



**Royal Canadian Mounted Police
Gendarmerie Royale du Canada**

**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: **Amale Baldwin (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:**

Title-Sujet Physician	
Solicitation No. - No. de l'invitation 201503275	Date February 11, 2015
Client Reference No. - No. De Référence du Client 201503275	
Solicitation Closes - L'invitation prend fin at 2:00pm EST on March 3, 2015	
F.O.B. - F.A.B. See Herein Voir aux présentes	
Address Enquiries to: - Adresser toutes questions à: Kaleigh Ferguson Kaleigh.ferguson@rcmp-grc.gc.ca	
Telephone No. - No de téléphone 613-843-3800	Fax No. - N° de FAX: N/A
Destination of Goods and Services: Destinations des biens et services: See herein	
Delivery Required - Livraison exigée: See herein Voir aux présentes	Delivery Offered – Livraison proposée See Herein Voir aux présentes
Name and title of person authorized to sign on behalf of Vendor/Firm - Nom et titre de la personne autorisée à signer au nom du fournisseur/de l'entrepreneur	
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 a 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 *Standard Acquisition Clauses and Conditions Manual* (<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

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 five (5) business 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.

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) (<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
- 2) 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

- (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:



1. 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.
3. 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 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: 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		
M3	The proposed resource must be in good standing with the medical licensing bodies in the provinces/territories in which services will be 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 of a valid professional liability insurance for third party expertise assessments according to the requirements of the Canadian Medical Protective Association.		
M5	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 recent (in the last 5 years) demonstrated experience evaluating physical fitness for duty for emergency first responders in the private or public sector.		

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.
3. Unsubstantiated claims of experience, qualifications or expertise will not be considered by the evaluation team during the point rated evaluation.
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 in evaluating physical fitness for duty for emergency first responders in the private or public sector.	Up to 6 months – 0 pts 7 to 24 months – 1 pt 25 to 48 months – 2 pts 49 to 72 months – 3 pts 73 to 96 months – 4 pts 97 to 120 months – 5 pts Over 121 months – 6 pts		
R2	The proposed resource has demonstrated experience evaluating physical fitness for duty in specialized skills areas such as pilots, laboratory personnel, firearm technicians, etc	Up to 6 months – 0 pts 7 to 24 months – 1 pt 25 to 48 months – 2 pts 49 to 72 months – 3 pts 73 to 96 months – 4 pts 97 to 120 months – 5 pts Over 121 months – 6 pts		
R3	The proposed resource has demonstrated experience counseling and educating individuals in emergency response occupations and specialized skill areas on occupational health related matters.	Up to 6 months – 0 pts 7 to 24 months – 1 pt 25 to 48 months – 2 pts 49 to 72 months – 3 pts 73 to 96 months – 4 pts 97 to 120 months – 5 pts Over 121 months – 6 pts		
R4	The proposed resource has demonstrated experience in establishing duty related limitations and restrictions for individuals in emergency response occupations and specialized working skill areas.	Up to 6 months – 0 pts 7 to 24 months – 1 pt 25 to 48 months – 2 pts 49 to 72 months – 3 pts 73 to 96 months – 4 pts 97 to 120 months – 5 pts Over 121 months – 6 pts		
	Total		/24	



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 two responsive bids with the highest total points established by adding the technical score and the rated price proposal score (ranked #1 and #2) will be recommended for award of a contract.

2.2 Selection Method

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

$$\text{Formula: } \frac{\text{Lowest Bid Price} \times (30\%)}{\text{Bidder's Price}} + \frac{\text{Technical Score} \times (70\%)}{\text{Max Points}} = \text{Combined Score}$$

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
Bidder 1 - Tech = 88/100 - Price = \$60,000	$\frac{88 \times 70}{100} = 61.6$	$\frac{***50 \times 30}{**60} = 25$	86.6
Bidder 2 - Tech = 82/100 - Price = \$55,000	$\frac{82 \times 70}{100} = 57.4$	$\frac{50 \times 30}{55} = 27.27$	84.67
Bidder 3 - Tech = 76/100 - Price = \$50,000	$\frac{76 \times 70}{100} = 53.2$	$\frac{50 \times 30}{50} = 30$	83.2

* Maximum Technical Points
 ** Bidder's Price Proposal
 ***Lowest Priced Proposal

In this example Bidders #1 and #2 would 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

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](http://www.labour.gc.ca/eng/standards_equity/eq/emp/fcp/list/inelig.shtml)" 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](http://www.labour.gc.ca/eng/standards_equity/eq/emp/fcp/list/inelig.shtml) 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 [Public Service Superannuation Act](#) (PSSA), R.S., 1985, c.P-36, and any increases paid pursuant to the [Supplementary Retirement Benefits Act](#), R.S., 1985, c.S-24 as it affects the PSSA. It does not include pensions payable pursuant to the [Canadian Forces Superannuation Act](#), R.S., 1985, c.C-17, the [Defence Services Pension Continuation Act](#), 1970, c.D-3, the [Royal Canadian Mounted Police Pension Continuation Act](#), 1970, c.R-10, and the [Royal Canadian Mounted Police Superannuation Act](#), R.S., 1985, c.R-11, the [Members of Parliament Retiring Allowances Act](#), R.S., 1985, c.M-5, and that portion of pension payable to the [Canada Pension Plan Act](#), 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 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 certifies compliance to the certifications precedent to Contract award, as listed above.

Name and Title

Signature

Date



PART 6 - RESULTING CONTRACT CLAUSES

1. Security Requirement

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 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 [Standard Acquisition Clauses and Conditions Manual](https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual) (<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 four (4) 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.
- (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: Kaleigh Ferguson
 Title: Procurement Officer
 Organization: RCMP Procurement & Contracting Branch
 Address: 73 Leikin Drive, Ottawa, ON K1A 0R2

Telephone: 613-843-3800
 Facsimile: 613-825-0082
 E-mail address: Kaleigh.ferguson@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: ____ _
 E-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

The Contractor's Representative for the Contract is: TBD at Contract Award

Name: _____
Title: _____
Organization: _____
Address: _____

Telephone : _____
Facsimile: _____
E-mail address: _____

6. Payment

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 \$TBD. 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 committed, 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
- 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

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.
2. 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:
 - a. 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 should read as follows: Canada, as represented by Public Works and Government Services Canada.
 - b. 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)
 - i. 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.

- l. **Litigation Rights:** Pursuant to subsection 5(d) of the *Department of Justice Act*, 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:

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 co-defend 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

The RCMP requires the services of two licensed physicians to perform periodic health assessments (PHA). PHAs are mandatory for regular members (police officers) and for civilian members performing duties which may pose a health hazard. PHAs are a means to monitor fitness for duty, ensure immunizations are up to date, and detect unknown medical conditions or potentially life threatening illnesses and possible work restrictions. A PHA also provides members the opportunity to ask questions pertaining to their health and policing.

The RCMP medical profile system describes the Vision, Colour Vision, Hearing, Geographic and Occupational factors which will be used to determine a member's fitness for duty.

