

Title-Sujet

Bid Receiving/Réception des sousmissions

RETOURNER LES SOUMISSIONS A : RETURN BIDS TO:

Bid Receiving Unit
Procurement & Contracting Services
73 Leikin Drive,
Loading Dock – Building M1
Mailstop # _15
Ottawa, ON K1A 0R2

Attn: Sonya Dupont (613) 843-3798

REQUEST FOR PROPOSAL DEMANDE DE PROPOSITION

Proposal to: Royal Canadian Mounted Police

We hereby offer to sell to Her Majesty the Queen in right of Canada, in accordance with the terms and conditions set out herein, referred to herein or attached hereto, the goods, services and construction listed herein and on any attached sheets at the price(s) set out therefore.

Proposition aux: Gendarmerie royale du Canada

Nous offrons par la présente de vendre à Sa Majesté I Reine du chef du Canada, aux conditions énoncées ou incluses par référence dans la présente et aux annexes ci-jointes, les biens, services et construction énumérés ici sur toute feuille ci-annexée, au(x) prix indiqué(s).

Comments – Commentaries Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur

Telephone No. No. de téléphone:

Health Services Officer	
Solicitation No No. de	Date
l'invitation	18 September 2013
201304630A	
Client Reference No No. De Réf	érence du Client
201304630A	
Solicitation Closes - L'invitation	orend fin
at 2:00pm EST	
on October 16, 2013 F.O.B F.A.B.	
See Herein Voir aux présentes	toutos guestiens
Address Enquiries to: - Adresser à:	toutes questions
lan Arboleda	
lan.arboleda@rcmp-grc.gc.ca	
Telephone No No de téléphone	Fax No N ^O de
613-843-3793	FAX: N/A
Destination of Goods and Service	es: Destinations
des biens et services:	
See herein	
Delivery Required - Livraison	Delivery Offered
exigée:	Livraison
See herein Voir aux présentes	proposée
	See Herein Voir
Name and title of name an authori	aux présentes
Name and title of person authorise behalf of Vendor/Firm - Nom et tit	
autorisée à signer au nom du fou	•
l'entrepreneur	iiii33cui/uc
Signature	 Date

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PART 1 - GENERAL INFORMATION

1. Security Requirement

There is a security requirement associated with this requirement. For additional information, consult Part 6 - Resulting Contract Clauses.

2. Statement of Work

The Contractor will be required to fulfill the role of Health Services Officer (HSO) and Designated Physician on an as-and-when required basis, as detailed in Annex "A" Statement of Work.

3. Debriefings

After contract award, bidders may request a debriefing on the results of the bid solicitation process. Bidders should make the request to the Contracting Authority within fifteen (15) working days of receipt of the results of the bid solicitation process. The debriefing may be in writing, by telephone or in person.

PART 2 - BIDDER INSTRUCTIONS

1. Standard Instructions, Clauses and Conditions

All instructions, clauses and conditions identified in the bid solicitation by number, date and title are set out in the <u>Standard Acquisition Clauses and Conditions Manual</u> (https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual) issued by Public Works and Government Services Canada.

Revision to Departmental Name: As this solicitation is issued by RCMP, any reference to Public Works and Government Services Canada or PWGSC or its Minister contained in any term, condition or clause of this solicitation, including any individual SACC clauses incorporated by reference, will be interpreted as reference to RCMP or its Minister.

Bidders who submit a bid agree to be bound by the instructions, clauses and conditions of the bid solicitation and accept the clauses and conditions of the resulting contract.

The 2003 (2013-06-01) Standard Instructions - Goods or Services - Competitive Requirements, are incorporated by reference into and form part of the bid solicitation.

Section 01 – Code of Conduct and Certification – Bid of 2003 referenced above is amended as follows:

Delete subsection 1.4 and 1.5 in their entirety.

Subsection 5.4 of 2003, Standard Instructions - Goods or Services - Competitive Requirements, is amended as follows:

Delete: sixty (60) days

Insert: one hundred and eighty (180) days



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2. Submission of Bids

Bids must be submitted only to Royal Canadian Mounted Police (RCMP) Bid Receiving Unit by the date, time and place indicated on page 1 of the bid solicitation.

Due to the nature of the bid solicitation, bids transmitted by facsimile to RCMP will not be accepted.

The Bidder's name and return address, the solicitation number and the solicitation closing date and time should be clearly visible on the envelope or parcel containing the proposal. Proposals submitted in response to this RFP will not be returned.

3. Enquiries - Bid Solicitation

All enquiries must be submitted in writing to the Contracting Authority no later than <u>five (5)</u> calendar days before the bid closing date. Enquiries received after that time may not be answered.

Bidders should reference as accurately as possible the numbered item of the bid solicitation to which the enquiry relates. Care should be taken by bidders to explain each question in sufficient detail in order to enable Canada to provide an accurate answer. Technical enquiries that are of a proprietary nature must be clearly marked "proprietary" at each relevant item. Items identified as "proprietary" will be treated as such except where Canada determines that the enquiry is not of a proprietary nature. Canada may edit the questions or may request that the Bidder do so, so that the proprietary nature of the question is eliminated, and the enquiry can be answered with copies to all bidders. Enquiries not submitted in a form that can be distributed to all bidders may not be answered by Canada.

4. Applicable Laws

Any resulting contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in Ontario.

Bidders may, at their discretion, substitute the applicable laws of a Canadian province or territory of their choice without affecting the validity of their bid, by deleting the name of the Canadian province or territory specified and inserting the name of the Canadian province or territory of their choice. If no change is made, it acknowledges that the applicable laws specified are acceptable to the bidders.

PART 3 - BID PREPARATION INSTRUCTIONS

1. Bid Preparation Instructions

Canada requests that bidders provide their bid in separately bound sections as follows:

Section I: Technical Bid (3 hard copies)

Section II: Financial Bid (1 hard copy)

Section III: Certifications (1 hard copy)

Prices must appear in the financial bid only. No prices must be indicated in any other section of the bid.



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Canada requests that bidders follow the format instructions described below in the preparation of their bid:

- (a) use 8.5 x 11 inch (216 mm x 279 mm) paper;
- (b) use a numbering system that corresponds to the bid solicitation.

In April 2006, Canada issued a policy directing federal departments and agencies to take the necessary steps to incorporate environmental considerations into the procurement process Policy on Green
Procurement (http://www.tpsgc-pwgsc.gc.ca/ecologisation-greening/achats-procurement/politique-policy-eng.html). To assist Canada in reaching its objectives, bidders should:

- 1) use 8.5 x 11 inch (216 mm x 279 mm) paper containing fibre certified as originating from a sustainably-managed forest and containing minimum 30% recycled content; and
- use an environmentally-preferable format including black and white printing instead of colour printing, printing double sided/duplex, using staples or clips instead of cerlox, duotangs or binders.

Section I: Technical Bid

In their technical bid, bidders should demonstrate their understanding of the requirements contained in the bid solicitation and explain how they will meet these requirements. Bidders should demonstrate their capability and describe their approach for carrying out the work in a thorough, concise and clear manner.

The technical bid should address clearly and in sufficient depth the points that are subject to the evaluation criteria against which the bid will be evaluated. Simply repeating the statement contained in the bid solicitation is not sufficient. In order to facilitate the evaluation of the bid, Canada requests that bidders address and present topics in the order of the evaluation criteria under the same headings. To avoid duplication, bidders may refer to different sections of their bids by identifying the specific paragraph and page number where the subject topic has already been addressed.

Section II: Financial Bid

Bidders must submit their financial bid in accordance with the Pricing Schedule (Basis of Payment) detailed in Annex "B". The total amount of Goods and Services Tax or Harmonized Sales Tax must be shown separately, if applicable.

1.1 Exchange Rate Fluctuation

The requirement does not provide for exchange rate fluctuation protection. Any request for exchange rate fluctuation protection will not be considered and will render the bid non-responsive.

Section III: Certifications

Bidders must submit the certifications required under Part 5.

PART 4 - EVALUATION PROCEDURES AND BASIS OF SELECTION

1. Evaluation Procedures



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(a) Bids will be assessed in accordance with the entire requirement of the bid solicitation including the technical and financial evaluation criteria.

(b) An evaluation team composed of representatives of Canada will evaluate the bids.

1.1 Technical Evaluation

Evaluation - General:

- 1. Listing experience without providing any supporting data to describe where, when, and how such experience was obtained will result in the experience not being included for evaluation purposes.
- 2. For the purpose of personnel qualifications, experience gained during formal education shall not be considered work experience. Co-op terms are considered work experience provided that they are related to the required services.
- 3. For each resume submitted, the Bidder must ensure that:
 - a. the proposed individual's name applicable to a Category is clearly indicated; and
 - b. the resume clearly demonstrates "where", "when" and "how" the stated qualifications/experience of the individual, in relation to the requirements of the Statement of Work for that Category, were acquired.
 - c. For evaluation purposes in the interpretation of resumes,
 - i. "where" means the name of the employer as well as the position/title held by the individual;
 - ii. "when" means the start date and end date (e.g. from January 2000 to March 2002) of the period during which the individual acquired the qualification/experience; and
 - iii. "how" means a clear description of the activities performed and the responsibilities assigned to the individual under this position and during this period.
 - d. Bidders are advised that the month(s) of experience listed for a project whose timeframe overlaps that of another referenced project, will only be counted once. For example: Project 1 timeframe is July 2001 to December 2001; Project 2 timeframe is October 2001 to January 2002; the total months of experience for these two project references is seven (7) months.
 - e. Where there is a requirement have experience within a certain number of years, the timeframe will be taken to START that number of years before the RFP PUBLICATION DATE, and will be allowed to encompass the additional time up to the final RFP closing date. For example, if the requirement is to have experience "...within the last five years..." and the publication date of the RFP is 01 April 2012, with a closing date of 31 May 2012, then the five year period will START at 01 April 2007 and continue to the final RFP closing date of 31 May 2012, thus being slightly longer than five years.

Mandatory Requirements:

- At bid closing time, the Bidder must comply with the Mandatory Requirements, including those stated in this section and tables for the Bidder and each resource, and provide the necessary documentation to support compliance.
- 2. Any proposal which fails to meet the following Mandatory Requirements will be deemed non-responsive and will not be given further consideration. Each requirement should be addressed separately.
- For the purposes of this RFP, experience in work "similar" to that required in this RFP means that the work was in a real property area, was project oriented, and contained multiple tasks and personnel; and preferably involved construction or fit-up and the move of personnel into a building.
- 4. The Bidder shall demonstrate the following experience for each proposed resource:

Item	MANDATORY CRITERIA	MET/NOT MET	Substantiation
M1	The proposed resource must possess a Degree from a recognized school of medicine; or, if the Degree is from an institution outside of Canada, the bidder must provide proof		



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	of the Canadian equivalency of the Degree evaluated by a recognized third party. The list of recognized organizations can be found under the Canadian Information Center for International Credential Website at: http://www.cicic.ca . Proof of education must be included in the bid.	
M2	The proposed resource must possess a valid license to practice medicine in the province of Ontario.	
М3	The proposed resource must be in good standing with the medical licensing bodies in the provinces/territories in which demonstrated services were provided. The Bidder must include in the proposal, a letter from the licensing body attesting to the physician's good standing.	
M4	The Bidder must provide proof that the proposed resource has valid professional liability insurance for third party expertise assessments according to the requirements of the Canadian Medical Protective Association.	
М5	The proposed resource must have a minimum of five (5) years demonstrated experience as a medical practitioner.	
M6	The proposed resource must have a minimum of five (5) years demonstrated work experience within an occupational health multi-disciplinary team.	
M7	The proposed resource must have demonstrated experience using an electronic mail system, WordPerfect or Word, and Quattro Pro or Excel.	

Point Rated Evaluation Criteria:

- 1. Each Technical Proposal which meets all the Mandatory Requirements will be evaluated and scored in accordance with the Point Rated evaluation criteria described below.
- 2. In addressing the Point Rated evaluation criteria, the Bidder should supplement the information supplied in response to the mandatory requirements with details outlining the depth and extent of the relevant experience, qualifications and specialized expertise of the proposed resources. All claims with regard to resource experience, qualifications, or expertise must be substantiated through the provision of detailed descriptions of how and where the claimed experience, qualifications or expertise were gained.
- Unsubstantiated claims of experience, qualifications or expertise will not be considered by the evaluation team during the point rated evaluation.





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- 4. The Bidder should indicate the location of supporting information in the proposed resource's resume, to substantiate relevant experience for each Point Rated evaluation criteria.
- 5. A pass mark of 70% (seventy percent) applies to the sum of the scores for all proposed "As and when requested" resources. Proposals for which evaluated scores fail to achieve these pass marks, as a minimum, will be deemed nonresponsive.
- 6. The Table below describes Rated Resource requirements, and columns ("Months Claimed") and ("Substantiation") must be completed by the Bidder.

Item	Criteria	Rating Scheme	Bidder's Score	Substantiation
R1	The proposed resource has demonstrated experience evaluating physical fitness for duty for emergency first responders in the private or public sectors. To substantiate, bidders must provide a written summary outlining the experience with specific reference to: 1) Tasks performed 2) Duration and frequency of activities	\geq 5 years = 10 points (maximum) $4 \leq \text{ years} < 5 = 7 \text{ points}$ $3 \leq \text{ years} < 4 = 5 \text{ points}$ $2 \leq \text{ years} < 3 = 3 \text{ points}$ $1 \leq \text{ years} < 2 = 1 \text{ point}$ < 1 year = 0 points		
R2	The proposed resource has demonstrated experience providing recommendations regarding a return to work program for emergency first responders in the private or public sectors.	\geq 5 years = 10 points (maximum) $4 \leq$ years < 5 = 7 points $3 \leq$ years < 4 = 5 points $2 \leq$ years < 3 = 3 points $1 \leq$ years < 2 = 1 point < 1 year = 0 points		
R3	The proposed resource has demonstrated experience within the last ten (10) years counseling and educating adults in emergency response occupations such as policing, emergency first responders, military, or alike.	\geq 5 years = 10 points (maximum) $4 \leq$ years < 5 = 7 points $3 \leq$ years < 4 = 5 points $2 \leq$ years < 3 = 3 points $1 \leq$ years < 2 = 1 point < 1 year = 0 points		
R4	The proposed resource has demonstrated experience within the last ten (10) years providing recommendations regarding disability case management for emergency first responders in the private or public sectors.	\geq 5 years = 10 points (maximum) $4 \leq$ years $<$ 5 = 7 points $3 \leq$ years $<$ 4 = 5 points $2 \leq$ years $<$ 3 = 3 points $1 \leq$ years $<$ 2 = 1 point		



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To substantiate, bidders must provide a written summary outlining the experience with specific reference to: 1) Tasks performed 2) Duration and frequency of activities	< 1 year = 0 points		
Total		/40	

1.2 Financial Evaluation

Refer to the Financial Proposal (Basis of Payment) Presentation Sheet attached as Annex B to the RFP.

2. Basis of Selection

- 2.1 1. To be declared responsive, a bid must:
 - a. comply with all the requirements of the bid solicitation;
 - b. meet all mandatory technical evaluation criteria; and
 - c. obtain the required minimum of 70% overall for the technical evaluation criteria which are subject to point rating. The rating is performed on a scale of 40 points. (28/40)
 - 2. Bids not meeting (a) or (b) or (c) will be declared non-responsive. Neither the responsive bid that receives the highest number of points nor the one that proposed the lowest price will necessarily be accepted. The responsive bid with the highest total points established by adding the technical score and the rated price proposal score will be recommended for award of a contract.

