_\_\_\_



Mountaineer Challenge Academy

SICK CALL FORM - page 1

All information in sections one and two must be completed by Academy Staff

1. Cadet Information

Cadet: \_\_\_\_\_ Date: \_\_\_\_\_

Bay: \_\_\_\_\_ Time: \_\_\_\_\_

Temperature: \_\_\_\_\_ Date Illness Started: \_\_\_\_\_

Is this request because of an injury? YES NO
Was the injury obtained before coming to MCA? [ ] [ ]

List symptoms: (Be Specific) \_\_\_\_\_

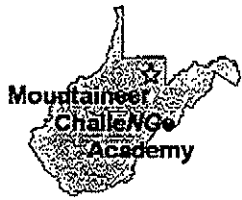
2. MCA Staff Screening:

(Circle) Vomiting # \_\_\_\_\_ Diarrhea # \_\_\_\_\_ Insomnia # \_\_\_\_\_

3. Medical On-Site Screening: (Medical Personnel Only)

[ ] Return to full duty Doctor: \_\_\_\_\_
[ ] Limited duty Appointment: \_\_\_\_\_
Medications: \_\_\_\_\_

Comments: \_\_\_\_\_



**Mountaineer Challenge Academy**

**SICK CALL FORM – page 2**

Cadet: \_\_\_\_\_

Date: \_\_\_\_\_

**4. Medical Representative Screening Office Visit: (Medical Personnel Only)**

Return to full duty  
 Limited Duty  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Doctor: \_\_\_\_\_  
 Appointment: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Medical Representative Screening: (Hospital, X-ray, Specialist, Medical Personnel Only)**

Return to full duty  
 Limited Duty  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Doctor: \_\_\_\_\_  
 Appointment: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Cadet Review For Action:** \_\_\_\_\_

Instructions Issued By: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Time

\_\_\_\_\_ Cadet Signature

\_\_\_\_\_ Cadre Signature





**CADET MEDICATION LOG**

CADET \_\_\_\_\_

<b>DRUG</b> Name of Drug, Not "Prescription"	<b>AMOUNT</b> Quantity and Form	<b>TIME/DATE</b> Time and Date Given	<b>GIVEN BY</b> Print Name and Initial	<b>CADET</b> Print Name



**Mountaineer Challenge Academy**

**PHYSICAL EXAMINATION FORM**

CADET \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SSN \_\_\_\_\_

GENDER \_\_\_\_\_

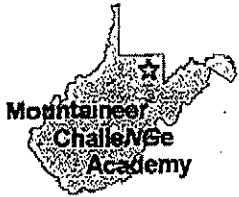
RACE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Preston Memorial Medical Group  
 300 South Price Street  
 Kingwood, WV 26537

CLINICAL EVALUATION			Notes: Describe every abnormality in detail. Continue on reverse side if needed.
NORMAL	Check each item in appropriate columns; enter "NE" if not evaluated	ABNORMAL	
	HEAD, FACE, NECK AND SCALP		
	NOSE		
	SINUSES		
	MOUTH AND THROAT		
	EARS - GENERAL (Internal Canal)		
	DRUMS (Perforation)		
	EYES - GENERAL		
	OPHTHALMOSCOPIC		
	PUPILS (Equality and Reaction)		
	OCULAR MOTILITY		
	LUNGS AND CHEST (Include Breasts)		
	HEART (Throat, size, rhythm, sounds)		
	VASCULAR SYSTEM		
	ABDOMEN AND VISCERA (Include Hernia)		
	ANUS AND RECTUM (Hemorrhoids, Fistulae Prostate, if indicated)		
	ENDOCRINE SYSTEM		
	G-U SYSTEM		
	UPPER EXTREMITIES (Strength, range of motion)		
	FEET		
	LOWER EXTREMITIES (Except feet) Strength, range of motion)		
	SPINE, OTHER MUSCULOSKELETAL		
	IDENTIFYING BODY MARKS, SCARS, TATOOS		
	SKIN, LYMPHATICS		
	NEUROLOGIC (Equilibrium tests)		
	DENTAL		
	PSYCHIATRIC (Specify any personal deviation)		
ALLERGIES			SURGERIES
CURRENT MEDICATIONS			
			IMMUNIZATION RECORD

URINALYSIS	
	Cath Spec
Hold for Possible Culture (Notify Within 4 Hours)	
	Color
	Character
	Glucose
	Bilirubin
	Ketones
	Spec Gravity
	Occult Blood
	PH
	Albumin
	Urobilinogen
	Nitrate
	Leukocyte Esterase
	Protein SSA



**Mountaineer Challenge Academy**

**PHYSICAL EXAMINATION FORM – page 2**

Height	Weight	Color Hair	Color Eyes	BUILD: Slender Medium Heavy Obese
BLOOD PRESSURE		TEMPERATURE	RESPIRATIONS	PULSE
VISION		(R) 20/	(L) 20/	PUPILS
		Corrected Y N	Corrected Y N	Color Vision
		Eyeglasses Y N	Eyeglasses Y N	Depth Perception
		Contacts Y N	Contacts Y N	Field of Vision
HEARING		R:	L:	

**REMARKS**

	APPROVED FOR FULL PARTICIPATION
	FULL APPROVAL BUT NEEDS FURTHER EVALUATION FOR THE FOLLOWING
	LIMITED APPROVAL WITH THE FOLLOWING RESTRICTIONS
	NOT APPROVED FOR THE FOLLOWING REASONS

PRINTED NAME OF PHYSICIAN	SIGNATURE	DATE
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# A F F I D A V I T

**West Virginia Code §5A-3-10a states:**

No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owned is an amount greater than one thousand dollars in the aggregate.

**DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions.

"Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**EXCEPTION:**

The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**LICENSING:**

The vendor must be licensed in accordance with any and all state requirements to do business with the state of West Virginia.

**CONFIDENTIALITY:**

The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures and rules. Vendors should visit [www.state.wv.us/admin/purchase/privacy](http://www.state.wv.us/admin/purchase/privacy) for the Notice of Agency Confidentiality Policies.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), it is hereby certified that the vendor acknowledges the information in this said affidavit and are in compliance with the requirements as stated.

Vendor's Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_