The medical profile also describes any limitations and/or restrictions which may affect a member's ability to perform their current duties or any policing tasks.

Scope of Work

The physician will be asked to determine fitness for duty by establishing medical profiles of members using the information gathered during the medical evaluation along with laboratory testing and audiogram results.

The physician will be required to perform all duties in accordance with established RCMP Health related policy, guidelines and procedures including the use of RCMP forms (Form 3380 - Health Assessment, Form 2158- Medical Profile).

The work is to be performed within a multi-disciplinary approach under the supervision of the Manager, Occupational Health Services.

Tasks

The physician will be called upon to determine the ability and suitability of a regular member to use a firearm, operate an emergency vehicle and participate in training and competency testing.

The physician will also determine suitability of members for isolated, northern and liaison officer postings.

The physician will perform PHAs for civilian members working with chemicals or dangerous goods used in forensic work, as well as telecom operators, armourers, pilots and aircraft engineers.

Services are provided to all Regular and Civilian Members of the RCMP located in the National Capital Region and Nunavut.



Deliverables

The physicians will be expected to complete RCMP Forms 3380 - Health Assessment and Form 2158 - Medical Profile.

Location of Work

All work will be performed at the Occupational Health Services office located at 73 Leikin Drive, Ottawa, ON.

RCMP Support

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

The physician is supported by an occupational health nurse and administrative staff.

Business Hours

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

It is estimated that a maximum of twenty-five (25) hours of work will be required per week on an as and when required basis.

Language

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



APPENDIX 1 TO ANNEX A

MEDICAL PROFILE – RCMP GRC 2158



Royal Canadian Mounted Police / Gendarmerie royale du Canada

MEDICAL PROFILE

TO BE COMPLETED BY THE RCMP DIVISIONAL HEALTH SERVICES OFFICER (DHSO)/DELEGATE

PROFIL MÉDICAL

À ÊTRE REMPLI PAR LE MÉDECIN-CHEF DIVISIONNAIRE (MCD) DE LA GRC OU SON REPRÉSENTANT

Protected A once completed
Protégé A une fois rempli
PIB RCMP - P - PE - 802
FRP GRC - P - PE - 808

1. General Information - Renseignements généraux

Category of person being assessed - Catégorie de personne étant évaluée

- Regular Member / Membre régulier Civilian Member / Membre civil Reserve / Réserve Applicant / Postulant Other, specify: / Autre, préciser :

HRMIS or Applicant No. / SIGRH ou N° du postulant	Surname - Nom de famille	Given Name - Prénom	
Location - Lieu de travail	Unit - Service	Supervisor - Superviseur	
Duty - Fonction	Code	Group and Sub-group - Groupe et sous-groupe	
Medical profile update based on - Mise à jour du profil médical en fonction de :			
<input type="checkbox"/> Health Assessment (Form 3380) dated: / L'évaluation de santé (formulaire 3380) datée du : _____			
<input type="checkbox"/> Changes in health of member since previous health assessment dated: / Des changements dans l'état de santé du membre depuis l'évaluation de santé antérieure datée du : _____			

2. Medical Profile - (II.19 Occupational Health Services - Appendix II-19-1 - Medical Profile Factors)

Profil médical - (Chapitre II.19, Services de santé au travail - Annexe II-19-1 - Facteurs du profil médical)

For: - Pour :

	Job Code Minimum Medical Profile / Profil médical minimum relié à l'emploi	Previous Medical Profile / Profil médical antérieur	Current Medical Profile / Profil médical actuel	Temporary Profile Valid Until (yyyy-mm-dd) / Profil temporaire valide jusqu'au (aaaa-mm-jj)
Vision	V			
Colour Vision - Vision des couleurs	CV			
Hearing - Ouïe	H			
Geographic location - Lieu géographique	G			
Occupation - Travail	O			

Note to the DHSO/Delegate: Notify the Supervisor upon completion of your assessment in the case where the Member's medical profile does not meet or exceed one or more factors of the minimum medical profile of his/her position and complete section 5. (II.19 Occupational Health Services - Appendix II-19-2 - Medical Profiles)

Note au MCD ou à son représentant : Aviser le superviseur après avoir terminé son évaluation dans le cas où le profil médical du membre n'est pas conforme ou supérieur à un ou plusieurs facteurs du profil médical minimum de son poste et remplir la section 5. (Chapitre II.19, Services de santé au travail - Annexe II-19-2 - Profils médicaux)

3. Fit for duty for - Apté au travail pour :

- | | | |
|--------------------------|--------------------------|---|
| Yes / Oui | No / Non | |
| <input type="checkbox"/> | <input type="checkbox"/> | Physical confrontation/arrest of a violent offender / Procéder à l'arrestation d'un contrevenant violent |
| <input type="checkbox"/> | <input type="checkbox"/> | Operational Driving / Conduire à des fins opérationnelles |
| <input type="checkbox"/> | <input type="checkbox"/> | Administrative Driving / Conduire à des fins administratives |
| <input type="checkbox"/> | <input type="checkbox"/> | Use of firearms and other offender control weapons in the context of police work / Utiliser une arme à feu ou une autre arme dans le cadre du travail policier |
| <input type="checkbox"/> | <input type="checkbox"/> | Operational decision making (adequate perception and processing of information) / Prendre des décisions opérationnelles (bien saisir et analyser l'information) |



HRMIS or Applicant No. SIGRH ou N° du postulant	Protected A once completed Protégé A une fois rempli
	PIB RCMP - P - PE - 802 FRP GRC - P - PE - 808

**4. Fit for participation in the following training and core competency testing:
Apte à participer aux tests d'exigences de base et de formation suivants :**

Yes
Oui

No
Non

- Task specific evaluation of physical ability (PARE, Police Dog Services (PDS), Emergency Response Team (ERT), others)
Évaluation spécifique des aptitudes physiques reliées aux tâches (TAPE, Service cynophiles (SC), Groupe tactique d'intervention (GTI), autres)
- 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 magazine
Utiliser une arme à feu au besoin dans le cadre d'opérations et porter un chargeur 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, Biological, Radiological and Nuclear First Responder
Utiliser le masque à gaz PC4 et les antidotes requis - Première intervention en cas d'incident chimique, biologique, radiologique ou nucléaire
- Performing standard first aid/CPR
Administer les premiers soins et la RCR

5. Limitations or duty restrictions - Limitations ou restrictions reliées au travail :

Comments - Commentaires

Name of RCMP DHSO/Delegate
Nom du MCD de la GRC ou de son représentant

Signature

Date (yy-mm-dd - aa-mm-jj)

Approved by: Approuvé par :		
_____ Name of Human Resources Officer/Delegate Nom de l'agent des ressources humaines ou de son représentant	_____ Signature	_____ Date (yy-mm-dd - aa-mm-jj)

Distribution: Original to Member's medical file with a c.c. to: (1) Member; (2) Supervisor; (3) Regional Staffing Officer; (4) Regional Training Coordinator
Distribution : Original au dossier médical du membre avec une c.c. à : (1) Membre ; (2) Superviseur ; (3) Agent d'affectation régional ; (4) Coordonnateur régional de la formation



APPENDIX 2 TO ANNEX A

HEALTH ASSESSMENT MEMBER – RCMP GRC 3380



Royal Canadian Mounted Police / Gendarmerie royale du Canada

HEALTH ASSESSMENT / ÉVALUATION DE SANTÉ

Protected B once completed / Protégé B une fois rempli
HRMIS No. - N° du SIGRH
PIB RCMP - P - PE - 802 / FRP GRC - P - PE - 808

MEMBER:

Please complete pages 1 to 5, sign the Statement of Consent on page 1 and put your initials at the bottom of pages 1 to 5.