2.2 Selection Method

Selection Method - Highest Combined Rating of Technical Merit (70%) and Price (30%)

Formula: $\underline{Lowest\ Bid\ Price\ x\ (30\%)} + \underline{Technical\ Score\ x\ (70\%)} = Combined\ Score}$ Bidder's Price

Max Points

Best Value Determination - Sample Table (Figures are for sample purposes only)

Highest Combined Rating Technical Merit (70%) and Price (30%)				
Calculation	Technical Points	Price Points	Total Points	
		***50 x 30 = 25 **60	86.6	



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Bidder 2 - Tech = 82/100 - Price = \$55,000	 <u>50 x 30</u> = 27.27 55	84.67
Bidder 3 - Tech = 76/100 - Price = \$50,000	 <u>50 x 30</u> = 30 50	83.2

^{*} Maximum Technical Points

In this example Bidder 1 would be recommended for Contract award.

In the event that there are two (2) or more responsive Proposals with an equal Combined Rating of Technical Merit and Price result at the end of the evaluation, the Proposal with the highest technical merit will be recommended for Contract award.

PART 5 - CERTIFICATIONS

Bidders must provide the required certifications and related documentation to be awarded a contract. Canada will declare a bid non-responsive if the required certifications and related documentation are not completed and submitted as requested.

Compliance with the certifications bidders provide to Canada is subject to verification by Canada during the bid evaluation period (before award of a contract) and after award of a contract. The Contracting Authority will have the right to ask for additional information to verify bidders' compliance with the certifications before award of a contract. The bid will be declared non-responsive if any certification made by the Bidder is untrue, whether made knowingly or unknowingly. Failure to comply with the certifications, to provide the related documentation or to comply with the request of the Contracting Authority for additional information will also render the bid non-responsive.

1. Mandatory Certifications Required Precedent to Contract Award

1.1 Code of Conduct and Certifications - Related documentation

1.1.1 By submitting a bid, the Bidder certifies, for himself and his affiliates, to be in compliance with the Code of Conduct and Certifications clause of the Standard instructions. The related documentation hereinafter mentioned will help Canada in confirming that the certifications are true. By submitting a bid, the Bidder certifies that it is aware, and that its affiliates are aware, that Canada may request additional information, certifications, consent forms and other evidentiary elements proving identity or eligibility. Canada may also verify the information provided by the Bidder, including the information relating to the acts or convictions specified herein, through independent research, use of any government resources or by contacting third parties. Canada will declare non-responsive any bid in respect of which the information requested is missing or inaccurate, or in respect of which the information contained in the certifications is found to be untrue, in any respect, by Canada. The Bidder and any of the Bidder's affiliates, will also be required to remain free and clear of any acts or convictions specified herein during the period of any contract arising from this bid solicitation.

2. Additional Certifications Precedent to Contract Award



^{**} Bidder's Price Proposal

^{***}Lowest Priced Proposal

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The certifications listed below should be completed and submitted with the bid, but may be submitted afterwards. If any of these required certifications is not completed and submitted as requested, the Contracting Authority will so inform the Bidder and provide the Bidder with a time frame within which to meet the requirement. Failure to comply with the request of the Contracting Authority and meet the requirement within that time period will render the bid non-responsive.

2.1 Federal Contractors Program for Employment Equity - Bid Certification

By submitting a bid, the Bidder certifies that the Bidder, and any of the Bidder's members if the Bidder is a Joint Venture, is not named on the Federal Contractors Program (FCP) for employment equity "FCP Limited Eligibility to Bid" list (http://www.labour.gc.ca/eng/standards_equity/eq/emp/fcp/list/inelig.shtml) available from Human Resources and Skills Development Canada (HRSDC) - Labour's website

Canada will have the right to declare a bid non-responsive if the Bidder, or any member of the Bidder if the Bidder is a Joint Venture, appears on the "FCP Limited Eligibility to Bid " list at the time of contract award.

2.2 Former Public Servant Certification

Contracts with former public servants (FPS) in receipt of a pension or of a lump sum payment must bear the closest public scrutiny, and reflect fairness in the spending of public funds. In order to comply with Treasury Board policies and directives on contracts with FPS, bidders must provide the information required below.

Definitions

For the purposes of this clause, "former public servant" is any former member of a department as defined in the *Financial Administration Act*, R.S., 1985, c. F-11, a former member of the Canadian Armed Forces or a former member of the Royal Canadian Mounted Police. A former public servant may be:

- a. an individual;
- b. an individual who has incorporated;
- c. a partnership made of former public servants; or
- d. a sole proprietorship or entity where the affected individual has a controlling or major interest in the entity.

"lump sum payment period" means the period measured in weeks of salary, for which payment has been made to facilitate the transition to retirement or to other employment as a result of the implementation of various programs to reduce the size of the Public Service. The lump sum payment period does not include the period of severance pay, which is measured in a like manner.

"pension" means, a pension or annual allowance paid under the <u>Public Service Superannuation Act</u> (PSSA), R.S., 1985, c.P-36, and any increases paid pursuant to the <u>Supplementary Retirement</u> <u>Benefits Act</u>, R.S., 1985, c.S-24 as it affects the PSSA. It does not include pensions payable pursuant to the <u>Canadian Forces Superannuation Act</u>, R.S., 1985, c.C-17, the <u>Defence Services Pension</u> <u>Continuation Act</u>, 1970, c.D-3, the <u>Royal Canadian Mounted Police Pension Continuation Act</u>, 1970,



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c.R-10, and the <u>Royal Canadian Mounted Police Superannuation Act</u>, R.S., 1985, c.R-11, the <u>Members of Parliament Retiring Allowances Act</u>, R.S., 1985, c.M-5, and that portion of pension payable to the <u>Canada Pension Plan Act</u>, R.S., 1985, c.C-8.

Former Public Servant in Receipt of a Pension

As per the above definitions, is the Bidder a FPS in receipt of a pension? Yes () No ()

If so, the Bidder must provide the following information, for all FPS in receipt of a pension, as applicable:

- a. name of former public servant;
- b. date of termination of employment or retirement from the Public Service.

By providing this information, Bidders agree that the successful Bidder's status, with respect to being a former public servant in receipt of a pension, will be reported on departmental websites as part of the published proactive disclosure reports in accordance with Contracting Policy Notice: 2012-2 and the Guidelines on the Proactive Disclosure of Contracts.

Work Force Reduction Program

Is the Bidder a FPS who received a lump sum payment pursuant to the terms of a work force reduction program? **Yes** () **No** ()

If so, the Bidder must provide the following information:

- a. name of former public servant;
- b. conditions of the lump sum payment incentive;
- c. date of termination of employment;
- d. amount of lump sum payment;
- e. rate of pay on which lump sum payment is based;
- f. period of lump sum payment including start date, end date and number of weeks;
- g. number and amount (professional fees) of other contracts subject to the restrictions of a work force reduction program.

For all contracts awarded during the lump sum payment period, the total amount of fees that may be paid to a FPS who received a lump sum payment is \$5,000, including the Goods and Services Tax or Harmonized Sales Tax.

2.3 Status and Availability of Resources

The Bidder certifies that, should it be awarded a contract as a result of the bid solicitation, every individual proposed in its bid will be available to perform the Work as required by Canada's





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representatives and at the time specified in the bid solicitation or agreed to with Canada's representatives. If for reasons beyond its control, the Bidder is unable to provide the services of an individual named in its bid, the Bidder may propose a substitute with similar qualifications and experience. The Bidder must advise the Contracting Authority of the reason for the substitution and provide the name, qualifications and experience of the proposed replacement. For the purposes of this clause, only the following reasons will be considered as beyond the control of the Bidder: death, sickness, maternity and parental leave, retirement, resignation, dismissal for cause or termination of an agreement for default.

If the Bidder has proposed any individual who is not an employee of the Bidder, the Bidder certifies that it has the permission from that individual to propose his/her services in relation to the Work to be performed and to submit his/her résumé to Canada. The Bidder must, upon request from the Contracting Authority, provide a written confirmation, signed by the individual, of the permission given to the Bidder and of his/her availability. Failure to comply with the request may result in the bid being declared non-responsive.

Compliance with the certifications provided by the Contractor in its bid is a condition of the Contract and subject to verification by Canada during the term of the Contract. If the Contractor does not comply with any certification or it is determined that any certification made by the Contractor in its bid is untrue, whether made knowingly or unknowingly, Canada has the right, pursuant to the default provision of the Contract, to terminate the Contract for default.

2.4 Education and Experience

The Bidder certifies that all the information provided in the résumés and supporting material submitted with its bid, particularly the information pertaining to education, achievements, experience and work history, has been verified by the Bidder to be true and accurate. Furthermore, the Bidder warrants that every individual proposed by the Bidder for the requirement is capable of performing the Work described in the resulting contract.

2.5 Language Capability

The Contractor shall provide all services in both of Canada's official languages (English and French). The Bidder certifies that it has the language capability required to perform the Work, as stipulated in Annex "A" – Statement of Work.

Certification

The Bidder hereby certif above.	ies compliance to the certifica	tions precedent to Contract	award, as listed
above.			
Name and Title	 Signature	 Date	

PART 6 - RESULTING CONTRACT CLAUSES

1. Security Requirement



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The resource(s) is required to be security cleared at the level of RCMP Reliability Status (RRS) as verified by the Personal Security Unit (PSU) of the Royal Canadian Mounted Police (RCMP).

The resources SHALL NOT remove or make copies of any DESIGNATED or CLASSIFIED information or assets from the identified work site(s).

2. Statement of Work

The Contractor will be required to fulfill the role of Health Services Officer (HSO) and Designated Physician per Annex "A" Statement of Work.

3. Standard Clauses and Conditions

All clauses and conditions identified in the Contract by number, date and title are set out in the <u>Standard Acquisition Clauses and Conditions Manual</u>(https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual) issued by Public Works and Government Services Canada.

Revision to Departmental Name: As this contract is issued by RCMP, any reference to Public Works and Government Services Canada or PWGSC or its Minister contained in any term, condition or clause of this contract, including any individual SACC clauses incorporated by reference, will be interpreted as reference to RCMP or its Minister.

3.1 General Conditions

2035 (2013-06-27), General Conditions - Higher Complexity - Services, apply to and form part of the Contract.

Section 41 Code of Conduct and Certifications – Contract of 2035 referenced above is amended as follows:

Delete subsection 41.4 in its entirety.

3.2 Supplemental General Conditions

4008 (2008-12-12), Supplemental General Conditions – Personal Information, apply to and form part of the Contract.

4. Term of Contract

4.1 Period of the Contract

The Contract shall be for a period of one year from date of Contract award.

4.2 Option to Extend the Contract

(i) The Contractor grants to Canada the irrevocable option to extend the term of the Contract by up to three (3) additional one (1) year periods under the same terms and conditions. The Contractor agrees that, during the extended period of the Contract, it will be paid in accordance with the applicable provisions set out in the Basis of Payment.



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(ii) Canada may exercise this option at any time by sending a written notice to the Contractor at least 30 calendar days before the expiry date of the Contract. The option may only be exercised by the Contracting Authority, and will be evidenced, for administrative purposes only, through a contract amendment.

5. Authorities

5.1 Contracting Authority

The Contracting Authority for the Contract is:

Name: Ian Arboleda Title: Manager

Organization: RCMP Procurement & Contracting Branch

Address: 73 Leikin Drive, Ottawa, ON K1A 0R2

Telephone: 613-843-3793 Facsimile: 613-825-0082

E-mail address: Ian.Arboleda@rcmp-grc.gc.ca

The Contracting Authority is responsible for the management of the Contract and any changes to the Contract must be authorized in writing by the Contracting Authority. The Contractor must not perform work in excess of or outside the scope of the Contract based on verbal or written requests or instructions from anybody other than the Contracting Authority.

5.2 Project Authority

The Project Authority for the Contract is: TBD at Contract Award

Name:		
Title:	_	
Organization:		
Address:		
Telephone:		
Facsimile:		
F-mail address:		

The Project Authority is the representative of the department or agency for whom the Work is being carried out under the Contract and is responsible for all matters concerning the technical content of the Work under the Contract. Technical matters may be discussed with the Project Authority, however the Project Authority has no authority to authorize changes to the scope of the Work. Changes to the scope of the Work can only be made through a contract amendment issued by the Contracting Authority.

5.3 Contractor's Representative

Name:	
Title:	
Organization:	



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Addre	ess:		
Facsi	hone : mile: il address:		
6.	Payment		

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6.1 Basis of Payment

The Contractor will be paid its costs reasonably and properly incurred in the performance of the work stated in the Statement of Work, Annex "A", to a firm all-inclusive hourly rate determined in accordance with the Basis of Payment detailed at Annex "B". Goods and Services tax or harmonized Sales tax is extra, if applicable.

6.2 Limitation of Expenditure

1. For the Work described in Annex "A" Statement of Work:

The Contractor will be reimbursed for the costs reasonably and properly incurred in the performance of the Work, as determined in accordance with the Basis of Payment in Annex "B", to a limitation of expenditure of <u>\$TBD</u>. Customs duties are not applicable and HST is extra.

- 2. No increase in the total liability of Canada or in the price of the Work resulting from any design changes, modifications or interpretations of the Work, will be authorized or paid to the Contractor unless these design changes, modifications or interpretations have been approved, in writing, by the Contracting Authority before their incorporation into the Work. The Contractor must not perform any work or provide any service that would result in Canada's total liability being exceeded before obtaining the written approval of the Contracting Authority. The Contractor must notify the Contracting Authority in writing as to the adequacy of this sum:
 - (a) when it is 75 percent committee, or
 - (b) four (4) months before the contract expiry date, or
 - (c) as soon as the Contractor considers that the contract funds provided are inadequate for the completion of the Work,

whichever comes first.

3. If the notification is for inadequate contract funds, the Contractor must provide to the Contracting Authority a written estimate for the additional funds required. Provision of such information by the Contractor does not increase Canada's liability.

6.3 Method of Payment

Payment shall be made not more frequently than once a month provided that:

- a) an invoice is submitted to Canada in accordance with the instructions specified herein and it includes a listing of all the expenditures for the work in accordance with the Task Authorization;
- b) the invoice is approved by the Technical Authority; and



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c) two sets of backup documentation (receipts, vouchers, timesheets, etc.) to support the invoices are supplied to the Technical Authority designated herein.

6.4 Payment by Canada to the Contractor for the Work shall be made:

- a) in the case of a payment other than the final payment, within thirty (30) days following the date of receipt of an invoice; or
- b) in the case of a final payment, within thirty (30) days following the date of receipt of a final invoice, or within thirty (30) days following the date on which the Work is completed, whichever date is the later.
- 6.5 If Canada has any objection to the form of the invoice, within fifteen (15) days of its receipt, Canada shall notify the Contractor of the nature of the objection. "Form of the invoice" means an invoice which contains or is accompanied by such substantiating documentation as Canada requires. Failure by Canada to act within fifteen (15) days will only result in the date specified in subsection 2 of this clause applying for the sole purpose of calculating interest on overdue accounts.

7. Invoicing Instructions

Payment will only be made upon submission of a satisfactory invoice duly supported by documents called for under this Contract.

The invoice shall be submitted on the Contractor's own invoice form and shall include:

- (a) the amount invoiced (exclusive of GST or HST, as appropriate);
- (b) the amount of GST or HST, as appropriate;
- (c) the date;
- (d) the name and address of the client department;
- (e) quantity and description (if applicable);
- (f) the RCMP File Number and Contract Number as shown on page 1 of this Contract;
- (g) the financial codes as shown on page 1 of this Contract;
- (h) the Client Reference Number (CRN); and
- (i) the Procurement Business Number.

The original and one (1) copy of the invoice shall be forwarded to the Technical Authority for certification and payment. **One copy** shall be forwarded to the Contracting Authority.