MEMBRE :

Veuillez remplir les pages 1 à 5, signer l'Énoncé de consentement à la page 1 et apposer vos initiales au bas des pages 1 à 5.

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 courriel au travail	Province of Work - Province de travail
Current Occupation - Poste actuel	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 - Catégorie de personne étant évaluée		
<input type="checkbox"/> Regular Member / Membre régulier <input type="checkbox"/> Civilian Member / Membre civil <input type="checkbox"/> Reserve / Réserve <input type="checkbox"/> Auxiliary / Auxiliaire <input type="checkbox"/> Other, specify: / Autre, préciser :		
Reason for health assessment - Raison de l'évaluation de santé		
<input type="checkbox"/> Mandated PHA / EPS obligatoire <input type="checkbox"/> Exit PHA / EPS de départ <input type="checkbox"/> Other, specify: / Autre, préciser : <input type="checkbox"/> I would like a copy of my assessment / J'aimerais une copie de mon évaluation		

B STATEMENT OF CONSENT	ÉNONCÉ DE CONSENTEMENT
I declare that the information contained in this Health Assessment is true and correct to the best of my knowledge.	Je déclare que l'information contenue dans cette évaluation de santé est, à ma connaissance, exacte.
As a regular member, I understand that the purpose of this assessment is to gather information in order to assess my fitness to perform police duties. As a non regular member, I understand that the purpose of this assessment is to gather information to assess my fitness to perform police support duties.	En tant que membre régulier, je comprends que l'objectif de cette évaluation est de recueillir de l'information pour déterminer si je suis en forme pour accomplir les tâches du travail policier. En tant que membre non régulier, je comprends que l'objectif de cette évaluation est de recueillir de l'information pour déterminer si je suis en forme pour accomplir les tâches reliées au soutien du travail policier.
I understand that the information gathered during this assessment will be used in accordance with the Occupational Health Policy of the RCMP Administration Manual II.19.	Je comprends que l'information recueillie au cours de cette évaluation sera utilisée selon la politique de santé au travail du chapitre II.19 du Manuel d'administration de la GRC.
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 Information Act and the Privacy Act. This Statement of Consent shall remain valid until the fitness for duty determination is completed.	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 personnels. Cet énoncé de consentement demeurera valide jusqu'à ce qu'on ait déterminé si je suis en forme pour le travail.

Signature of Member - Signature du membre

Date

C MEDICAL HISTORY UPDATE	MISE À JOUR DES ANTÉCÉDENTS MÉDICAUX
Your past and current health status is important to assess your fitness to perform your duties.	Vos états de santé antérieur et actuel sont importants pour déterminer votre aptitude à remplir vos fonctions.
Name of family physician - Nom de votre médecin de famille	Address of family physician - Adresse de votre médecin de famille
How long has this person been your family physician? / Depuis quand cette personne est-elle votre médecin de famille?	Date of last visit to your physician / Date de votre dernière visite chez le médecin
	Tel. No. of physician / N° de tél. du médecin
Have you ever been granted or do you presently receive any long term disability benefits? / Avez-vous déjà reçu ou recevez-vous actuellement des prestations d'invalidité de longue durée?	<input type="checkbox"/> No / Non <input type="checkbox"/> Yes / Oui
If yes, for which medical condition(s)? - Si oui, pour quelle(s) condition(s) médicale(s)?	

Member's initials - Initiales du membre:





<p>TO BE COMPLETED BY THE MEMBER AND REVIEWED BY THE MEDICAL EXAMINER Protected B once completed</p>	<p>À ÊTRE REMPLI PAR LE MEMBRE ET VÉRIFIÉ PAR LE MÉDECIN EXAMINATEUR Protégé B une fois rempli</p>	<p>HRMIS No. - N° du SIGRH</p>
<p>C MEDICAL HISTORY UPDATE (cont'd)</p>		<p>MISE À JOUR DES ANTÉCÉDENTS MÉDICAUX (suite)</p>
<p>Current Medical Problems</p>		<p>Problèmes médicaux actuels</p>
<p>Medications Please list all medications you are taking regularly, including vitamins, herbal remedies and any over the counter medications.</p>		<p>Médicaments Veuillez indiquer tous les médicaments que vous prenez régulièrement, y compris les vitamines, remèdes à base de plantes médicinales et tout médicament en vente libre.</p>
<p>Allergies Please list any allergies to medication, insect bites, environmental exposure, food, etc., and describe your reaction(s).</p>		<p>Allergies Veuillez indiquer toute(s) allergie(s) à des médicaments, à des piqûres d'insectes, à l'environnement, à des aliments, etc., et décrivez votre réaction.</p>
<p>Past Medical History Please list any illnesses, serious injuries and operations.</p>		<p>Antécédents médicaux Veuillez indiquer toutes maladies, blessures graves et interventions chirurgicales.</p>
<p>Past Psychological History Please list any history of cognitive, emotional, interpersonal, or behavioural problems; history of persistent patterns of inattention and/or hyperactivity.</p>		<p>Antécédents psychologiques Veuillez indiquer les antécédents en matière de problèmes cognitifs, affectifs, interpersonnels ou de comportement ainsi que les antécédents ou les comportements persistants d'inattention ou d'hyperactivité.</p>
<p>Cardiovascular Family History Is there a history of cardiac problems in members of your family while under the age of 55? If yes, specify: - Si oui, préciser</p>		<p>Antécédents cardiovasculaires familiaux Des membres de votre famille ont-ils eu des problèmes cardiaques alors qu'ils étaient âgés de moins de 55 ans? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>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?</p>		<p>Activités physiques Au cours des six derniers mois, avez-vous participé à des activités physiques modérées ou vigoureuses, pour un minimum de 20 minutes ou plus 3 à 4 fois par semaine ? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Smoking Have you smoked tobacco during the last 6 months?</p>		<p>Tabagisme Avez-vous fumé du tabac au cours des six derniers mois ? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Alcohol Use 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 :</p>		<p>Consommation d'alcool bottles of beer / Spiritueux (1oz) / Glass of wine (4oz) / Verre de vin (4oz)</p>
<p>During the past 12 months : - Au cours des 12 derniers mois :</p>		<p>No / Yes Non / Oui</p>
<p>Have you felt the need to cut down on your drinking? Vous est-il arrivé de ressentir le besoin de diminuer votre consommation d'alcool?</p>		<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Have people annoyed you by criticizing your drinking? Avez-vous été contrarié par les critiques sur votre consommation d'alcool ?</p>		<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>Have you ever felt guilty about your drinking? Avez-vous des sentiments de culpabilité vis-à-vis de l'alcool ?</p>		<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>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"?</p>		<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>None of the above Aucun des choix ci-dessus</p>		<p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>



TO BE COMPLETED BY THE MEMBER AND
REVIEWED BY THE MEDICAL EXAMINER
Protected B once completed

À ÊTRE REMPLI PAR LE MEMBRE ET
VÉRIFIÉ PAR LE MÉDECIN EXAMINATEUR
Protégé B une fois rempli

HRMIS No. - N° du SIGRH

D REVIEW OF SYSTEMS (cont'd)	REVUE DES SYSTÈMES (suite)										
<p>7. Endocrine - Endocrinien</p> <p><input type="checkbox"/> a) fever, chills or night sweats - fièvre, frissons ou sueurs nocturnes</p> <p><input type="checkbox"/> b) persistent swollen glands - gonflement ou enflure persistante des ganglions</p> <p><input type="checkbox"/> c) facial flushing, heat or cold intolerance - rougissement du visage, intolérance au froid ou à la chaleur</p> <p><input type="checkbox"/> d) excessive weakness or easily fatigued - faiblesse excessive ou facilement fatigué</p> <p><input type="checkbox"/> e) other (specify) - autre (préciser) :</p>	<p>Physician's Comments - Commentaires du médecin</p>										
<p>8. Skin - Peau</p> <p><input type="checkbox"/> a) recurrent or persistent rash and/or skin lesions - éruptions ou lésions cutanées récurrentes ou persistantes</p> <p><input type="checkbox"/> b) new skin growths - apparition de nouvelles lésions cutanées</p> <p><input type="checkbox"/> c) change in colour or shape of moles or growths - changement de couleur ou de forme de grain de beauté ou de bosse</p> <p><input type="checkbox"/> d) tendency to bruise easily - tendance à se faire des bleus facilement</p> <p><input type="checkbox"/> e) other (specify) - autre (préciser) :</p>											
<p>9. Genitourinary - Génito-urinaire</p> <p><input type="checkbox"/> a) blood in urine - sang dans l'urine</p> <p><input type="checkbox"/> b) frequent or painful urination - urines fréquentes ou douloureuses</p> <p><input type="checkbox"/> c) urinary incontinence - incontinence urinaire</p> <p><input type="checkbox"/> d) excessive menstrual bleeding - saignement menstruel excessif</p> <p><input type="checkbox"/> e) swelling or lump of testicles or breasts - enflure ou bosse aux testicules ou aux seins</p> <p><input type="checkbox"/> f) presently pregnant - présentement enceinte</p> <p><input type="checkbox"/> g) other (specify) - autre (préciser) :</p>											
<p>10. Psychological - Psychologique</p> <p><input type="checkbox"/> a) change in mood or difficulty sleeping - changement d'humeur ou difficulté à dormir</p> <p><input type="checkbox"/> b) feelings of helplessness, worthlessness or very depressed - sentiment d'être sans valeur, sans espoir ou très déprimé</p> <p><input type="checkbox"/> c) thoughts related to death or suicide - pensées reliées à la mort ou au suicide</p> <p><input type="checkbox"/> d) change in memory or concentration - changement de la mémoire ou de la concentration</p> <p><input type="checkbox"/> e) feelings of anger or rage - sentiment de colère ou de rage</p> <p><input type="checkbox"/> f) anxious mood or panic attack - humeur anxieuse ou crise de panique</p> <p><input type="checkbox"/> g) recurrent thoughts or dreams of a stressful event - pensées ou rêves récurrents d'un événement stressant</p> <p><input type="checkbox"/> h) other (specify) - autre (préciser) :</p>											
<p>11. Musculoskeletal - Musculosquelettique</p> <p><input type="checkbox"/> a) muscle, bone, joint or soft tissue problems such as stiffness, limited range of motion, pain or swollen joints (check location and specify extent below)</p> <p>Difficultés au niveau des muscles, des os, des articulations ou des tissus mous tel que raideur, diminution de l'amplitude des mouvements, douleur ou enflure des articulations (cocher l'endroit et préciser l'importance ci-dessous)</p> <table border="0"> <tr> <td><input type="checkbox"/> 1) shoulder - épaule</td> <td><input type="checkbox"/> 6) back - dos</td> </tr> <tr> <td><input type="checkbox"/> 2) elbow - coude</td> <td><input type="checkbox"/> 7) hip - hanche</td> </tr> <tr> <td><input type="checkbox"/> 3) wrist - poignet</td> <td><input type="checkbox"/> 8) knee - genou</td> </tr> <tr> <td><input type="checkbox"/> 4) hand/finger - main/doigt</td> <td><input type="checkbox"/> 9) ankle - cheville</td> </tr> <tr> <td><input type="checkbox"/> 5) neck - cou</td> <td><input type="checkbox"/> 10) foot - pied</td> </tr> </table> <p><input type="checkbox"/> b) muscular cramps or pain - crampes musculaires ou douleurs</p> <p>Extent - Importance :</p>	<input type="checkbox"/> 1) shoulder - épaule	<input type="checkbox"/> 6) back - dos	<input type="checkbox"/> 2) elbow - coude	<input type="checkbox"/> 7) hip - hanche	<input type="checkbox"/> 3) wrist - poignet	<input type="checkbox"/> 8) knee - genou	<input type="checkbox"/> 4) hand/finger - main/doigt	<input type="checkbox"/> 9) ankle - cheville	<input type="checkbox"/> 5) neck - cou	<input type="checkbox"/> 10) foot - pied	
<input type="checkbox"/> 1) shoulder - épaule	<input type="checkbox"/> 6) back - dos										
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<input type="checkbox"/> 5) neck - cou	<input type="checkbox"/> 10) foot - pied										



TO BE COMPLETED BY THE MEMBER AND
REVIEWED BY THE MEDICAL EXAMINER
Protected B once completed

À ÊTRE REMPLI PAR LE MEMBRE ET
VÉRIFIÉ PAR LE MÉDECIN EXAMINATEUR
Protégé B une fois rempli