8. Certifications

8.1 Compliance

Compliance with the certifications and related documentation provided by the Contractor in its bid is a condition of the Contract and subject to verification by Canada during the term of the Contract. If the Contractor does not comply with any certification, provide the related documentation or if it is determined that any certification made by the Contractor in its bid is untrue, whether made knowingly or unknowingly, Canada has the right, pursuant to the default provision of the Contract, to terminate the Contract for default.

9. Applicable Laws



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The Contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in Ontario.

10. Priority of Documents

If there is a discrepancy between the wording of any documents that appear on the list, the wording of the document that first appears on the list has priority over the wording of any document that subsequently appears on the list.

- (a) the Articles of Agreement:
- (b) Supplemental General Conditions Personal Information 4008 (2008-12-12);
- (c) the general conditions 2035 (2013-06-27), General Conditions Higher Complexity Services;
- (d) Annex A, Statement of Work;
- (e) Annex B, Basis of Payment;
- (f) Annex C, Security Requirements Check List;
- (g) the Contractor's bid dated _____.

11. SACC Manual Clauses

A9068C (2010-01-11), Government Site Regulations

12. Medical Malpractice Liability Insurance

- 1. The Contractor must obtain Medical Malpractice Liability Insurance, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature, but for not less than \$1,000,000 per loss and in the annual aggregate, inclusive of the defence costs.
- Coverage is for what is standard in a Medical Malpractice policy and must be for claims arising
 out of the rendering or failure to render medical services resulting in injury, mental injury, illness,
 disease or death of any person caused by any negligent act, error or omission committed by the
 Contractor in or about the conduct of the Contractor's professional occupation or business of
 good samaritan acts.
- 3. If the policy is written on a claims-made basis, coverage must be in place for a period of at least 12 months after the completion or termination of the Contract.
- 4. Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of cancellation.

13. Commercial General Liability Insurance

- 1. The Contractor must obtain Commercial General Liability Insurance, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature, but for not less than \$2,000,000 per accident or occurrence and in the annual aggregate.
- 2. The Commercial General Liability policy must include the following:
 - Additional Insured: Canada is added as an additional insured, but only with respect to liability arising out of the Contractor's performance of the Contract. The interest of Canada



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should read as follows: Canada, as represented by Public Works and Government Services Canada.

- Bodily Injury and Property Damage to third parties arising out of the operations of the Contractor.
- c. Products and Completed Operations: Coverage for bodily injury or property damage arising out of goods or products manufactured, sold, handled, or distributed by the Contractor and/or arising out of operations that have been completed by the Contractor.
- d. Personal Injury: While not limited to, the coverage must include Violation of Privacy, Libel and Slander, False Arrest, Detention or Imprisonment and Defamation of Character.
- e. Cross Liability/Separation of Insureds: Without increasing the limit of liability, the policy must protect all insured parties to the full extent of coverage provided. Further, the policy must apply to each Insured in the same manner and to the same extent as if a separate policy had been issued to each.
- f. Blanket Contractual Liability: The policy must, on a blanket basis or by specific reference to the Contract, extend to assumed liabilities with respect to contractual provisions.
- g. Employees and, if applicable, Volunteers must be included as Additional Insured.
- h. Employers' Liability (or confirmation that all employees are covered by Worker's compensation (WSIB) or similar program)
- Broad Form Property Damage including Completed Operations: Expands the Property Damage coverage to include certain losses that would otherwise be excluded by the standard care, custody or control exclusion found in a standard policy.
- j. Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of policy cancellation.
- k. If the policy is written on a claims-made basis, coverage must be in place for a period of at least 12 months after the completion or termination of the Contract.
- I. Litigation Rights: Pursuant to subsection 5(d) of the <u>Department of Justice Act</u>, S.C. 1993, c. J-2, s.1, if a suit is instituted for or against Canada which the Insurer would, but for this clause, have the right to pursue or defend on behalf of Canada as an Additional Named Insured under the insurance policy, the Insurer must promptly contact the Attorney General of Canada to agree on the legal strategies by sending a letter, by registered mail or by courier, with an acknowledgement of receipt.

For the province of Quebec, send to:

Director Business Law Directorate, Quebec Regional Office (Ottawa), Department of Justice, 284 Wellington Street, Room SAT-6042, Ottawa, Ontario, K1A 0H8

For other provinces and territories, send to:





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Senior General Counsel, Civil Litigation Section, Department of Justice 234 Wellington Street, East Tower Ottawa, Ontario K1A 0H8

A copy of the letter must be sent to the Contracting Authority. Canada reserves the right to codefend any action brought against Canada. All expenses incurred by Canada to co-defend such actions will be at Canada's expense. If Canada decides to co-defend any action brought against it, and Canada does not agree to a proposed settlement agreed to by the Contractor's insurer and the plaintiff(s) that would result in the settlement or dismissal of the action against Canada, then Canada will be responsible to the Contractor's insurer for any difference between the proposed settlement amount and the amount finally awarded or paid to the plaintiffs (inclusive of costs and interest) on behalf of Canada.

14. Insurance Requirements

The Contractor must comply with the insurance requirements specified herein. The Contractor must maintain the required insurance coverage for the duration of the Contract. Compliance with the insurance requirements does not release the Contractor from or reduce its liability under the Contract.

The Contractor is responsible for deciding if additional insurance coverage is necessary to fulfill its obligation under the Contract and to ensure compliance with any applicable law. Any additional insurance coverage is at the Contractor's expense, and for its own benefit and protection.

The Contractor must forward to the Contracting Authority within ten (10) days after the date of award of the Contract, a Certificate of Insurance evidencing the insurance coverage and confirming that the insurance policy complying with the requirements is in force. Coverage must be placed with an Insurer licensed to carry out business in Canada. The Contractor must, if requested by the Contracting Authority, forward to Canada a certified true copy of all applicable insurance policies.

ANNEX A

STATEMENT OF WORK

Objective



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The RCMP requires a licensed physician on an as-and-when requested basis to fulfill the role of Health Services Officer (HSO) and Designated Physician. The physician will provide occupational health services to the RCMP members and administer a comprehensive occupational health program. In order to assist the multi-disciplinary team, the physician will be required to provide recommendations and/or professional opinions on RCMP member's fitness for duty to perform policing tasks.

The RCMP medical profile system describes the occupational fitness of members and records any limitations and restrictions due to physical or emotional conditions that affect the ability to perform policing tasks.

Background

The RCMP Occupational Health and Safety (OHSS) Services' mission and vision are to ensure its members are "Healthy, Safe, Fit for Duty and for Life". In order to carry out this mission and vision, the RCMP must assess its membership for fitness for duty by performing periodic health assessments. The periodic health assessment is based on information gathered from physical examinations performed at the RCMP Occupational Health Clinic, along with laboratory testing and audiogram results. A profile is assigned to deem whether the members are fit or not for their present duties and outlines any restrictions that may apply in conjunction with the findings during the medical evaluations. It is therefore imperative that qualified medical practitioners are available to carry out the services as requested.

Scope of Work

The physician is required to administer a comprehensive occupational health program for RCMP member's of "HQ" Division.

The physician is required to assist the multi-disciplinary team consisting of a doctor, a nurse, a psychologist, a return to work facilitator, a member employee assistance program coordinator, an officer in charge, an OHSS program manager and related support personnel in order to ensure regular and civilian members achieve their optimal level of health and ability to be operationally fit. The physician will assist the team in facilitating a timely rehabilitation of regular and civilian members and a safe return to the workplace.

The physician is required to review occupational health and third party medical assessments to determine the fitness for duty of police officers and civilian members in the context of specialized work related duties. This information will enable the physician to provide a recommendation to the employer on a member's fitness for policing duties, outlining any permanent or temporary restrictions and/or limitations that may apply. This includes determining the ability and suitability of the police officer to use a firearm, operate an emergency vehicle, and participate in training and competency testing.

The physician will assist in determining occupational suitability of members and their families for isolated and liaison officer postings.



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The physician will establish and recommend medical profiles to be assigned for a member in order to determine level of fitness for duty. The medical profile must be recorded at the time of the periodic health assessment using RCMP form "Medical Profile- 2158".

The physician will advise the employer on the status of the employees' health and functional ability within the workforce using the medical profile system.

Tasks

- 1) Perform occupational periodic health assessments to determine fitness for duty of regular and civilian members in the context of specialized work-related assignments. Findings will be outlined on form "Health Assessment-3380";
- 2) Perform occupational periodic health assessments for civilian members, employees and laboratory personnel working with chemicals, dangerous goods or part-time substances used in forensic police work. Findings will be outlined on form "Health Assessment-3380";
- 3) Review medical information following a periodic health assessment for all regular and civilian members along with applicants in order to determine fitness for policing duties and assign a medical profile outlining permanent or temporary restrictions and/or limitations, when applicable, Medical profile recommendations will be recorded on RCMP form "Medical Profile-2158";
- 4) Determine fitness for duty of RCMP employees in the context of specialized work-related assignments and of special assessments by reviewing occupational health assessments;
- 5) Determine occupational suitability of membership and their families for isolated and liaison officer postings. Medical profile recommendations for member will be recorded on RCMP form "Medical Profile-2158";
- 6) Determine fitness for duty of civilian members, employees and laboratory personnel working with chemicals, dangerous goods or part-time substances used in forensic police work;
- 7) Determine regular member's eligibility for health care benefits and entitlements under the supplemental and occupational health program. Benefits and entitlements recommendations under occupational health care will be recorded on RCMP form "Occupational Health Recommendation for Treatment and Approval-6039";
- 8) Determine civilian member's eligibility for health care entitlements and benefits under the occupational health program once confirmed to be a work-related accident or incident and will be recorded on the RCMP form "Occupational Health Recommendation for Treatment and Approval-6039";
- 9) Determine a regular member's fitness for duty when starting and returning from a long term sick leave. Record recommendations along with limitations and restrictions, if applicable, on a medical profile using RCMP form "Medical Profile-2158";
- 10) Provide recommendation on medical limitations and/or restrictions for duty to accommodate and return to work for regular and civilian members;



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- 11) Review medical records for ATIP requests and provide recommendation regarding medical information exemption under Sec. 28 of the *Privacy Act*.
- 12) Provide recommendation to the Integrated Services Committee (ISC) regarding a member's suitability to return to work;
- 13) Attend and/or organize a Medical Board of physicians that assesses if an RCMP member is capable of performing his/her daily tasks:
- a) Prepare a list of private practice medical experts who conduct independent medical assessments within their regular field of practice for medical boards, confirm their availability along with the medical expert's hourly rate;
- b) Review a member's medical record and advise the OIC Health Services in writing of the qualifications required by the medical practitioners to be appointed by the appropriate officer;
- c) Provide a copy of a member's full medical record to the medical practitioner chosen to sit on the medical board and discuss the process with the chairperson. Facilitate the approval of requests for tests, examinations and expertise as deemed necessary by the board.
- 14) Counseling and educating RCMP members occupying high-risk positions in relation to medical advice.

The RCMP HQ Health Services Officer (HSO), reports directly to the Officer in Charge (Ole) of Occupational Health and Safety Services. In the role of (HSO), the contractor is responsible for providing direction and guidance to the HQ Health service team.

The physician will not be required to provide assistance with respect to the management of work-related disability cases for any regular or civilian member for which they are the treating/family physician.

Location of Work

All work will be performed at the Occupational Health and Safety Services (OHSS) office located at 73 Leikin Drive, Ottawa, Ontario, K4A OR2

RCMP Support

The RCMP will provide appropriate office facilities, including a workstation, a computer and access to internal network for the purpose of performing tasks associated with this requirement. Furthermore, the RCMP will provide office and medical supplies and equipment.

Constraints

The tasks shall be provided during the established core business hours of 7:00 a.m. and 6:00 p.m., Monday to Friday, excluding statutory holidays.

Language





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The physician must have the ability to communicate verbally and in writing in both official languages (English and French).

Deliverables

- Report on number of periodic health assessments performed using format outlined in Appendix "A";
- Report on number of medical profiles assigned using format outlined in Appendix "A";
- Report on number of health benefits recommendations using format outlined in Appendix "A";
- Report on number of Operational Stress Injury (051) recommendations using format outlined in Appendix "A";
- Report on number of health benefits recommendations specifically for Alcohol, Drug and Gambling Dependency using format outlined in Appendix "A".

Format of Deliverables

All deliverables are to be provided in both hard copy and electronic format. Electronic format consists of Microsoft Office Suite products-Word, Excel, PowerPoint.



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APPENDIX 1 TO ANNEX A

MEDICAL PROFILE - RCMP GRC 2158

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Location - Lieu de	travail		Uni	t - Service		Supe	ervisor - Sup	erviseur	
Duty - Fonction			Cod	de		Grou	up and Sub-	group - (Groupe et sous-groupe
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		nal Driving e à des fins opérationr	nelles						
		rative Driving à des fins administre	tives						
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RCMP GRC 2158 (20)10-09)			Page 1 of/de 2					Canadä





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				HRMIS or Applicant No SIGRH ou N° du postula	
		pation in the following training and core competency iper aux tests d'exigences de base et de formation su			PIB RCMP - P - PE - 808 FRP GRC - P - PE - 808
Yes Oui	No Non				
		Task specific evaluation of physical ability (PARE, Police Dog Évaluation spécifique des aptitudes physiques reliées aux tâci d'intervention (GTI), autres)	Services (PDS nes (TAPE, Se), Emergency Response Tr rvice cynophiles (SC), Gr	eam (ERT), others) oupe tactique
		Operational driving of a police vehicle Conduire un véhicule de police à des fins opérationnelles			
		Operational use of a firearm if needed and carrying spare maga Utiliser une arme à feu au besoin dans le cadre d'opérations et	azine porter un char	geur de réserve	
		Use of Conducted Energy Weapon (Taser) Utiliser une arme à impulsions (Taser)			
		Using Oleoresin Capsicum spray (OC spray) Utiliser l'oléorésine de poivre (aérosol capsique)			
		Use of extendable defensive baton Maniement du bâton télescopique de défense			
		Applying Carotid Control technique Appliquer la technique d'étranglement carotidien			
		Use of PC4 gas mask and required antidotes - Chemical, Biolo, Utiliser le masque à gaz PC4 et les antidotes requis - Première ou nucléaire	gical, Radiolog intervention e	ical and Nuclear First Res n cas d'incident chimique,	ponder biologique, radiologique
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APPENDIX 2 TO ANNEX A