HRMIS No. - N° du SIGRH

E OCCUPATIONAL INJURIES AND ILLNESSES	ACCIDENTS DU TRAVAIL ET MALADIES PROFESSIONNELLES												
Since your last RCMP periodic health assessment, have you: Depuis votre dernière évaluation périodique de santé à la GRC, avez-vous :	Physician's Comments - Commentaires du médecin												
<input type="checkbox"/> a) had a work injury or illness? été victime d'un accident du travail ou d'une maladie professionnelle? If yes, specify: - Si oui, préciser :													
<input type="checkbox"/> b) been exposed to frequent or intermittent loud noises? été exposé à des bruits intenses fréquents ou intermittents? Type of protective hearing device used when exposed: Type d'appareil de protection de l'ouïe utilisé au moment de l'exposition :													
<input type="checkbox"/> c) been exposed to chemicals, gases, fumes or body fluids? été exposé à des produits chimiques, des gaz, des vapeurs ou des liquides organiques? Type(s) of protective device(s) used when exposed: Type(s) de protection utilisé(s) au moment de l'exposition :													
<input type="checkbox"/> d) been deployed on an International Peace Operations mission? été affecté à une mission de la paix internationale? If yes, specify: - Si oui, préciser :													
<input type="checkbox"/> e) done frequent work related travel? voyagé fréquemment pour le travail ? If yes, specify: - Si oui, préciser :													
<input type="checkbox"/> f) in the course of your duties, been exposed to traumatizing events such as: au cours de votre travail, été exposé à des <table border="0" style="margin-left: 20px;"> <tr> <td></td> <td style="text-align: center;">Debriefing done</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Debriefing fait</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td></td> <td style="text-align: center;">Oui</td> <td style="text-align: center;">Non</td> </tr> </table> <input type="checkbox"/> 1) shooting incidents fusillades <input type="checkbox"/> 2) violent incidents/accidents incidents/accidents violents <input type="checkbox"/> 3) discovery of dead bodies découverte de cadavres <input type="checkbox"/> 4) chemical/biological products (specify) produits chimiques/biologiques (préciser) <input type="checkbox"/> 5) other (specify) - autre (préciser)		Debriefing done			Debriefing fait			Yes	No		Oui	Non	
	Debriefing done												
	Debriefing fait												
	Yes	No											
	Oui	Non											
<input type="checkbox"/> 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 ?													



TO BE COMPLETED BY THE MEDICAL EXAMINER Protected B once completed	À ÊTRE REMPLI PAR LE MÉDECIN EXAMINATEUR Protégé B une fois rempli	HRMIS No. - N° du SIGRH
F MEDICAL EXAMINATION		EXAMEN MÉDICAL

Note to the Medical Examiner:

Note au médecin examinateur :

Rectal examination (male/female) as well as breast and gynecological/Pap test examinations (female) are optional as part of this occupational health assessment. However, please consider the appropriateness of having these examinations performed by yourself or the member's attending physician.

L'examen rectal (de l'homme ou de la femme) ainsi que l'examen des seins et l'examen gynécologique ou le test de Pap (femme) sont facultatifs dans le cadre de cette évaluation de la santé au travail. Nous vous demandons toutefois de considérer la pertinence que ces examens soient effectués par vous-même ou par le médecin traitant du membre.

Blood Pressure Tension artérielle	Heart Rate Fréquence cardiaque	Height - Taille cm	Weight - Poids kg	Waist Circumference Circonférence de la taille cm
General Appearance - Apparence générale		Identifying Marks/Scars/Tattoos Marques d'identification/cicatrices/tatouages		
1. Vision		ABNORMALITY NOTED - ANOMALIE NOTÉE		
Visual Acuity (uncorrected) Acuité visuelle (non corrigée)				
Visual Acuity (corrected) Acuité visuelle (corrigée)				
OD	OS	OD	OS	
m	m	m	m	
Color vision				
Test used: <input type="checkbox"/> Ishihara → <input type="checkbox"/> Passed Réussi <input type="checkbox"/> Failed Échoué				
Test utilisé : <input type="checkbox"/> Ishihara → <input type="checkbox"/> Réussi <input type="checkbox"/> Échoué				
Normal				
Yes Oui No Non				
a) pupils - pupilles <input type="checkbox"/> <input type="checkbox"/>				
b) fundi - fonds de foieil <input type="checkbox"/> <input type="checkbox"/>				
c) visual fields to confrontation 150° champs visuels à confrontation de 150° <input type="checkbox"/> <input type="checkbox"/>				
2. Head, Ears, Nose and Throat				
Tête, oreilles, nez et gorge				
a) ears/tympanic membranes - oreilles/tympans <input type="checkbox"/> <input type="checkbox"/>				
b) nose/sinuses - nez/sinus <input type="checkbox"/> <input type="checkbox"/>				
c) oropharynx/teeth/gums oropharynx/dents/gencives <input type="checkbox"/> <input type="checkbox"/>				
d) cervical nodes/thyroid ganglions cervicaux/thyroïde <input type="checkbox"/> <input type="checkbox"/>				
e) trachea - trachée <input type="checkbox"/> <input type="checkbox"/>				
3. Respiratory System				
Système respiratoire				
a) chest shape - forme du thorax <input type="checkbox"/> <input type="checkbox"/>				
b) lung examination - examen des poumons <input type="checkbox"/> <input type="checkbox"/>				
4. Cardiovascular System				
Appareil cardiovasculaire				
a) heart sounds/auscultation bruits du coeur/auscultation <input type="checkbox"/> <input type="checkbox"/>				
b) apex location - repère apical <input type="checkbox"/> <input type="checkbox"/>				
c) carotid examination - examen carotidien <input type="checkbox"/> <input type="checkbox"/>				
d) peripheral circulation circulation périphérique <input type="checkbox"/> <input type="checkbox"/>				
5. Gastrointestinal System				
Appareil gastro-intestinal				
a) abdominal auscultation - auscultation abdominale <input type="checkbox"/> <input type="checkbox"/>				
b) tenderness on palpation - sensibilité à la palpation <input type="checkbox"/> <input type="checkbox"/>				
c) masses/organomegaly - masses/organomégalie <input type="checkbox"/> <input type="checkbox"/>				
d) hernia - hernie <input type="checkbox"/> <input type="checkbox"/>				



TO BE COMPLETED BY THE MEDICAL EXAMINER Protected B once completed		À ÊTRE REMPLI PAR LE MÉDECIN EXAMINATEUR Protégé B une fois rempli		HRMIS No. - N° du SIGRH
F MEDICAL EXAMINATION (cont'd)		EXAMEN MÉDICAL (suite)		
		Normal		ABNORMALITY NOTED - ANOMALIE NOTÉE
		Yes Oui	No Non	
6. Central Nervous System Système nerveux central				
a) balance - équilibre		<input type="checkbox"/>	<input type="checkbox"/>	
b) gait - démarche		<input type="checkbox"/>	<input type="checkbox"/>	
c) tremors - tremblements		<input type="checkbox"/>	<input type="checkbox"/>	
d) cranial nerves - nerfs crâniens		<input type="checkbox"/>	<input type="checkbox"/>	
e) coordination		<input type="checkbox"/>	<input type="checkbox"/>	
f) muscular tone/strength - tonus/force musculaire		<input type="checkbox"/>	<input type="checkbox"/>	
g) peripheral sensation - sensation périphérique		<input type="checkbox"/>	<input type="checkbox"/>	
h) reflexes - réflexes		<input type="checkbox"/>	<input type="checkbox"/>	
7. Mental Health Santé mentale				
During this examination, have you noted difficulties with: Au cours de cet examen, avez-vous remarqué des difficultés de :				
a) judgement - jugement		<input type="checkbox"/>	<input type="checkbox"/>	
b) concentration		<input type="checkbox"/>	<input type="checkbox"/>	
c) memory - mémoire		<input type="checkbox"/>	<input type="checkbox"/>	
d) emotional status - état émotionnel		<input type="checkbox"/>	<input type="checkbox"/>	
e) stability/self-control - stabilité/maîtrise de soi		<input type="checkbox"/>	<input type="checkbox"/>	
8. Skin and Lymphatic System Peau et système lymphatique				
a) skin - peau		<input type="checkbox"/>	<input type="checkbox"/>	
b) lymphatic system - système lymphatique		<input type="checkbox"/>	<input type="checkbox"/>	
9. Musculoskeletal System Système musculosquelettique				
a) shoulder - épaule		<input type="checkbox"/>	<input type="checkbox"/>	
b) elbow - coude		<input type="checkbox"/>	<input type="checkbox"/>	
c) wrist - poignet		<input type="checkbox"/>	<input type="checkbox"/>	
d) hand - main		<input type="checkbox"/>	<input type="checkbox"/>	
e) cervical spine - colonne cervicale		<input type="checkbox"/>	<input type="checkbox"/>	
f) thoracic spine - colonne thoracique		<input type="checkbox"/>	<input type="checkbox"/>	
g) lumbar spine - colonne lombaire		<input type="checkbox"/>	<input type="checkbox"/>	
h) hip - hanche		<input type="checkbox"/>	<input type="checkbox"/>	
i) knee - genou		<input type="checkbox"/>	<input type="checkbox"/>	
j) ankle - cheville		<input type="checkbox"/>	<input type="checkbox"/>	
k) foot - pied		<input type="checkbox"/>	<input type="checkbox"/>	
10. Genitourinary System (optional) Système génito-urinaire (facultatif)		<input type="checkbox"/>	<input type="checkbox"/>	
G IMMUNIZATIONS		IMMUNISATIONS		
Note to the Medical Examiner:		Note au médecin		
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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HRMIS No. - N° du SIGRH

H TEST RESULTS / RÉSULTATS DES EXAMENS

Note to the Medical Examiner:

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 physical examination results. For Civilian Members, only duty specific tests requested by the RCMP's Occupational Health and Safety Office are to be completed.

Note au médecin examinateur

Les examens suivants sont demandés par la GRC, strictement pour l'évaluation de la santé au travail des membres réguliers. Veuillez toutefois informer le membre si des examens supplémentaires sont médicalement indiqués en raison de son âge, de ses antécédents, de ses symptômes ou des résultats de son examen physique. Dans le cas des membres civils, seuls les examens liés à des fonctions particulières qui sont demandés par le Bureau de la santé et de la sécurité au travail de la GRC doivent être effectués.

	DATE TEST RECEIVED / RÉSULTATS REÇUS LE	ABNORMALITY NOTED/ACTION TAKEN / ANOMALIE NOTÉE/MESURES PRISES	DATE
Audiogram ASA II Standard Approved / Audiogramme approuvé au niveau de ASA II			
Urinalysis (routine) / Analyse d'urine (routine)			
Complete blood count / Formule sanguine			
Lipids - Lipides (Trig., T.Chol., HDL, LDL)			
Fasting Blood glucose / Glycémie à jeun			
Gamma Glutamyl Transferase (GGT), Alanine Aminotransferase (ALT), Aspartate aminotransferase (AST) / Gamma-glutamyl transpeptidase (GGT), alanine aminotransferase (ALT), aspartate aminotransferase (AST)			
Other: / Autre :			

I PHYSICAL ABILITY REQUIREMENT EVALUATION (PARE) / Health Status Screening - Regular Members Only / TEST D'APTITUDES PHYSIQUES ESSENTIELLES (TAPE) / Dépistage de l'état de santé - membres réguliers seulement

Note to the Medical Examiner:

Police Officers are expected to be sufficiently fit to carry out duties including the pursuit and arrest of uncooperative/violent suspects. Police work and Police training are physically demanding and may elicit **maximal (or near maximal) heart rate** and an exertion effort equivalent (or exceeding) to an Exercise Stress at the **12 MET** level.

Note au médecin examinateur :

On s'attend des agents de police qu'ils soient suffisamment en forme pour assumer leurs fonctions, y compris la poursuite et l'arrestation de suspects violents et récalcitrants. Le travail de police et la formation policière sont exigeants sur le plan physique et peuvent porter le **rythme cardiaque au niveau maximal (ou quasi-maximal)** et susciter un effort équivalent (ou supérieur) au stress d'exercice équivalent à **12 MET**.

It is important to assess the cardiovascular health as well as the risk factors and symptoms for pulmonary, metabolic and musculoskeletal diseases or injuries in order to optimize the candidate's safety during police work and police training.

Il est important de bien évaluer la santé cardiovasculaire ainsi que les facteurs de risque et les symptômes reliés aux affections ou lésions pulmonaires, métaboliques ou musculosquelettiques afin d'optimiser la sécurité du membre dans l'exécution du travail policier et la formation policière.

	Yes / Oui	No / Non	Physician's Comments - Commentaires du médecin
1. Pulmonary Obstruction/Restriction / 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 inhalateur à action rapide immédiatement avant de participer au test maximal du policier?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Musculoskeletal Restrictions / Restrictions musculosquelettiques Does this member have musculoskeletal problems which could interfere with strenuous exertion or activities such as 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 courir, lutter contre un adversaire, soulever des objets lourds ou s'entraîner physiquement?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Cardiovascular Restrictions / Restrictions cardiovasculaires Has the member been treated for cardiovascular disease or does the member have high or very high cardiovascular risks? If yes, please list these risks. Le membre a-t-il déjà été traité pour une maladie cardiovasculaire ou présente-t-il des risques cardiovasculaires élevés ou très élevés? Si oui, veuillez indiquer ces risques.	<input type="checkbox"/>	<input type="checkbox"/>	



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HRMIS No. - N° du SIGRH

J ADDITIONAL MEDICAL INVESTIGATIONS, WITH RESULTS ARRANGED BY MEDICAL EXAMINER INVESTIGATIONS MÉDICALES SUPPLÉMENTAIRES, AVEC RÉSULTATS DEMANDÉS PAR LE MÉDECIN EXAMINATEUR

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 fonctionnelles ?

- Yes (if yes, specify) / Oui (si oui, précisez) No / Non Temporary (specify below) / Temporaires (préciser ci-dessous) and/or / et/ou Permanent (specify below) / Permanentes (préciser ci-dessous)

In my opinion, this member would benefit from the following referrals: À mon avis, le membre bénéficierait des consultations suivantes :

- Dietary Counselling (specify below) / Counseling diététique (préciser ci-dessous) Alcohol and/or Drug abuse assessment/counselling (specify below) / Évaluation de l'abus d'alcool ou de drogues/counseling (préciser ci-dessous)
 Smoking Cessation Counselling (specify below) / Counseling pour cesser de fumer (préciser ci-dessous) Exercise Counselling (specify below) / Counseling sur l'exercice (préciser ci-dessous)

Member advised? / Membre informé? Yes / Oui No / Non If no, specify reason / Si non, précisez la raison

Name and Address of MEDICAL EXAMINER / Nom et adresse du MÉDECIN EXAMINATEUR	Signature of MEDICAL EXAMINER / Signature du MÉDECIN EXAMINATEUR	Date / yyyy-mm-dd/aaaa-mm-jj

M VALIDATION OF MEDICAL INFORMATION VALIDATION DES RENSEIGNEMENTS MÉDICAUX

I have reviewed this document and form 2158, Medical Profile was updated accordingly. J'ai examiné le présent document et le formulaire 2158, Profil médical, a été mis à jour en conséquence.