HEALTH ASSESSMENT MEMBER – RCMP GRC 3380

Royal Canadian Ger Mounted Police du	ndarmerie royale Canada		Protected B once completed Protégé B une fois rempli
HEALTH ASSESSMENT	ÉVALUATION DE SANTÉ		HRMIS No Nº du SIGRH
MEMBER:		MEMBRE :	FRP GRC - P - PE - 808
Please complete pages 1 Statement of Consent on your initials at the botton	page 1 and put	Veuillez remplir les pages l'Énoncé de consentement apposer vos initiales au ba	t à la page 1 et
A IDENTIFICATION			* Optional - Facultatif
Surname - Nom de famille		Given Name(s) - Prénom(s)	Rank - Grade
DOB (y-m-d) - DDN (a-m-j)	Work Email Address - Adresse de	e courriel au travail	Province of Work - Province de travail
Current Occupation - Poste actue		Work Tel. No N° de tél. au travail	Home Tel. No N° de tél. à la maison *
Job Title - Titre du poste		Work Cell. No N* de cell, au travail	Work Pager - Téléavertisseur au travail
Category of person being assessed	California da como con discolato	14.	
Regular Member C	ivilian Member Réserve	Auxiliary Other, specification Auxiliare Autre, précise	y. er:
Reason for health assessment - Ra	alson de l'évaluation de santé		
	t PHA Other, spec S de départ Autre, préci	sify: iser:	I would like a copy of my assessment J'aimerals une copie de mon évaluation
B STATEMENT OF CON	SENT	ÉNONCÉ DE CONSENTEM	ENT
I declare that the information of Assessment is true and correct knowledge.	ontained in this Health to the best of my	Je déclare que l'information cont est, à ma connaissance, exacte	tenue dans cette évaluation de santé
As a regular member, I underst assessment is to gather inform fitness to perform police duties member, I understand that the assessment is to gather inform to perform police support duties understand that the informatio assessment will be used in acc.	nation in order to assess my . As a non regular purpose of this nation to assess my fitness s.	en forme pour accomplir les tact membre non régulier, je comprei est de rocucillir de l'information p pour accomplir les tâches rellées Je comprends que l'information r	recueillie au cours de cette évaluation santé au travail du chapitre II.19 du
Manual II.19. understand that the gethered idisclosed to RCMP Occupation exercises and for RCMP approved to the control of the provinced to know basis in accordation/matin Act and the Privac Consent shall remain valid until Setermination is completed.	information will only be all Health Services ed agents on a nce with the Access to y Act. This Statement of	Je comprends que l'information qu'au personnel des Services de représentants autorisés selon le	recueillle ne sera communiquée santé au travail de la GRC ou à ses principe du besoin de savoir sa l'information et à la Loi sur la personnels. Cet énoncé de l'ussur'à cou na it déterminé
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		Date	
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low long has this person been you	r family physician?	Date of last visit to your physician	Tel. No. of physician
epuis quand cette personne est-eil	le votre médecin de famille?	Date de votre derniére visité chez le méde	N° de tél. du médecin
ave you ever been granted or do y	ou presently receive any long term is actuellement des prestations d'in	disability benefits?	No Yes
	? - Si oui, pour quelle(s) condition(-	Non Oui
		Member's	initals - Initiales du membre:
CNP GRC 3380 (2009-12)		Page 1 of/de 9	Canada





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Protected B once completed		PAR LE MÉDECIN EXAMINATEUR B une fois rempli	HRMIS No	N* du SIGRH
C MEDICAL HISTORY UPDATE (cont'd)			NTÉGÉDENTS MÉDI	
Current Medical Problems		MISE À JOUR DES A		GAUX (suite)
Medications	udia a	Médicaments		
Please list all medications you are taking regularly, includent witamins, herbal remedies and any over the counter medians, herbal remedies and any over the counter medians.	dications.	Veuillez indiquer tous les m compris les vitamines, remé médicament en vente libre.	édicaments que vous prenez des à base de plantes médi	z régulièrement, y cinales et tout
Allergies		Allergies		
Please list any allergies to medication, insect bites, env exposure, food, etc., and describe your reaction(s).	vironmental	Veuillez indiquer toute(s) all d'insectes, à l'environnemen	argie(s) à des médicaments, l, à des aliments, etc., et déd	à des piqûres rivez votre réaction.
Past Medical History		Antécédents médicaux		
Please list any illnesses, serious injuries and operations	в.	Veuillez indiquer toutes mala	dies, blessures graves et int	erventions chirurgicale
Past Psychological History		Antécédents psycholog		
Please list any history of cognitive, emotional, interpersi or behavioural problems; history of persistent patterns of nattention and/or hyperactivity.		Veuillez indiquer les antécéd interpersonnels ou de compo comportements persistants d	rtement ainsi que les antéc inattention ou d'hyperactivité	édents ou les
Cardiovascular Family History		Antécédents cardiovasc	ulaires familiaux	
s there a history of cardiac problems in members of you amily while under the age of 55?	ar.	Des membres de votre famille étaient âgés de moins de 55	ont-ils eu des problèmes ca	ardiaques alors qu'ils
[No No	Yes		
f yes, specify: - Si oui, préciser	No Non			
[Yes		
yes, specify: - Si oui, préciser thysical Activities the past 6 months, have you participated in moderate, opening activity for a minimum of 20 minutes or	Non Non or more	Yes Oul Activités physiques Au cours des six derniers mo physiques modérées ou vigo à 4 fots par semaine ?	s, avez-vous participé à des aveuses, pour un minimum d	activités e 20 minutes ou plus
yes, specify: - Si oui, préciser thysical Activities the past 6 months, have you participated in moderate (grous physical activity for a minimum of 20 minutes or to 4 times a week?	Non Non	Yes Oul Activités physiques Au cours des six derniers mo physiques modérées ou vigo à 4 fois par semaine? Yes Oul	s, avez-vous participé à des reuses, pour un minimum d	activités e 20 minutes ou plus
yes, specify: - Si oui, préciser Physical Activities Inte past 6 months, have you participated in moderate gerous physical activity for a minimum of 20 minutes or to 4 times a week?	or more	Yes Oul Activités physiques Au cours des six derniers me physiques modérées ou vigo à 4 fois par semaine? Yes	reuses, pour un minimum d	e 20 minutes ou plus
yes, specify: - Si oui, préciser hysical Activities the past 6 months, have you participated in moderate sporous physical activity for a minimum of 20 minutes or to 4 times a week?	or more	Activités physiques Au cours des six derniers mo physiques modérées ou vigo à 4 fots par semaine? Yes Oul Tabagisme	reuses, pour un minimum d	e 20 minutes ou plus
yes, specify: - Si oui, préciser hysical Activities the past 6 months, have you participated in moderate gorous physical activity for a minimum of 20 minutes or to 4 times a week? moking ave you smoked tobacco during the last 6 months? [cohol Use	or more No Non No Non	Activités physiques Au cours des six derniers me physiques modérées ou vigo à 4 fois par semaine ? Yes Oul Tabagsme Avez-vous fumé du tabac au Yes Oul Consommation d'alcool	reuses, pour un minimum d	e 20 minutes ou plus
yes, specify: - Si oui, préciser hysical Activities the past 6 months, have you participated in moderate opcrous physical activity for a minimum of 20 minutes or to 4 times a week? moking ave you smoked tobacco during the last 6 months?	or more No Non No Non	Activités physiques Au cours des six derniers me physiques modérées ou vigo à 4 fois par semaine ? Yes Oul Tabagsme Avez-vous fumé du tabac au Yes Oul Consommation d'alcool	reuses, pour un minimum d	e 20 minutes ou plus
yes, specify: - Si oui, préciser hysical Activities the past 6 months, have you participated in moderate gorous physical activity for a minimum of 20 minutes or to 4 times a week? moking ave you smoked tobacco during the last 6 months? [cohol Use	Non No Non No Non drinks per wen de conse	Activités physiques Au cours des six derniers me physiques modérées ou vigo à 4 fois par semaine ? Yes Oul Tabagsme Avez-vous fumé du tabac au Yes Oul Consommation d'alcool	reuses, pour un minimum d	e 20 minutes ou plus
yes, specify: - Si oui, préciser thysical Activities the past 6 months, have you participated in moderate is operus physical activity for a minimum of 20 minutes or to 4 times a week? moking ave you smoked tobacco during the last 6 months? Icohol Use O you drink alcohol? If yes, provide average number of renez-yous de l'alcool? Si oui, indiquer le nombre moy No You Solo Oui >>>	Non No Non No Non drinks per wen de conse	Activités physiques Au cours des six derniers mo physiques modérées ou vigo à 4 fois par semaine ? Yes Out Tabagisme Avez-vous fumé du tabac au Yes Out Consommation d'alcool veek: pommations par semaine ; bottles of beer	cours des six derniers mois ?	Glass of wine (4o Verre de vin (4o) No Ye
Tyes, specify: - Si oui, préciser Thysical Activities The past 6 months, have you participated in moderate is gorous physical activity for a minimum of 20 minutes or to 4 times a week? The past 12 months is a week or a minimum of 20 minutes or to 4 times a week? The past 12 months is a week or a minimum of 20 minutes or to 4 times a week? The past 12 months is a week or week or a minimum of 20 minutes or to 4 times a week? The past 12 months is a week or we were well as we were well as we were well as well as we were well as we were well as well as we were well as we were well as we were well as we we were well as we well as we were well as we were	Non No Non No Non No Non drinks per wen de const	Activités physiques Au cours das six derniers mo physiques modérées ou vigo à 4 fois par semaine ? Yes Oui Tabagisme Avez-vous fumé du tabac au Yes Oui Consommation d'alcool veek: ommations par semaine ; bottles de bière	cours des six derniers mois ?	e 20 minutes ou plus Glass of wine (4o Verre de vin (4oz)
If yes, specify: - Si oui, préciser Physical Activities I the past 6 months, have you participated in moderate to the past 6 months, have you participated in moderate to 4 times a week? Imoking Iave you smoked tobacco during the last 6 months? Idohol Use Idohol	Non	Activités physiques Au cours des six derniers mo physiques modérées ou vigo à 4 fois par semaine? Yes Oui Tabagisme Avez-vous fumé du tabac au Yes Oui Consommation d'alcool veek: commations par semaine : bottles of beer bouteilles de bière	cours des six derniers mois ?	Glass of wine (4o Verre de vin (4o) No Ye
Physical Activities In the past 6 months, have you participated in moderate glorous physical activity for a minimum of 20 minutes or to 4 times a week? Imoking Iave you smoked tobacco during the last 6 months? Idohol Use Iave you smoked tobacco during the last 6 months? Idohol Use Iave you smoked tobacco during the last 6 months? Idohol Use Iave you smoked tobacco during the last 6 months? Idohol Use Iave you de l'alcool? Si oui, indiquer le nombre moy Non Qui >>> Non Qui >>> Idohol Use Iave you felt the need to cut down on your drinking Vous est-il airrivé de ressentir le besoin de diminuer Valve peuf et the need to cut down on your drinking Vous est-il airrivé de ressentir le besoin de diminuer Have you felt the need to cut down on your drinking Vous est-il airrivé de ressentir le besoin de diminuer Have you ever felt guity about your drinking Avez-vous été contrarié par les critiques sur votre c	or more No Non No Non drinks per wen de conse group output ou	Activités physiques Au cours des six derniers mo physiques modérées ou vigo à 4 fois par semaine? Yes Oui Tabagisme Avez-vous fumé du tabac au Yes Oui Consommation d'alcool veek: commations par semaine : bottles of beer bouteilles de bière	cours des six derniers mois ?	Glass of wine (4o Verre de vin (4o) No Ye
hysical Activities the past 6 months, have you participated in moderate in gorous physical activity for a minimum of 20 minutes or to 4 times a week? moking ave you smoked tobacco during the last 6 months? Icohol Use o you drink alcohol? If yes, provide average number of renez-vous de l'alcool? Si oul, indique le nombre moy Non Oui >>> Non Oui >>> Non Oui >>> Have you felt the need to cut down on your drinking Vous est-il arrivé de ressentir le besoin de diminuer Have people annoyed you by criticizing your drinking Avez-vous été contraré par les critiques sur votre c Have you ever felt guitty about your drinking? Avez-vous éte contraré par les critiques sur votre c Have you ever felt guitty about your drinking? Avez-vous des sentiments de culpabilité vis-a-vis de	or more No Non No Non drinks per wen de conse group output ou	Activités physiques Au cours des six derniers mo physiques modérées ou vigo à 4 fois par semaine? Yes Oui Tabagisme Avez-vous fumé du tabac au Yes Oui Consommation d'alcool veek: commations par semaine : bottles of beer bouteilles de bière	cours des six derniers mois ?	Glass of wine (4o Verre de vin (4o) No Ye
lyes, specify: - Si oui, préciser "hysical Activities the past 6 months, have you participated in moderate gorous physical activity for a minimum of 20 minutes or to 4 times a week? moking	Non No Non No Non No Non drinks per wen de conse mois: ;; votre conse ;; por consommatité e l'alcool ?	Activités physiques Au cours des six derniers me physiques modérées ou vigo à 4 fois par semaine ? Yes Oul Tabagisme Avez-vous fumé du tabac au Yes Oui Consommation d'alcool veek: bottles of beer bouteliles de bière	reuses, pour un minimum d cours des six derniers mois 1 Spirits (1oz) Spiritueux (1oz)	Glass of wine (4o) Verre de vin (4o) No No O O O O O O O O O O O O O O O O O





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D REVIEW OF SYSTEMS The following is a list of body systems. If applicable, please check and provide comments on any symptoms including date of onset and duration. 1. Vision	cas échéant, veuillez cocher et fi			
please check and provide comments on any symptoms including date of onset and duration.	Ce qui suit est une liste de systèr cas échéant, veuillez cocher et fo			
1. Vision	Ce qui suit est une liste de systèmes et appareils de l'organisme. L cas échéant, veuillez cocher et fournir des commentaires sur tout symptôme, y compris la date d'apparition et la durée.			
a) change in vision - changement de la vision b) transient blurring, bindness or pain - vision embrouillée passagère, perte de la vision ou douleur c) other (specify) - autre (préciser) : 2. Hearing - Audition a) change in hearing - changement de l'audition b) ringing in the ears - bourdonnement d'oreille	Physician's Comments - Cor	nmentaires du médecin		
c) other (specify) - autre (préciser) : 3. Cardiovascular - Cardiovasculaire a) shortness of breath - essoufflement b) chest pain/pressure - douleur ou pression à la poitrine c) rapid or irregular heart rate - rythme cardiaque rapide ou irrégulier d) ankle swelling - enflure des chevilles e) other (specify) - autre (préciser) : 4. Respiratory - Respiratoire				
a) asthma/wheezing - asthme/respiration sifflante b) persistent sore throat - mal de gorge persistant c) coughing blood or sputum - crachement de sang ou expectoration d) persistent or recurrent cough - toux persistante ou récurrente e) change and/or hoarseness of voice - changement et/ou enrouement de la voix f) other (specify) - autre (préciser):				
5. Gastrointestinal - Gastro-Intestinal a) change in appetite/thirst - changement d'appétit ou soif b) digestive problems/heartburn/nausea - problèmes digestifs/ brûlures d'estomac ou nausée c) difficulty or pain on swallowing - difficulté ou douleur en avalant d) recurrent abdominal pain - douleur abdominale récurrente e) recurrent diarrhea or constipation - diarrhée ou constipation récurrente f) unexplained weight loss or weight gain - perte ou gain de poids non expliqué g) rectal bleeding - saignement rectal h) change in stool habits or appearance - changement de la fréquence ou de l'apparênce des selles i) swelling of the groin - enflure de l'aine j) other (specify) - autre (préciser) :				
6. Neurological - Neurologique a) dizziness - étourdissement b) recurrent or savere headaches or migraines - maux de tête ou migraines récurrentes ou sévères c) loss of consciousness or near fainting - évanouissement ou quasi-évanouissement d) loss of coordination or paralysis - perte de coordination ou paralysie e) epiliepsy, seizures or transient confusion - épiliepsie, convulsions ou corrusion transision. f) numbness or tingling - engourdissements ou picotements g) other (specify) - autre (préciser) :				





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TO BE COMPLETED BY THE MEMBER AND REVIEWED BY THE MEDICAL EXAMINER	À ÊTRE REMPLI PAR VÉRIFIÉ PAR LE MÉD	LE MEMBRE ET DECIN EXAMINATEUR	
Protected B once completed	Protégé B une fois re		HRMIS No N° du SIGRH
D REVIEW OF SYSTEMS (cont'd)	F	REVUE DES SYSTÈMES (suit	e)
7. Endocrine - Endocrinien		Physician's Comments - Comm	nentaires du médecin
a) fever, chills or night sweats - fièvre, frissons ou			
b) persistent swollen glands - gonflement ou enflur des ganglions	e persistante		
 c) facial flushing, heat or cold intolerance - rougist intolérance au froid ou à la chaleur 	sement du visage,		
d) excessive weakness or easily fatigued - faibless facilement fatigué	e excessive ou		
e) other (specify) - autre (préciser) :	-		
	-		
8. Skin - Peau			
a) recurrent or persistent rash and/or skin lesions - lésions cutanées récurrentes ou persistantes	éruptions ou		
b) new skin growths - apparition de nouvelles lésion	ns cutanées		
c) change in colour or shape of moles or growths - couleur ou de forme de grain de beauté ou de br	changement de		
d) tendency to bruise easily - tendance à se faire of	_		
e) other (specify) - autre (préciser) :	-		
	-		
9. Genitourinary - Génito-urinaire			
a) blood in urine - sang dans l'urine			
b) frequent or painful urination - urines fréquentes o c) urinary incontinence - incontinence urinaire	ou douloureuses		
d) excessive menstrual bleeding			
saignement menstruel excessif e) swelling or lump of testicles or breasts			
enflure ou bosse aux testicules ou aux seins f) presently pregnant - présentement enceinte			
g other (specify) - autre (préciser) :			
	-		
40 Perobalasiasi Perobalasiana			
Psychological - Psychologique a) change in mood or difficulty sleeping	-		
changement d'humeur ou difficulté à dormir b) feelings of helplessness, worthlessness or very d	depressed		
sentiment d'être sans valeur, sans espoir ou très	déprimé		
c) thoughts related to death or suicide pensées reliées à la mort ou au suicide			
d) change in memory or concentration - changement ou de la concentration	nt de la mémoire		
e) feelings of anger or rage - sentiment de colère ou f) anxious mood or panic attack	ı de rage		
humeur anxieuse ou crise de panique			
 g) recurrent thoughts or dreams of a stressful event récurrents d'un événement stressant 	- pensees ou reves		
h) other (specify) - autre (préciser) :			
11. Musculoskeletal - Musculosquelettique			
a) muscle, bone, joint or soft tissue problems such limited range of motion, pain or swollen joints (chapecify extent below)	as stiffness, neck location and		
Difficultés au niveau des muscles, des os, des a tissus mous tel que raideur, diminution de l'ampli mouvements, douleur ou enflure des articulations	itude des		
préciser l'importance ci-dessous)			
	ck - dos		
	se - genou		
	de - cheville		
	ot - pied		
b) muscular cramps or pain - crampes musculaires	ou douleurs		
Extent - Importance :	-		
	-		
RCMP GRC 3380 (2009-12)	Page 4 of/d	de 9 Member's Initials	- Initiales du membre:





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TO BE COMPLETED BY THE MEMBER AND REVIEWED BY THE MEDICAL EXAMINER	À ÊTRE RE VÉRIFIÉ PA	EMPLI PA	AR LE MEMBRE ET ÉDECIN EXAMINATEUR	HRMIS No N* du SIGRH
Protected B once completed	Protégé B			
E OCCUPATIONAL INJURIES AND ILLNESSES			ACCIDENTS DU TRAVAIL MALADIES PROFESSIONN	ET IELLES
Since your last RCMP periodic health assessme Depuis votre dernière évaluation périodique de s GRC, avez-vous :	ent, have you anté à la	J:	Physician's Comments - C	
a) had a work injury or illness? óté victime d'un accident du travail ou d'une ms	aladie professi	onnelle?		
If yes, specify: - Si oui, préciser :				
b) been exposed to frequent or intermittent loud no été exposé à des bruits intenses fréquents ou	oises? intermittents?			
Type of protective hearing device used when ex Type d'appareil de protection de l'ouïe utilisé au de l'exposition :				
c) been exposed to chemicals, gases, fumes or b été exposé à des produits chimiques, des gaz, des liquides organiques?	ody fluids? des vapeurs	ou		
Type(s) of protective device(s) used when expo Type(s) de protection utilisé(s) au moment de l	sed: 'exposition :			
d) been deployed on an International Peace Opera été affecté à une mission de la paix international	ations mission	?		
If yes, specify: - Si oui, préciser :	and t			
e) done frequent work related travel? voyagé fréquemment pour le travail ?				
If yes, specify: - Si oui, préciser :				
f) in the course of your duties, been exposed to traumatizing events such as:	Debriefi Debrief	ng done ing fait		
au cours de votre travail, été exposé à des	Yes Oui	No Non		
shooting incidents fusillades				
violent incidents/accidents incidents/accidents violents				
discovery of dead bodies découverte de cadavres				
chemical/biological products (specify) produits chimiques/biologiques (préciser)				
5) other (specify) - autre (préciser)		$\overline{}$		
of sale (specify) - add (process)				
g) Would you like to see a psychologist or		_		
counsellor regarding any of the above events?				
Aimeriez-vous consulter un psychologue ou un conseiller pour l'un ou l'autre des événements ci-dessus ?				
		1		
PCMD CDC 2290 (2000 12)		D F .	Mr. A	42.7 (1.00)





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TO BE COMPLETED BY THE MEDICAL EXAMINER Protected B once completed		À ÊTRE REMPLI PAR LE MÉDECIN EXAMINATEUR Protégé B une fois rempli		EXAMINATEUR	HRMIS No N° du SIGRH	
F MEDICAL EXAMINATION			EXAMEN M	IÉDICAL		
Note to the Medical Examiner:			Note au mé	decin examinate	ur:	
Rectal examination (male/female) as well as brea gynecological/Pap test examinations (female) are part of this occupational health assessment. How please consider the appropriateness of having the examinations performed by yourself or the membi attending physician.	optional ever,	as	l'examen des se Pap (femme) so de la santé au tr considérer la pe	(de l'homme ou de la sins et l'examen gynéc ins et l'examen gynéc nt facultatifs dans le caravail. Nous vous dem rtinence que ces exam ou par le médecin trait	ologique o adre de ce landons tol lens soient	ou le test de tte évaluation utefois de t effectués
Blood Pressure Tension artérielle Heart Rate Fréquence cardiaque		Height - Taill		Weight - Poids		Waist Circumference Circonférence de la taille
General Appearance - Apparence générale			cm Identifying Marks	s/Scars/Tattoos		cm
			Marques d'identi	ification/cicatrices/tatou	uages	
1. Vision			A	BNORMALITY NOT	ED - ANO	DMALIE NOTÉE
Visual Acuity (uncorrected) Visual Acuity	(correcte	ed)				
Acuité visuelle (non corrigée) Acuité visuell OD OD	e (corrigé los	e)				
m m	m OS	m				
Color vision	211					
Test used: Inhibase Pas	sed -	□ Failed				
Test utilisé : Ishihara		Échoué				
	Yes	Normal No				
a) availe availes	Oui	Non				
a) pupils - pupilles b) fundi - fonds de l'oeil	Н	H				
c) visual fields to confrontation 150° champs visuals à confrontation de 150°	H	H				
Head, Ears, Nose and Throat Tête, oreilles, nez et gorge						
a) ears/tympanic membranes - oreilles/tympans						
b) nose/sinuses - nez/sinus						
 c) oropharynx/teeth/gums oropharynx/dents/ gencives 						
 d) cervical nodes/thyroid ganglions cervicaux/thyroïde 						
e) trachea - trachée						
Respiratory System Système respiratoire						
a) chest shape - forme du thorax						
b) lung examination - examen des poumons						
4. Cardiovascular System Appareil cardiovasculaire						
 a) heart sounds/auscultation bruits du coeur/auscultation 						
b) apex location - repère apical						
c) carotid examination - examen carotidien d) peripheral circulation						
o) penpheral circulation circulation périphérique						
5. Gastrointestinal System Appareil gastro-intestinal						
a) abdominal auscultation - auscultation abdominale						
b) tenderness on palpation - sensibilité à la palpation		무				
 c) masses/organomegaly - masses/organomégalie d) hemia - hemie 	H	H				
		L				
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Protected B once completed		Protégé B une fois rempli				
F	MEDICAL EXAMINATION (cont'd)	EXAMEN MÉDICAL (suite))		
		Non	mal		ABNORMALITY NO	TED - ANOMALIE NOTÉE
š.	Central Nervous System	Yes	No			
	Système nerveux central	Oui	Non			
	a) balance - équilibre	Н	Ц			
	b) gait - démarche	\vdash	\Box			
	c) tremors - tremblements	Н	Н			
	d) cranial nerves - nerfs crâniens	Н				
	e) coordination	\vdash	\Box			
	f) muscular tone/strength - tonus/force musculaire		Н			
	g) peripheral sensation - sensation périphérique h) reflexes - réflexes	H	Н			
	ny renexes - renexes					
	Mental Health Santé mentale					
	During this examination, have you noted difficulties with	th:				
	Au cours de cet examen, avez-vous remarqué des diff	ricultés de :				
	a) judgement - jugement	\sqcup	Ц			
	b) concentration	\vdash	Щ			
	c) memory - mémoire	\vdash				
	d) emotional status - état émotionnel	H	Щ			
	e) stability/self-control - stabilité/maîtrise de soi					
	Skin and Lymphatic System Peau et système lymphatique					
	a) skin - peau					
	b) lymphatic system - système lymphatique					
. !	Musculoskeletal System Système musculosquelettique					
	a) shoulder - épaule					
1	o) elbow - coude		П			
	c) wrist - poignet		\Box			
0	f) hand - main		П			
6	e) cervical spine - colonne cervicale					
f) thoracic spine - colonne thoracique					
9	j) lumbar spine - colonne lombaire					
ŀ	n) hip - hanche					
į.) knee - genou					
Ĭ) ankle - cheville					
k	i) foot - pied					
	Genitourinary System (optional)					
,	Système génito-urinaire (facultatif)		\sqcup			
_						
3	IMMUNIZATIONS			IMMUNISA	TIONS	
	Note to the Medical Examiner:			Note au me		
Please update the immunizations needed as indicated on the immunization Record (form 3866). Return this form along with the completed assessment form to the occupational health nurse of the division.				Veuillez mettre à jour les immunisations nécessaires indiquées sur le formulaire Registre d'immunisation de la GRC (formulaire 3866). Retournez-le avec cette évaluation à l'infirmier(ère) en santé au travail de la division.		

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	D BE COMPLETED BY THE MEDICAL EXAMINER of otocted B once completed	À ÊTRE REMPLI PAR LE MÉDECIN EXAMINATEUR Protégé B une fois rempli		HRMIS No N° du SIGRH				
H	TEST RESULTS		RÉSULTATS DES EXAMEN			S		
	Note to the Medical Examiner:			Note au médecin examinateur				
	The following tests are requested by the RCMP, strictly for Regular Members' occupational health assessment. However, please advise the member if additional testing is medically indicated based on their age, history, symptoms, or physics examination results. For Civilian Members, only duty spec- tests requested by the RCMP's Occupational Health and Safety Office are to be completed.			pour l'évaluation Veuillez toutefont supplémentaire âge, de ses an de son examer seuls les examer	udés par la GRC, strictement vail des membres réguliers, pre si des examens it indiqués en raison de son ymptômes ou des résultats cas des membres civils, ions particulières qui sont é et de la sécurité au travail			
_			DATE TE RÉSULT	EST RECEIVED ATS REÇUS LE	ABNORMALITY NO ANOMALIE NOTÉE	TED/ACTION TAKEN /MESURES PRISES	DATE	
Au	diogram ASA II Standard Approved diogramme approuvé au niveau de ASA II							
Uri An	nalysis (routine) alyse d'urine (routine)							
Fo	mplete blood count rmule sanguine							
Lip	ids - Lipides (Trig., T.Chol., HDL, LDL)							
	sting Blood glucose rcémie à jeun							
Am	mma Glutamyi Transferase (GGT), Alanine inotransferase (ALT), Aspartate aminotransferase (A mmaglutamyi transpeptidase (GGT), alanine inotransférase (ALT), aspartate aminotransférase (AS							
	ner: tre :							
1	PHYSICAL ABILITY REQUIREMENT EVALUATION (PARE) Health Status Screening - Regular Members On			TEST D'APTITUDES PHYSIQUES ESSENTIELLES (TAPE) Only Dépistage de l'état de santé - membres réguliers seulement				
	Note to the Medical Examiner: Police Officers are expected to be sufficiently fit to duties including the pursuit and arrest of uncoopera suspects. Police work and Police training are physidemanding and may elicit maximal (or near max rate and an exertion effort equivalent (or exceeding Exercise Stress at the 12 MET level.	tive/violent ically kimal) hea g) to an		On s'attend des forme pour assi l'arrestation de s police et la form et peuvent porte (ou quasi-max	umer leurs fonctions, y suspects violents et ré nation policière sont ex er le rythme cardiaque	s soient suffisamment r compris la poursuite calcitrants. Le travail c digeants sur le plan phy ue au niveau maxim ffort équivalent (ou sup-	et le ysique al	
	It is important to assess the cardiovascular health the risk factors and symptoms for pulmonary, meta musculoskeletal diseases or injuries in order to opt candidate's safety during police work and police trail	bolic and imize the		que les facteurs ou lésions pulm	de risque et les symp	é cardiovasculaire ains	i tions	
1.	Dulan a many Objetovation (Dept.)			afin d'optimiser i policier et la forr	la sécurité du membre	ou musculosquelettique dans l'exécution du tra	98	
	Pulmonary Obstruction/Restriction Obstruction/restriction pulmonaire	Yes Oui	No Non	policier et la forr	la sécurité du membre mation policière.	ou musculosquelettiqu	vail	
	Pulmonary Obstruction/Restriction Obstruction/restriction pulmonaire Does this member need to use a short acting inhaler immediately prior to participate in police maximal testing?	Oui		policier et la forr	la sécurité du membre mation policière.	ou musculosquelettiq dans l'exécution du tra	vail	
	Obstruction/restriction pulmonaire Does this member need to use a short acting inhaler immediately prior to participate in police	Oui		policier et la forr	la sécurité du membre mation policière.	ou musculosquelettiq dans l'exécution du tra	vail	
2.	Obstruction/restriction pulmonaire Does this member need to use a short acting inhaler immediately prior to participate in police maximal testing? Le membre a-t-il besoin d'utiliser un inhaleur à action rapide immédiatement avant de participer au test	Oui		policier et la forr	la sécurité du membre mation policière.	ou musculosquelettiq dans l'exécution du tra	vail	
3.	Obstruction/restriction pulmonaire Does this member need to use a short acting inhaler immediately prior to participate in police maximal testing? Le membre a-t-il besoin d'utiliser un inhaleur à action rapide immédiatement avant de participer au test maximal du policier? Musculoskeletal Restrictions Restrictions musculosquelettiques Does this member have musculoskeletal problems which could interfere with strenuous exertion or activities such a running, wrestling, heavy lifting or physical training? Le membre a-t-il des problèmes musculosquelettiques qui pourraient l'empêcher de fournir des efforts importants tels que courr, lutter contre un adversaire, soulever des objets founds ou	Oui		policier et la forr	la sécurité du membre mation policière.	ou musculosquelettiq dans l'exécution du tra	ves vail	