Name and Address of HEALTH SERVICES OFFICER (HSO)/delegate / Nom et adresse du MÉDECIN-CHEF (MC) ou de son représentant Signature of HSO/Delegate / Signature du MC ou de son représentant Date / yyyy-mm-dd/aaaa-mm-jj

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APPENDIX 3 TO ANNEX A

HEALTH ASSESSMENT APPLICANT – RCMP GRC 3380



Royal Canadian Mounted Police / Gendarmerie royale du Canada

HEALTH ASSESSMENT / ÉVALUATION DE SANTÉ

Protected B once completed / Protégé B une fois rempli
Applicant No. - N° du postulant
PIB RCMP - P - PE - 802
FRP GRC - P - PE - 808

APPLICANT:

POSTULANT :

Please complete pages 1 to 4, sign the Statement of Consent on page 1 and put your initials at the bottom of pages 1 to 4.

Veillez remplir les pages 1 à 4, signer l'Énoncé de consentement à la page 1 et apposer vos initiales au bas des pages 1 à 4.

A IDENTIFICATION		
Surname - Nom de famille		Given Name(s) - Prénom(s)
DOB (y-m-d) - DDN (a-m-j)	Work Email Address - Adresse 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 tél. au travail

B STATEMENT OF CONSENT	ÉNONCÉ DE CONSENTEMENT
I declare that the information contained in this Health Assessment is true and correct to the best of my knowledge.	Je déclare que l'information contenue dans cette évaluation de santé est, à ma connaissance, exacte.
As an applicant, I understand that the purpose of this assessment is to gather information in order to assess my fitness to perform police duties.	En tant que postulant, je comprends que l'objectif de cette évaluation est de recueillir de l'information pour déterminer si je suis en forme pour accomplir les tâches du travail policier.
I understand that the information gathered during this assessment will be used in accordance with the Occupational Health Policy of the RCMP Administration Manual II.19.	Je comprends que l'information recueillie au cours de cette évaluation sera utilisée selon la politique de santé au travail du chapitre II.19 du Manuel d'administration de la GRC.
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 Information Act and the Privacy Act.	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 personnels.
This Statement of Consent shall remain valid until the fitness for duty determination is completed.	Cet énoncé de consentement demeurera valide jusqu'à ce qu'on ait déterminé si je suis en forme pour le travail.

Signature of Applicant - Signature du postulant

Date

C MEDICAL HISTORY UPDATE		MISE À JOUR DES ANTÉCÉDENTS MÉDICAUX
Your past and current health status is important to assess your fitness to perform your duties.		Vos états de santé antérieur et actuel sont importants pour déterminer votre aptitude à remplir vos fonctions.
Name of family physician - Nom de votre médecin de famille	Address of family physician - Adresse de votre médecin de famille	
How long has this person been your family physician? / Depuis quand cette personne est-elle votre médecin de famille?	Date of last visit to your physician / Date de votre dernière visite chez le médecin	Tel. No. of physician / N° de tél. du médecin
Have you ever been granted or do you presently receive any long term disability benefits? / Avez-vous déjà reçu ou recevez-vous actuellement des prestations d'invalidité de longue durée?		<input type="checkbox"/> No / <input type="checkbox"/> Yes / <input type="checkbox"/> Non / <input type="checkbox"/> Oui
If yes, for which medical condition(s)? - Si oui, pour quelle(s) condition(s) médicale(s)?		

Current Medical Problems

Problèmes médicaux actuels

Applicant's initials - Initiales du postulant :



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À ÊTRE REMPLI PAR LE MEMBRE ET
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HRMIS No. - N° du SIGRH

C MEDICAL HISTORY UPDATE (cont'd)
Current Medical Problems

MISE À JOUR DES ANTÉCÉDENTS MÉDICAUX (suite)
Problèmes médicaux actuels

Medications

Please list all medications you are taking regularly, including vitamins, herbal remedies and any over the counter medications.

Médicaments

Veillez indiquer tous les médicaments que vous prenez régulièrement, y compris les vitamines, remèdes à base de plantes médicinales et tout médicament en vente libre.

Allergies

Please list any allergies to medication, insect bites, environmental exposure, food, etc., and describe your reaction(s).

Allergies

Veillez indiquer toute(s) allergie(s) à des médicaments, à des piqûres d'insectes, à l'environnement, à des aliments, etc., et décrivez votre réaction.

Past Medical History

Please list any illnesses, serious injuries and operations.

Antécédents médicaux

Veillez indiquer toutes maladies, blessures graves et interventions chirurgicales.

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

Veillez indiquer les antécédents en matière de problèmes cognitifs, affectifs, interpersonnels ou de comportement ainsi que les antécédents ou les comportements persistants d'inattention ou d'hyperactivité.

Cardiovascular Family History

Is there a history of cardiac problems in members of your family while under the age of 55?

No
 Non

If yes, specify: - Si oui, préciser

Antécédents cardiovasculaires familiaux

Des membres de votre famille ont-ils eu des problèmes cardiaques alors qu'ils étaient âgés de moins de 55 ans?

Yes
 Oui

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
 Non

Activités physiques

Au cours des six derniers mois, avez-vous participé à des activités physiques modérées ou vigoureuses, pour un minimum de 20 minutes ou plus 3 à 4 fois par semaine?

Yes
 Oui

Smoking

Have you smoked tobacco during the last 6 months?

No
 Non

Tabagisme

Avez-vous fumé du tabac au cours des six derniers mois?

Yes
 Oui

Alcohol Use

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 >>>
 Oui >>>

_____ bottles of beer
_____ bouteilles de bière

_____ Spirits (1oz)
_____ Spiritueux (1oz)

_____ Glass of wine (4oz)
_____ Verre de vin (4oz)

During the past 12 months : - Au cours des 12 derniers mois :

Have you felt the need to cut down on your drinking?
Vous est-il arrivé de ressentir le besoin de diminuer votre consommation d'alcool?
 No Oui

Have people annoyed you by criticizing your drinking?
Avez-vous été contrarié par les critiques sur votre consommation d'alcool?
 No Oui

Have you ever felt guilty about your drinking?
Avez-vous des sentiments de culpabilité vis-à-vis de l'alcool?
 No Oui

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"?
 No Oui

None of the above
Aucun des choix ci-dessus
 No Oui



TO BE COMPLETED BY THE APPLICANT AND
REVIEWED BY THE MEDICAL EXAMINER
Protected B once completed

À ÊTRE REMPLI PAR LE POSTULANT ET
VÉRIFIÉ PAR LE MÉDECIN EXAMINATEUR
Protégé B une fois rempli