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	À ÊTRE REMP Protégé B une	LI PAR LE MÉDECIN EXAMINATEUR fois rempli	HRMIS N	lo N° du SIGRH
J ADDITIONAL MEDICAL INVESTIGATION RESULTS ARRANGED BY MEDICAL EX	NS, WITH XAMINER	INVESTIGATIONS MÉDICALES RÉSULTATS DEMANDÉS PAR	SUPPLE LE MÉDI	MENTAIRES, AVEC
K DIAGNOSIS		DIAGNOSTICS		
L RECOMMENDATIONS FROM MEDICAL EXAMINER		RECOMMANDATIONS DU MÉDECIN EXAMINATEUR		
In your opinion, are there any functional limitations?		À votre avis, y a-t-il des restrictions fonction	nnelles ?	
Yes (if yes, specify) No Oui (si oui, préciser) No Non	Temporary (s) Temporaires (pecify below) and/or préciser ci-dessous) et/ou	Perman Perman	ent (specify below) entes (préciser ci-dessous)
In my opinion, this member would benefit from the following	referrals:	À mon avis, le membre bénéficierait des co		
Dietary Counselling (specify below) Counseling diététique (préciser ci-dessous)		Alcohol and/or Drug abuse assessmen Évaluation de l'abus d'alcool ou de dros	t/counselli gues/couns	ng (specify below) eling (préciser cl-dessous)
Smoking Cessation Counseiling (specify below) Counseiling pour cesser de fumer (préciser ci-dessous	3)	Exercise Counselling (specify below) Counseling sur l'exercice (préciser ci-de	essous)	
Member advised? Yes No If no, Membre informé? Oui Non Si no	specify reason n, préciser la ra	ison		
Name and Address of MEDICAL EXAMINER Nom et adresse du MÉDECIN EXAMINATEUR		Signature of MEDICAL EXAMINER Signature du MÉDECIN EXAMINATEUR		Date yyyy-mm-dd/sass-mm-jj
·				
M VALIDATION OF MEDICAL INFORMATIO	N	VALIDATION DES RENSEIGNEM	ENTS M	ÉDICAUX
I have reviewed this document and form 2158, Medical Prof was updated accordingly.	file	J'ai examiné le présent document et le form à jour en conséquence.		
Name and Address of HEALTH SERVICES OFFICER (HSC Nom et adresse du MÉDECIN-CHEF (MC) ou de son représ	D)/delegate sentant	Signature of HSO/Delegate Signature du MC ou de son représentant		Date yyyy-mm-dd/aaaa-mm-jj
DOUB CDC 2200 (2000 42)				



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Gouvernement du Canada Solicitation No./ No del'invitation: 201304630A

APPENDIX 3 TO ANNEX A

HEALTH ASSESSMENT APPLICANT – RCMP GRC 3380

ula						
Royal Canadian Gendarm Mounted Police du Canad	erie royale fa			Protected B once completed Protégé B une fois rempti		
	ÉVALUATION DE SANTÉ			Applicant No N° du postulant		
APPLICANT:		POSTULANT :		PIB RCMP - P - PE - 802 FRP GRC - P - PE - 808		
Please complete pages 1 to 4, Statement of Consent on pag your initials at the bottom of	e 1 and put	Veuillez rempli l'Énoncé de co	r les pages 1 à 4, s nsentement à la pa itiales au bas des	age 1 et		
A IDENTIFICATION						
Surname - Nom de famille		Given Name(s) - Prénon	n(s)			
DOB (y-m-d) - DDN (a-m-j)	Work Email Address - Adre	sse de courriel au travail				
Province of Work - Province de travail	Current Occupation - Poste	actuel				
Home Tel. No N° de tél. à la maison	Cell. No N* de cell.		Work Tel. No N° de té	f. au traveil		
B STATEMENT OF CONSEN	Т	ÉNONCÉ DE C	ONSENTEMENT			
I declare that the information contains Assessment is true and correct to the knowledge.	ed in this Health e best of my	Je déclare que l'in est, à ma connaiss	formation contenue da sance, exacte.	ns cette évaluation de santé		
As an applicant, I understand that the assessment is to gather information fitness to perform police duties.	a purpose of this in order to assess my	est de recueillir de	ant, je comprends que l'information pour déte tâches du travail polic	l'objectif de cette évaluation erminer si je suis on formo sier.		
I understand that the information gatt assessment will be used in accordar Occupational Health Policy of the RC Manual II.19.	nce with the	Je comprends que sera utilisée selon Manuel d'administi	la politique de santé au	au cours de cette évaluation u travail du chapitre II.19 du		
personnel and/or RCMP approved ag	I understand that the gathered information will only be disclosed to RCMP Occupational Health Services personnel and/or RCMP approved agents on a need-to-know basis in accordance with the Access to		Je comprends que l'information recueillie ne sera communiquée qu'au personnel des Services de santé au travail de la GRC ou à ses représentants autorisés selon le principe du besoin de savoir conformément à la Loi sur l'accès à l'information et à la Loi sur la protection des renseignements personnel.			
This Statement of Consent shall remain fitness for duty determination is comp	ain valid until the pleted.	Cet énoncé de consentement demeurera valide jusqu'à ce qu'on a't déterminé si je suis en forme pour le travail.				
	Signature of Ap	plicant - Signature du postula	ant			
		Date				
C MEDICAL HISTORY UPDAT	E	MISE À JOUR D	ES ANTÉCÉDENTS	S MÉDICAUX		
Your past and current health status is	important to assess	Vos états de santé	antérieur et actuel sor	nt importants pour		
your fitness to perform your duties. Name of family physician - Nom de votre	médecin de famille Address	déterminer votre ap	titude à remplir vos fo	onctions.		
How long has this person been your famil Depuis quand cette personne est-elle votre	y physician? e médecin de famille?	Date of last visit to your pl Date de votre demière visit	hysician te chez le médecin	Tel. No. of physician N° de tél. du médecin		
Have you ever been granted or do you pre Avez-vous déjà reçu ou recevez-vous actu	sently receive any long term of sellement des prestations d'inv	sability benefits? validité de longue durée?		No Yes Oui		
If yes, for which medical condition(s)? - Si	oui, pour quelle(s) condition(s) médicale(s)?				
Current Medical Problems		Problèmes médica	ux actuels			
			Applicant's initials -	initiales du postulant :		
RCMP GRC 3380 (2009-12)	P	age 1 of/de 8		Canadä		





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Current Medical Problems	Current Medical Problems	TO BE COMPLETED BY THE MEMBER AND REVIEWED BY THE MEDICAL EXAMINER Protected B once completed	VERIFIE PA	MPLI PAR LE MEMBRE ET R LE MÉDECIN EXAMINATEUR	HRMIS No N° du SIGRH
Medications	Problèmes médicaux actuels				ENTS MÉDICALLY (quita)
Please list any illnesses, serious injuries and operations. Allergies All	Please list any intercept of persistent patterns of course medications. Validate indiquer tous tes medicaments agravate medicinales et tout medicament in vente libre.				erro medioxox (suite)
Please list any allergies to medication, inacct bites, environmental exposure, food, etc., and describe your reaction(s). Past Medical History Please list any linesses, sorious injuries and operations. Past Psychological History Please list any linesses, sorious injuries and operations. Past Psychological History Please list any linesses, sorious injuries and operations. Past Psychological History Please list any linesses, sorious injuries and operations. Past Psychological History Please list any linesses, sorious injuries and operations. Past Psychological History Please list any linesses, sorious injuries and operations. Anticédents psychologiques Voullez indiquer toutes maladies, blessures graves et interventions ch Voullez indiquer loutes maladies, blessures graves et interventions ch Voullez indiquer loutes maladies, blessures graves et interventions ch Voullez indiquer loutes maladies, blessures graves et interventions ch Voullez indiquer loutes maladies, blessures graves et interventions ch Voullez indiquer loutes maladies, blessures graves et interventions ch Anticédents psychologiques Voullez indiquer loutes maladies, blessures graves et interventions ch Voullez indiquer loutes maladies, blessures graves et interventions ch Voullez indiquer loutes maladies, blessures graves et interventions ch Anticédents psychologiques Voullez indiquer loutes maladies, blessures graves et interventions ch Anticédents psychologiques Voullez indiquer loutes maladies, blessures graves et interventions ch Voullez indiquer loutes maladies, blessures graves et interventions ch Voullez indiquer loutes maladies, blessures graves et interventions ch Anticédents psychologiques Voullez indiquer loutes maladies, blessures graves et interventions ch Voullez indiquer loutes maladies, blessures graves et interventions ch Anticédents psychologiques Voullez indiquer loutes maladies, blessures graves et interventions ch Anticédents psychologiques Voullez indiquer loutes maladies, blessures graves et inter	Please list any altergies to medication, insect bites, environmental exposure, food, etc., and describe your reaction(s). Past Medical History Please list any illnesses, serious injuries and operations. Past Psychological History Please list any illnesses, serious injuries and operations. Past Psychological History Please list any history of cognitive, emotional, interpersonal, or behavioural problems, history of persistent patterns of sattlements and or hyperactivity. Please list any history of cognitive, emotional, interpersonal, or behavioural problems, history of persistent patterns of sattlements and or hyperactivity. Past Psychological History Please list any history of cognitive, emotional, interpersonal, or behavioural problems, history of persistent patterns of sattlements and or hyperactivity. Anticedents psychologiques Veuillez indiquer toutes maladies, biassures graves et interventions chin the past of morths and the psychologiques Veuillez indiquer toutes maladies, biassures graves et interventions chin the psychologiques Veuillez indiquer toutes maladies, biassures graves et interventions chin the psychologiques Veuillez indiquer toutes maladies, biassures graves et interventions chin the psychologiques Veuillez indiquer toutes maladies, biassures graves et interventions chin the psychologiques Veuillez indiquer toutes maladies, biassures graves et interventions chin the psychologiques Veuillez indiquer toutes maladies, biassures graves et interventions chin the psychologiques Veuillez indiquer toutes maladies, biassures graves et interventions chin the psychologiques Veuillez indiquer toutes maladies, biassures graves et interventions chin the psychologiques Veuillez indiquer toutes maladies, biassures graves et interventions chin the psychologiques Anticedents psychologiques Veuillez indiquer toutes maladies, biassures graves et interventions chin the psychologiques beautifues of malaties of	Please list all medications you are taking regularly,		Veuillez indiquer tous les médicaments compris les vitamines, remèdes à base	tue vous prenez régulièrement, y de plantes médicinales et tout
Past Psychological History Piease list any libroses, serious injuries and operations. Past Psychological History Piease list any history of cognitive, emotional, interpersonal, or behavioural problems; history of persistent patterns of inattention and/or hyperactivity. Cardiovascular Family History Is there a history of cardiac problems in members of your family white under the age of 55? Non	Please list any illnesses, serious injuries and operations. Veuillez indiquer toutes malades, blessures graves et interventions chin Past Psychological History Please list any history of cognitive, emotional, interpersonal, or behavioural problems, history of persistent patterns of inattention and/or hyperactivity. Antécédents psychologiques Veuillez indiquer les antécédents en matière de problèmes cognitifs, affer or history of persistent patterns of inattention and/or hyperactivity. Antécédents psychologiques Veuillez indiquer les antécédents en matière de problèmes cognitifs, affer interpersonale, ou de comportement ainsi que les antécédents ou les comportements parsistants d'anterention ou d'hyperactivité. Cardiovascular Family History Is there a history of cardiac problems in members of your family while under the age of 59? No No No No No No No No No N	Please list any allergies to medication, insect bites,	environmental	Veuillez indiquer toute(s) allergie(s) à de	s médicaments, à des piqûres ents, etc., et décrivez votre réactio
Please list any history of cognitive, emotional, interpersonal, or bahavioural grotelerns, history of persistent patterns of inattention and/or hyperactivity. Cardiovascular Family History Institution and/or hyperactivity. Antécédents cardiovasculaires familiaux	Please list any history of cognitive, emotional, interpersonal, or behavioural problems: history of persistent patterns of inattention and/or hyperactivity. Variable Varia		tions.		es graves et interventions chirurg
Is there a history of cardiac problems in members of your family while under the age of 55? No Non No Non Yes Oui	Lis there a history of cardiac problems in members of your family while under the age of 55? No	Please list any history of cognitive, emotional, interport behavioural problems; history of persistent pattern	personal, as of	Veuillez indiquer les antécédents en mati- interpersonnels ou de comportement ains	si que les antécédents ou les
Physical Activities In the past 6 months, have you participated in moderate or vigorous physical activity for a minimum of 20 minutes or more 3 to 4 times a week? No	Physical Activities In the past 6 months, have you participated in moderate or vigorous physical activity for a minimum of 20 minutes or ornore 3 to 4 times a week? No Non Non No Non Tabagisme Avez-vous funé du tabac au cours des six derniers mois ? No Non Non Non Non Todaisme Avez-vous funé du tabac au cours des six derniers mois ? No Non Non Non Non Non Non Non				
Have you smoked tobacco during the last 6 months? Avez-vous furné du tabac au cours des six derniers mois ? No Oui Alcohol Use Consommation d'alcool Do you drink alcohol? If yes, provide average number of drinks per week: No Oui No Oui Yes >>> bottles of beer Spirits (1oz) Verne de Verne de Verne de Verne de Verne de Oui Non Oui >>> During the past 12 months : -Au cours des 12 derniers mois : Have you fett the need to cut down on your drinking? Yous est-li arrivé de ressentir le besoin de diminuer votre consommation d'alcool? Have you des the need to cut down on your drinking? Avez-vous été contrarie par les critiques sur votre consommation d'alcool? Have you ever felt quilly about your drinking? Avez-vous des sentiments de culpabilité vis-à-vis de l'alcool ? Have you ever felt quilly about your drinking? Avez-vous des sentiments de culpabilité vis-à-vis de l'alcool ? Have you ever taken a morning 'eye opener'?	Have you smoked tobacco during the last 6 months? Avez-vous furné du tabac au cours des six demiers mois ? No Oui Alcohol Use Consommation d'alcool Do you drink alcohol? If yes, provide average number of drinks per week: Prenez-vous 6 l'alcool? Si oui, indiquer le nombre moyen de consommations par semaine : No Oui No	Is there a history of cardiac problems in members o family while under the age of 55?	□ No	Des membres de votre famille ont-ils eu d étaient âgés de moins de 55 ans?	
No Non	No	Is there a history of cardiac problems in members of family while under the age of 55? If yes, specify: - Si oui, préciser Physical Activities In the past 6 months, have you participated in moder vigorous physical activity for a minimum of 20 minute.	No Non Non Non Non Non Non Non Non Non N	Des membres de votre familile ont-ils eu détaient âgés de moins de 55 ans? Yes Oui Activités physiques Au cours des six derniers mois, avez-vour physiques modérées ou vigoureuses, pou à 4 fois par semaine? Yes	es problèmes cardiaques alors qu
Alcohol Use Consommation d'alcool Do you drink alcohol? If yes, provide average number of drinks per week: Prenez-vous de l'alcool? Si oul, indiquer le nombre moyen de consommations par semaine : No Cycles >>> bottles of beer Spirits (1oz) Glass of Verre de During the past 12 months : - Au cours des 12 derniers mois : No Have you felt the need to cut down on your drinking? Yous est-il arrivé de ressentir le besoin de diminuer votre consommation d'alcool? Have people annoyed you by criticizing your drinking? Avez-vous des centraire par les critiques sur votre consommation d'alcool? Have you ever felt guilty about your drinking? Avez-vous des sentiments de culpabilité vis-à-vis de l'alcool ? Have you ever taken a morning 'eye opener'?	Alcohol Use Consommation d'alcool Do you drink alcohol? If yes, provide average number of drinks per week: Prenez-vous de l'alcool? Si oui, indiquer le nombre moyen de consommations par semaine : No Non Yes >>> bottles of beer Spirits (1oz) Spiritueux (1oz) Uning the past 12 months : - Au cours des 12 demiers mois : Have you felt the need to cut down on your drinking? Yous est-il arrivé de ressentir le besoin de diminuer votre consommation d'alcool? Have you ever felt guilty about your drinking? Avez-vous été contrairé par les critiques sur votre consommation d'alcool? Have you ever felt guilty about your drinking? Avez-vous été contrairé par les critiques sur votre consommation d'alcool? Have you ever felt guilty about your drinking? Avez-vous des sentiments de cuépabilité via-à-vis de l'alcool? Have you ever taken a morning 'eye opener'? Vous est-il arrivé de boire un verre d'alcool en vous levant le matin, pour vous calmer les nerfs ou surmonter une "gueule de bois"? None of the above	Is there a history of cardiac problems in members of family while under the age of 53? If yes, specify: - Si oui, préciser Physical Activities In the past 6 months, have you participated in moder vigorous physical activity for a minimum of 20 minute 3 to 4 times a week? Smoking	No Non Non Non Non Non Non Non Non Non N	Des membres de votre famille ont-lls eu détaint âgés de moins de 55 ans? Yes Oul Activités physiques Au cours des six derniers mois, avez-vous physiques modérées ou vigoureuses, pou à 4 fois par semaine? Yes Oul Tabagisme	es problèmes cardiaques alors qu participé à des activités r un minimum de 20 minutes ou ç
Prenez-vous de l'alcool? Si out, indiquer le nombre moyen de consommations par semaine : No Yes >>> bottles of beer Spirits (1oz) Verre de Durling the past 12 months : - Au cours des 12 derniers mois : Have you feit the need to cut down on your drinking? Yous est-li arrivé de ressentir le besoin de diminuer votre consommation d'alcool? Have people annoyed you by criticizing your drinking? Avez-vous dés contrarié par les critiques sur votre consommation d'alcool? Have you ever felt guilty about your drinking? Avez-vous des sentiments de culpabilité vis-â-vis de l'alcool? Have you ever taken a mornina (*ey eopener?*)	Preinez-vous de l'alcool? Si oui, indiquer le nombre moyen de consommations par semaine : Non Yes >>> bottles of beer Spirits (1oz) Glass of w Verre de vi During the past 12 months : - Au cours des 12 derniers mois : No Non Have you feit the need to cut down on your drinking? Yous est-li arrivé de reseater le besoin de diminuer votre consommation d'alcool? Have people annoyed you by criticizing your drinking? Avez-vous été contrarié par les critiques sur votre consommation d'alcool? Have you ever felt guilty about your drinking? Avez-vous des sentiments de courabilité vis-à-vis de l'alcool ? Have you ever taken a morning' eye opener? Vous est-li arrivé de boire un verre d'alcool en vous levant le matin, pour vous calmer les nerfs ou surmonter une "gueule de bois"? None of the above	Is there a history of cardiac problems in members of family while under the age of 53? If yes, specify: - Si oui, préciser Physical Activities In the past 6 months, have you participated in moder vigorous physical activity for a minimum of 20 minute 3 to 4 times a week? Smoking	ate or s or more No	Des membres de votre familile ont-ils eu détaient âgés de moins de 55 ans? Yes Oui Activités physiques Au cours des six demiers mois, avez-vour physiques modérées ou vigoureuses, pou à 1 vies Oui Tabagisme Avez-vous furmé du tabac au cours des six	es problèmes cardiaques alors qu participé à des activités r un minimum de 20 minutes ou ç
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TO BE COMPLETED BY THE APPLICANT AND REVIEWED BY THE MEDICAL EXAMINER Protected B once completed A ÉTRE REMPLI P, VÉRIFIÉ PAR LE M Protégé B une fois	AR LE POSTULANT ET ÉDECIN EXAMINATEUR Frempli	Applicant No N° du postulant
D REVIEW OF SYSTEMS	REVUE DES SYSTÈMES	
The following is a list of body systems. If applicable, please check and provide comments on any symptoms including date of onset and duration.	Ce qui suit est une liste de systèm cas échéant, veuillez cocher et fo symptôme, y compris la date d'api	nes et appareils de l'organisme. Le urnir des commentaires sur tout parition et la durée.
1. Vision a) change in vision - changement de la vision b) transient blurring, blindness or pain - vision embrouillée passagère, perte de la vision ou douteur c) other (specify) - autre (préciser) : 2. Hearing - Audition a) change in hearing - changement de l'audition b) ringing in the ears - bourdonnement d'oreille c) other (specify) - autre (préciser) : 3. Cardiovascular - Cardiovasculaire a) shortness of breath - essoufflement b) chest pain/pressure - douleur ou pression à la politrine	Physician's Comments - Com	mentaires du médecin
c) rapid or irregular heart rate - rythme cardiaque rapide ou irrégulier d) ankie swelling - enflure des chevilles e) other (specify) - autre (préciser) : 4. Respiratory - Respiratoire		
a) asthmafwheezing - asthme/respiration sifflante b) persistent sore throat - mal de gorge persistant c) c) coughing blood or sputum - crachement de sang ou expectoration d) persistent or recurrent cough - toux persistante ou récurrente e) change and/or hoarseness of voice - changement et/ou enrouement de la voix f) other (specify) - autre (préciser):		
5. Gastrointestinal - Gastro-intestinal a) change in appetite/thirst - changement d'appétit ou soif b) digestive problema/hearthurn/nausea - problèmes digestifs/ brûlures d'estomac ou nausée c) difficulty or pain on swallowing - difficulté ou douleur en avalant d) recurrent abdominal pain - douleur abdominale récurrente e) recurrent disrrhea or constipation - diarrhée ou constipation récurrent f) unexplained weight loss or weight gain - perte ou gain de poids non expliqué g) rectal bleeding - saignement rectal h) change in stool habits or appearance - changement de la fréquence ou de l'apparence des selles j) swelling of the groin - enflure de l'aine j) other (specify) - autre (préciser) :		
6. Neurological - Neurologique a) dizziness - étourdissement b) recurrent or severe headaches or migraines - maux de tête ou migraines récurrentes ou sévères c) loss of consciousness or near fainting - évanouissement ou quasi-évanouissement d) loss of coordination or paralysis - perte de coordination ou paralysie e) epilepsy, seizures or transient confusion - épilepsie, convulsions ou confusion transitoire f) numbness or tingling - engourdissements ou picotements g) other (specify) - autre (préciser) :		





TO BE COMPLETED BY THE APPLICANT AND REVIEWED BY THE MEDICAL EXAMINER Protected B once completed	À ÊTRE REMPLI PA VÉRIFIÉ PAR LE M Protégé B une fois	AR LE POSTULANT ET ÉDECIN EXAMINATEUR Frempli	Applicant No N° du postulant
D REVIEW OF SYSTEMS (cont'd)		REVUE DES SYSTÈMES (SU	iite\
D REVIEW OF SYSTEMS (cont'd) 7. Endocrine - Endocrinien a) fever, chills or night sweats - fiévre, frissons or b) persistent swollen glands - gonflement ou enfli des ganglions c) facial flushing, heat or cold intolerance - rougi intolerance au froid ou à la challeur d) excessive weakness or easily fatigued - faibles facilement fatigué e) other (specify) - autre (préciser) : 8. Skin - Peau a) recurrent or persistent rash and/or skin lesions fésions cutandes récurrentes ou persistantes b) new skin growths - apparition de novelles lési	ure persistante ssement du visage, sse excessive ou - éruptions ou	REVUE DES SYSTÈMES (su Physician's Comments - Con	,
c) change in colour or shape of moles or growths couleur ou de forme de grain de beauté ou de l d) tendency to bruise easily - tendance à se faire e) other (specify) - autre (préciser) :	- changement de bosse		
9. Genitourinary - Génito-urinaire a) blood in urine - sang dans l'urine b) frequent or painful urination - urines fréquentes c) urinary incontinence - incontinence urinaire d) excessive menstrual bleeding salignement menstruel excessif e) swelling or lump of testicles or breasts enflure ou bosse aux testicules ou aux seins f) presently pregnant - présentement enceinte g) other (specify) - autre (préciser) :	ou douloureuses		
10. Psychological - Psychologique a) change in mood or difficulty sleeping changement drumeur ou difficulté à dormir b) feelings of helpiessness, worthlessness or very sentiment d'être sans valeur, sans espoir ou trè c) thoughts related to death or suicide pensées relées à la mort ou au suicide d) change in memory or concentration - changem ou de la concentration e) feelings of anger or rage - sentiment de colère (f) anxious mood or panic attack humeur anxieuse ou crise de panique g) recurrent thoughts or dreams of a stressful ever récurrents d'un événement stressant h) other (specify) - autre (préciser):	ent de la mémoire		
2) elbow - coude	articulations ou des plitude des sis (cocher l'endroit et ack - dos ip - hanche nee - genou nkle - cheville foot - pied		
RCMP GRC 3380 (2009-12)	Page 4 d	el/de 8 Applicant's initia	als - Initiales du postulant :





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Note to the Medical Examiner: Note au médecin examinateur :		COMPLETED		DICAL	EXAMINER			REMPLI PA	R LE MÉDECIN I rempli	EXAMINATEUR	Applicant I	No N° du postulant
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Bioco Pressure Tension artificial Tension artificia	N	Note to the M	Medical E	xamii	ner:				Note au mé	decin examinate	ur :	
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Central Appearance - Apparence générale I. Vision I. Vision I. Vision I. Vision I. Vision Con Contraction (Incorrected) Actual Aculty (incorrected) Acult (incor							Н	eight - Tail	le	Weight - Poids		Waist Circumference Circonférence de la taille
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m m m m m m m m m m m m m m m m m m m	Acui	ité visuelle (non	corrigée)		Acuité visue	ille (cor	rigée)					
Color vision Test used: sahihara Passed Failed Réusel Ré	OD		os		OD	9	os					
Test used: shihara Passed Falled Echnole Normal Value	_	m		m		m		m				
Test utilisé :	Colo	or vision										
a) pupilis - pupilities b) fundi - fonds de l'oel c) visual fields to confrontation 150° - visual fields to confrontation de 150° - visual fields to confrontation de 150° - throat Téte, oreilles, nez et gorge a) earnitympanic membranes - oreilles/tympans b) nose/sinuses - nez/sinus c) oropharynutenthigums oropharynutenthig	Test	t used:	Ishihara	→	Pa Ré	ssed						
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MEDICAL EXAMINATION (cont'd)	TO BE COMPLETED BY THE MEDICAL EXAMINER Protected B once completed	À ÊTRE REMPLI PA Protégé B une fois		EXAMINATEUR	Applicant No N* du	postulant
Santé mentale During this examination, have you noted difficulties de : Au cours de cet examen, exer-vous remarqué des difficultes de : a) judgement - journeure : b) concentration c) memory - mémorée d) entotouis tatatus - état émotionnel d) stability/self-control - stabilitémaltrise de soi d) skin - peus b) lymphatic system - système lymphatique a) shoulder - épaula b) lymphatic system - système lymphatique a) shoulder - épaula b) strongement - épaula b) strongement - épaula d) hand - main e) evervice aipine - colonne browscique g) surbus sprise - co	E MEDICAL EXAMINATION (cont'd)		EXAMEN I	MÉDICAL (suite)		
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F TEST RESULTS Note to the Medical Examiner: The following tests are required for all applicants. Note au médecin examinateur: Tous les postulants doivent subir les examens suivants. DATE SETS RECEIVED ABNORMALITY NOTEDIACTION TAKEN ACIDIATES RECUS LE ANOMALIE NOTEE/MESURES PRISES DATE Audiogram ASA II Standard Approved Audiogramme approuvé au niveau de ASA II Cholesteroi Cholest	k) foot - pied					
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DATE TEST RECEIVED RESULTATS REQUIS LE AUdiogram ASA II Standard Approved Audiogramme approuvé au niveau de ASA II Cholesterol Cholesterol HDL LDL Triglycerides Triglycerides Triglycerides Triglycerides Glucose - AC Hepatitis B - Immune Status Hepatitis B - État immunitaire Urine - R+M WBC, Diff. Analyse des globules blancs Plaquettes EGG Chest X-ray						
RESULTATS REQUIS LE ANOMALIE NOTÉEMESURES PRISES DATE Audiogram ASA II Standard Approved Audiogramme approuvé au niveau de ASA II Cholesterol Cholestérol HDL LDL Triglycarides Triglycarides Triglycarides Triglycarides Gamma GT No alcohol 48 hrs. prior Pas d'alcool 48 h avant Creatinine Glucose - AC Hepatitis B - Immune Status Hepatitis B - Etat immunitaire Urine - R+M WBC, DH. ANOMALIE NOTÉEMESURES PRISES DATE ANOMALIE NOTÉEMESURES PRISES ANOMALIE NOTÉEMESURES PRISES ANOMALIE NOT	The following tests are required for all applica					
Audiogramme approuvé au niveau de ASA II Cholesterol Cholesterol HDL LDL Triglycarides Triglyca		RÉSULTA	TS REÇUS LE	ANOMALIE NOTÉE/	MESURES PRISES	DATE
Cholestérol HDL LDL Triglycarides Triglyc	Audiogram ASA II Standard Approved Audiogramme approuvé au niveau de ASA II					
LDL Triglycerides Triglycerides Gamma GT No alcohol 48 hrs. prior Pas d'alcool 48 h avant Creatinine Creatinine Glucose - AC Hepatitis B - Immune Status Hepatitis B - Etat immunitaire Urine - R+M WBC, Ddf. Analyse des globules blancs Platelets Plaquettes ECG Chest X-ray	Cholesterol Cholestérol					
Triglycarides Tr	HDL					
Triglycérides Gamma GT No alcohol 48 hrs. prior Pas d'alcolo 48 h avant Creatinine Glucose - AC Hepatitis B - Immune Status Hepatitis B - Etat immunitaire Urine - R-M WBC, Diff. Analyse des globules blancs Platelets Plaquettes ECG Chest X-ray	LDL					
Gamma GT No alcohol 48 hrs. prior Pas d'alcool 48 h avant Creatinine Glucose - AC Hepatitis B - Immune Status Hepatite B - État immunitaire Urine - R+M WBC, Diff. Analyse des globules blancs Platelets Plaquettes ECG Chest X-ray	Triglycerides Triglycerides					
Creatinine Créatinine Glucose - AC Hepatitis B - Immune Status Hepatitis B - État immunitaire Utine - R+M WBC, Cdf. Analyse des globules blancs Platelets Plaquettes ECG Chest X-ray	No alcohol 48 hrs. prior		-			
Glucose - AC Hepatitis B - Immune Status Hepatitis B - Etat immunitaire Urine - R+M WBC, Dff. Analyse des globules blancs Platelets Plaquettes ECG Chest X-ray	Creatinine					
Hépatité B - État immunitaire Urine - R+M WBC, Dff. Analyse des globules blancs Platelets Plaquettes ECG Chest X-ray						
Urine - R+M WBC, Crff. Analyse des globules blancs Platelets Plaquettes ECG Chest X-ray	Hepatitis B - Immune Status					
Analyse des globules blancs Platelets Plaquettes ECG Chest X-ray						
Piatelets Piaquettes ECG Chest X-ray	WBC, Diff. Analyse des globules blancs					
ECG Chest Xray	Platelets					
Chest X-ray Radiographie pulmonaire						
'	Chest X-ray Radiographie pulmonaire					
RCMP GRC 3380 (2009-12) Page 6 of/de 8						





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	tected B once completed	o.ugu	b dile iois	rempli	
G	PHYSICAL ABILITY REQUIREMENT EVALUATION (PARE) Health Status Screening			TEST D'APTITUDES PHYSIC ESSENTIELLES (TAPE) Dépistage de l'état de santé	
	Note to the Medical Examiner: Police Officers are expected to be sufficiently fit to duties including the pursuit and arrest of uncooper, suspects. Police work and Police training are physidemanding and may elicit maximal (or near marate and an exertion effort equivalent (or exceedin Exercise Stress at the 12 MET level.	tive/violent ically kimal) hea		Note au médecin examinate On s'attend des agents de police qu' forme pour assumer leurs fonctions, farrestation de suspects volents et ré police et la formation policière sont e et peuvent porter le rythme cardiaq (ou quasi-maximat) et susciter un e au stress d'exercice équivalent à 12	is soient suffisamment en y compris la pourauite et calcitrants. Le travail de kigeants sur le plan physique ue au niveau maximal ffort équivalent (ou supérieur)
	It is important to assess the cardiovascular health the risk factors and symptoms for pulmonary, mela musculoskeletal diseases or injuries in order to op candidate's safety during police work and police tra	bolic and timize the		Il est important de bien évaluer la san que les facteurs de risque et les sym ou lésions pulmonaires, métaboliques afin d'optimiser la sécurité du membre policier et la formation policière.	otômes reliés aux affections ou musculosquelettiques
(Pulmonary Obstruction/Restriction Obstruction/restriction pulmonaire	Yes Oui	No Non	Physician's Comments - C	commentaires du médecin
i	loes this applicant need to use a short acting shaler immediately prior to participate in police paximal testing?	П	П		
8	e postulant a-t-il besoin d'utiliser un inhaleur à ction rapide immédiatement avant de participer au est maximal du policier?				
E v	tusculoskeletal Restrictions leatrictions musculosquelettiques least this applicant have musculoskeletal problems hich could interfere with strenuous exertion or citivities such as running, wrestling, heavy lifting or hysical training?				
fe	e postulant a-t-il des problèmes usculosqueléttiques qui pourraient l'empêcher de sururir des efforts importants tels que courir, lutter ontre un adversaire, soulever des objets lourds ou entraîner physiquement?				
F	ardiovascular Restrictions estrictions cardiovasculaires as the applicant been treated for cardiovascular sease or does the member have high or very high ardiovascular risks? If yes, please list these risks.				
C	a postulant a-t-il déjà été traité pour une maladie ardovasculaire o présente-t-il des risques ardiovasculaires élevés ou très élevés? Si oui, nuillez indiquer ces risques.				
c c v	ardiovasculaire ou présente-t-il des risques ardiovasculaires élevés ou très élevés? Si oui,			VESTIGATIONS MÉDICALES : ÉSULTATS DEMANDÉS PAR L	
C C	ardiovasculaire ou présente-t-il des risques ardiovasculaires élevés ou très élevés? Si oui, uuillez indiquer ces risques. ADDITIONAL MEDICAL INVESTIGATIC				
1	ardiovasculaire ou présente-t-il des risques ardiovasculaires élevés ou très élevés? Si oui, uuillez indiquer ces risques. ADDITIONAL MEDICAL INVESTIGATIC		ER RÉ		
1	indiovasculaire ou présente-t-il des risques ridriovasculaires élevés ou très élevés? Si oui, utiliza indiquer ces risques. ADDITIONAL MEDICAL INVESTIGATIC RESULTS, ARRANGED BY MEDICAL E		ER RÉ	SULTATS DEMANDÉS PAR L	





TO BE COMPLETED BY THE MEDICAL EXAMINER Protected B once completed	À ÊTRE REMPL Protégé B une	I PAR LE MÉDECIN EXAMINA fois rempli	ATEUR	Applicanti	No N° du postulant
J RECOMMENDATIONS FROM MEDICAL EXAMINER		RECOMMANDATION MÉDECIN EXAMINAT			
In your opinion, are there any functional limitations?		À votre avis, y a-t-il des rest	rictions fonction	nnelles ?	
Yes (if yes, specify) No Non Oui (si oui, préciser)	Temporary (s Temporaires		et/ou		ent (specify below) entes (préciser ci-dessous
Name and Address of MEDICAL EXAMINER Nom et adresse du MÉDECIN EXAMINATEUR		Signature of MEDICAL EXAM Signature du MÉDECIN EXA	MINER MINATEUR		Date yyyy-mm-dd/aaaa-mm-jj
K VALIDATION OF MEDICAL INFORMA	TION	VALIDATION DES RE	NSEIGNE	MENTS M	ÉDICAUX
I have reviewed this document and form 2158, Medical was updated accordingly.	Profile	J'ai examiné le présent docur mis à jour en conséquence.	ment et le form	ulaire 2158	Profil médical, a été
Name and Address of HEALTH SERVICES OFFICER (Nom et adresse du du MÉDECIN-CHEF (MC) ou de soi	HSO)/delegate n représentant	Signature of HSO/delegate Signature du MC ou de son re	eprésentant		Date yyyy-mm-dd/aaaa-mm-jj





APPENDIX 4 TO ANNEX A

OCCUPATIONAL HEALTH RECOMMENDATION FOR TREATMENT AND APPROVAL – RCMP GRC 6039

Royal Canadian Gendarmerie royale Mounted Police du Canada OCCUPATIONAL HEALTH	SANTÉ AU TRAVAIL -	D
RECOMMENDATION FOR	RECOMMANDATION DE	Protected B ance completed Protégé B une fois rempli
TREATMENT AND APPROVAL		File No. 10 de desse
Member Information - Renseignements sur le m		•
Current posting - Affectation actuelle	Full duties of current position Fonctions normales du poste actuel	ully operationally deployable arfaitement apte aux tâches opérationnelles u au déploiement
Isolated Non - Isolated Poste isolé Poste non isolé	Yes No Non	Yes No Non
	Since Depuis	
Full time admin - Admin. à plein temps		raduated return to work - Retour progressif au travail
Oui Non	Yes No Non Since	Yes No Non
	Depuis	Since Depuis
Health Services Officer (HSO) Recommendation	of Treatment - Recommandation de tr	aitement du médecin-chef
Treatment plan on file consistent with medical best practic Le plan de traitement versé au dossier est conforme aux r	es and reasonable in light of diagnosis : nellleures pratiques médicales et est raisonnabl	e compte tenu du diagnostic ; Yes No
Treatment cost : Approx. c Coût du traitement : Coût gloi	cost difference public vs private : cal approx. ou différence de coût entre le public	et le privé :
Approximate duration of treatment : Durée approximative du traitement :		
Public health system wait time : Temps d'attente du système de santé public :		Yes No Distance : KM
Private health care facility wait time : Temps d'attente d'une installation médicale privée		Yes No Distance :KM
Describe recommended treatment and anticipated benefit	- Décrire le traitement recommandé et les bienf	aits prévus :
2		
Is psychological recommendation on file? La recommandation psychologique a-t-elle été versée au d		No N/A Non S.O.
Does Divisional/Regional psychologist support recommend Le psychologue divisionnaire ou régional appuie-t-il les reco		No N/A Non S.O.
Does HSO/ delegate support psychologist's recommendatil Le médecin-chef ou son représentant appuie-t-il la recomm	on? nandation du psychologue?	No N/A Non S.O.
RCMP GRC 6039 (2009-02)	Page no./n° 1 of/de 2	Canadä





OCCUPATIONAL HEALTH RECOMMENDATION FOR	SANTÉ AU TRAVAIL RECOMMANDATION		Protected B once completed Protégé B une fois rempli
TR_ATMENT AND APPROVAL	TRAITEMENT ET AP		File No Nº de dossier :
Health Services Officer (HSO) Recommendation	n of Treatment (Con't) - Recomma	ndation de traitemer	nt du médecin-chef (suite)
Comments (if necessary) - Commentaires (au besoin)			,
1			
Support treatment Do not support tre Appuie le traitement N'appuie pas le tr	eatment raitement		
Rationale for non-support - Justification du non-appui			
Name - Nom	Signature		Date
Regional OIC responsible for Occupational He	alth Services (OHS) - Off. resp. rég	gional des Services d	de santé au travail (SST)
Approved recommendation Recommend Recommand	ation denied ation rejetée		
Advised HSO / delegate of decision on this request :		Date	
A communiqué au médecin-chef ou à son représentant la	decision concernant cette demande le :		
Name and signature - Nom et signature		Title - Titre	Date
This Section To Be Completed By The Health S Cette section doit être remplie par le Bureau d	Services Office Before Placing On es services de santé avant que la	File formule ne soit vers	ée au dossier
Authorization no. : N° d'autorisation :			
HSO / delegate advised member of decision on this reque Le médecin-chef ou son représentant a communiqué au n	est : nembre la décision concernant cette dema	ande le : Date	
Advised member's unit commander of travel requirement(s A informé le chef de service du membre des déplacement): Data		
Date placed on RCMP member's medical record : Versé au dossier médical du membre de la GRC le :	Date		
Name - Nom	Signature		Date
			Date

Page no./n° 2 of/de 2



RCMP GRC 6039 (2009-02)

Name of Firm:

Government Gouvernement Solicitation No./ No del'invitation: 201304630A of Canada du Canada

ANNEX B

FINANCIAL PROPOSAL (BASIS OF PAYMENT) PRESENTATION SHEET

Address:			
Contact Person:			
Phone number: (_ Fax num	ber: ()
Email:		@	
The financial proposal	shall be a firm all-i	nclusive hourly ra	te, GST/HST extra:
Contract Period		Estimated Level of Effort (hours)	0.00 1.000
Initial Contract Period	\$	1040	\$
Option period 1	\$	1040	\$
Option period 2	\$	1040	\$

Note: The estimated level of effort, Annex "B", Financial Proposal, is strictly for price proposal evaluation purposes only and is not to be interpreted as a commitment on the part of the Government for future business. The figures were based on an estimated 16 hours per week (52 weeks per year), with additional 8 hours every other week (26 weeks).

1040

Definition of a Day: A work day is defined as 7.5 hours of work, exclusive of meal breaks. Payment will be made for days actually worked, with no provision for annual leave, statutory



Option period 3

Total Proposed Bid Price



Government Gouvernement So of Canada du Canada	licitation No./ No del'invitation: 201304630A
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holidays and sick leave. If time worked is more or less than a day, the daily rate will be prorated to reflect the actual time worked.

Hours worked X firm per diem rate 7.5 hours

Disbursements and Travel Time

The all-inclusive firm rates specified are inclusive of overhead expenses such as administrative support, facsimile, courier, photocopying, mail, word processing, other operating costs and any time spent traveling to locations. Accordingly, separate billing of any items related to the routine cost of doing business or time spent traveling shall not be permitted under any resulting contract.

HST

- 1. All prices and amounts of money in the Contract are exclusive of Harmonized Sales Tax (HST), as applicable, unless otherwise indicated. The HST is extra to the price herein and will be paid by Canada.
- 2. The estimated HST of <to be indicated at contract award> is included in the total estimated cost. HST, to the extent applicable, will be incorporated into all invoices and progress claims and shown as a separate item on invoices and progress claims. All items that are zero-rated, exempt or to which the HST does not apply, are to be identified as such on all invoices. The Contractor agrees to remit to Canada Revenue Agency any amounts of HST paid or due.

ANNEX C

SECURITY REQUIREMENTS CHECKLIST





Government of Canada Solicitation No./ No del'invitation: 201304630A Gouvernement du Canada

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4.	

Government Gouvernement of Canada du Canada

Contract Number / Numbro du contrat Rol3이나 30 Security Classification / Classification de sécurité

PART A - CONTRACT INFOR		TE DE VÉRIFIC	CURITY REQUIRATION DES EXIC	GENCES	RELA	TIVE			VERS)		
 Originating Government Dep 	aidin	ent or Organizatio		2011000	OCA-		2. Branch o	Directorati	Direction gene	rale ou D	rection
Ministère ou organisme gou			RCMP	la a com	-	v-r	HR OHS				
3. a) Subcontract Number / No	mėro	du contrat de sou	s-traitance	3. b) Nam	e and a	Addres	s of Subcon	ractor / Nov	n et odresse du s	aus fraita	हो.
4. Brief Description of Work / B	,						rane	. ?			
Medical doctor working for HQ	divisio	on doing Occupation	al Health and Safety €	Micer dujtes		544	nane	dese	. ?		
5. a) Will the supplier require a Le fournisseur aura-t-il so										✓ N	o Yes
 b) Will the supplier require a Regulations? Le fournisseur aura-t-it ac sur le contrôle des donné 	cès à	des données tec	hniques militaires o			, .			, -,	✓ N	Out Out
 Indicate the type of access: 											
 a) Will the supplier and its in Le fournisseur aimsi que fo (Specify the level of accer (Préciser le rilyeau d'accèr 	es on es us es en	ployes auront-its ng the chart in Qu utilisant le tableau	accès à des rensei jestion 7. c) i qui se trouve à la	gnements question 7	ou à di	es blen	* PROTĒG	Selvou CL		N	on: Yes
b) Will the supplier and its er PROTECTED and/or CLA Le foundssour of ses emp a des rensolgnements ou	SSIF	IED information of tp. ex. netloyeur	r assets is permitte s, personnel d'entre	d. elien): auro	nt-ils a	icoès à				√ N	on Yes
8, c) is this a commercial couri S'agit-il d'un contrat de m	er or	delivery requirem gerie ou de livrais	ent with no overnig on commerciale sai	ht storage ns entrepo	? sage d	te nuit?					on L. Oui
 a) Indicate the type of Inform 	at or	that the supplier	will be required to a	access / In	diquer	le type	d informatio	n auguel le	fournisseur devra	avbir abo	es .
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7. b) Release restrictions / Res	drictle	one relatives à la c	liffusion.			-		÷			
No release restrictions Aucune restriction relative à la diffusion	1)	Ali NATO countrie Tous les pays de						restrictions striction relative on		
Not releasable À ne pas diffuser			1		<u></u>		·				
Restricted to: / Limité 4:			Restricted to: / Lir	nité à :	Ш		1	Restricted	to: / Limité à :		
Specify country(les): / Précise	Specify country(ies): / Préciser le(s) pays :					Specify co	antry(jes): / Préci	ter le(s) p	ays :		
7, c) Level of Information / Nive	ise d	information				- njoya - m	 	·····			
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Government Gouvernement Solicitation No./ No del'invitation: 201304630A of Canada

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Government of Canada

Gouvernement du Canada Contract Number / Numéro du contrat
201304630
Security Classification / Classification de sécurité

PART A (cont	inued) / PARTIE A (suite)		e e da bra da e da		
8, Will the sup Le fournisse If Yes, indic	pair require access to PROTECTED is our aura-t-il accès à des renesignement ste the level of sensitivity: native, indiquer le niveau de sensibilité	ds ou à des biens COMSEC		ASSIFIÉS?	No Yes Non Out
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7	RELIABILITY STATUS COTE DE FIABILITÉ	CONFIDENTIAL	SECRET	TOP SEC	
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	Special comments: Commentalies spéciaux :		100.00		
	NOTE: If multiple levels of screening REMARQUE (S) plusieurs niveaux	se contrôle de sécurité sont	sification Guids must be provided requis, un guide de classification	i. n de la sécurité cot être	
0. b) May una Du persi	croaned personnel be used for portion onnot sans autorisation sécuritaire per	ns of tine work? (f-II se voir confier des paule	s du travail?		✓ Non Yes
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promise	isseur sera t-il tenu de recevoir et d'e				No Yes
1. b) Will the	supplier be required to saleguard COI isseur sere-t-II tenu de protéger des n	MSEC information or assets enseignements ou des biens	7 COMSEC7		No Yes
PRODUCTIO	N	· 1304-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
occur at Les insta	roduction (manufacture, and/or repair a the supplier's site or premises? distions du fournisseur serviront elles à ASSIFIÉ?				No Non Oui
NFORMATIC	IN TECHNOLOGY (IT) MEDIA / SU	IPPORTRELATIFÀ LA TEC	HNOLOGIE DE L'INFORMATIO	N (TI)	
informati Le fount	upplier be required to use its IT system on or data? seeur sera-t-it tenu d'utiliser ses propre ements ou des données PROTEGES a	s systèmes informatiques por			Non Yes
i. c) Will them Dispose	be an electronic link between the supp a-t-on d'un lien électronique entre le sy energiale?	tier's I'I systems and the gov	emment department or agency? secur at calui du ministère ou de	l'agence.	No Yes Non Our
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Contract Number / Numbro du contrat 20/304630 Security Classification / Classification de sécurité

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If Yes, classifi attachments (Dans l'affirma « Classificatio des pièces jei	e.g. elive on d	SE ck le st	CRE essit	F with Attack	ments). t formula	ire en inc	figuant le ni	yeau de sécu	nitë dans	la case	intitul	őe.				