Applicant No. - N° du postulant

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



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Applicant No. - N° du postulant

D REVIEW OF SYSTEMS (cont'd)	REVUE DES SYSTÈMES (suite)										
<p>7. Endocrine - Endocrinien</p> <p><input type="checkbox"/> a) fever, chills or night sweats - fièvre, frissons ou sueurs nocturnes</p> <p><input type="checkbox"/> b) persistent swollen glands - gonflement ou enflure persistante des ganglions</p> <p><input type="checkbox"/> c) facial flushing, heat or cold intolerance - rougissement du visage, intolérance au froid ou à la chaleur</p> <p><input type="checkbox"/> d) excessive weakness or easily fatigued - faiblesse excessive ou facilement fatigué</p> <p><input type="checkbox"/> e) other (specify) - autre (préciser) :</p>	<p>Physician's Comments - Commentaires du médecin</p>										
<p>8. Skin - Peau</p> <p><input type="checkbox"/> a) recurrent or persistent rash and/or skin lesions - éruptions ou lésions cutanées récurrentes ou persistantes</p> <p><input type="checkbox"/> b) new skin growths - apparition de nouvelles lésions cutanées</p> <p><input type="checkbox"/> c) change in colour or shape of moles or growths - changement de couleur ou de forme de grain de beauté ou de bosse</p> <p><input type="checkbox"/> d) tendency to bruise easily - tendance à se faire des bleus facilement</p> <p><input type="checkbox"/> e) other (specify) - autre (préciser) :</p>											
<p>9. Genitourinary - Génito-urinaire</p> <p><input type="checkbox"/> a) blood in urine - sang dans l'urine</p> <p><input type="checkbox"/> b) frequent or painful urination - urines fréquentes ou douloureuses</p> <p><input type="checkbox"/> c) urinary incontinence - incontinence urinaire</p> <p><input type="checkbox"/> d) excessive menstrual bleeding - saignement menstruel excessif</p> <p><input type="checkbox"/> e) swelling or lump of testicles or breasts - enflure ou bosse aux testicules ou aux seins</p> <p><input type="checkbox"/> f) presently pregnant - présentement enceinte</p> <p><input type="checkbox"/> g) other (specify) - autre (préciser) :</p>											
<p>10. Psychological - Psychologique</p> <p><input type="checkbox"/> a) change in mood or difficulty sleeping - changement d'humeur ou difficulté à dormir</p> <p><input type="checkbox"/> b) feelings of helplessness, worthlessness or very depressed - sentiment d'être sans valeur, sans espoir ou très déprimé</p> <p><input type="checkbox"/> c) thoughts related to death or suicide - pensées liées à la mort ou au suicide</p> <p><input type="checkbox"/> d) change in memory or concentration - changement de la mémoire ou de la concentration</p> <p><input type="checkbox"/> e) feelings of anger or rage - sentiment de colère ou de rage</p> <p><input type="checkbox"/> f) anxious mood or panic attack - humeur anxieuse ou crise de panique</p> <p><input type="checkbox"/> g) recurrent thoughts or dreams of a stressful event - pensées ou rêves récurrents d'un événement stressant</p> <p><input type="checkbox"/> h) other (specify) - autre (préciser) :</p>											
<p>11. Musculoskeletal - Musculosquelettique</p> <p><input type="checkbox"/> a) muscle, bone, joint or soft tissue problems such as stiffness, limited range of motion, pain or swollen joints (check location and specify extent below)</p> <p>Difficultés au niveau des muscles, des os, des articulations ou des tissus mous tel que raideur, diminution de l'amplitude des mouvements, douleur ou enflure des articulations (cocher l'endroit et préciser l'importance ci-dessous)</p> <table border="0"> <tr> <td><input type="checkbox"/> 1) shoulder - épaule</td> <td><input type="checkbox"/> 6) back - dos</td> </tr> <tr> <td><input type="checkbox"/> 2) elbow - coude</td> <td><input type="checkbox"/> 7) hip - hanche</td> </tr> <tr> <td><input type="checkbox"/> 3) wrist - poignet</td> <td><input type="checkbox"/> 8) knee - genou</td> </tr> <tr> <td><input type="checkbox"/> 4) hand/finger - main/doigt</td> <td><input type="checkbox"/> 9) ankle - cheville</td> </tr> <tr> <td><input type="checkbox"/> 5) neck - cou</td> <td><input type="checkbox"/> 10) foot - pied</td> </tr> </table> <p><input type="checkbox"/> b) muscular cramps or pain - crampes musculaires ou douleurs</p> <p>Extent - Importance :</p>	<input type="checkbox"/> 1) shoulder - épaule	<input type="checkbox"/> 6) back - dos	<input type="checkbox"/> 2) elbow - coude	<input type="checkbox"/> 7) hip - hanche	<input type="checkbox"/> 3) wrist - poignet	<input type="checkbox"/> 8) knee - genou	<input type="checkbox"/> 4) hand/finger - main/doigt	<input type="checkbox"/> 9) ankle - cheville	<input type="checkbox"/> 5) neck - cou	<input type="checkbox"/> 10) foot - pied	
<input type="checkbox"/> 1) shoulder - épaule	<input type="checkbox"/> 6) back - dos										
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TO BE COMPLETED BY THE MEDICAL EXAMINER À ÊTRE REMPLI PAR LE MÉDECIN EXAMINATEUR Applicant No. - N° du postulant
 Protected B once completed Protégé B une fois rempli

E MEDICAL EXAMINATION (cont'd)	EXAMEN MÉDICAL (suite)	
	Normal	ABNORMALITY NOTED - ANOMALIE NOTÉE
7. Mental Health / Santé mentale		
During this examination, have you noted difficulties with: Au cours de cet examen, avez-vous remarqué des difficultés de :		
a) judgement - jugement	<input type="checkbox"/>	<input type="checkbox"/>
b) concentration	<input type="checkbox"/>	<input type="checkbox"/>
c) memory - mémoire	<input type="checkbox"/>	<input type="checkbox"/>
d) emotional status - état émotionnel	<input type="checkbox"/>	<input type="checkbox"/>
e) stability/self-control - stabilité/maîtrise de soi	<input type="checkbox"/>	<input type="checkbox"/>
8. Skin and Lymphatic System / Peau et système lymphatique		
a) skin - peau	<input type="checkbox"/>	<input type="checkbox"/>
b) lymphatic system - système lymphatique	<input type="checkbox"/>	<input type="checkbox"/>
9. Musculoskeletal System / Système musculosquelettique		
a) shoulder - épaule	<input type="checkbox"/>	<input type="checkbox"/>
b) elbow - coude	<input type="checkbox"/>	<input type="checkbox"/>
c) wrist - poignet	<input type="checkbox"/>	<input type="checkbox"/>
d) hand - main	<input type="checkbox"/>	<input type="checkbox"/>
e) cervical spine - colonne cervicale	<input type="checkbox"/>	<input type="checkbox"/>
f) thoracic spine - colonne thoracique	<input type="checkbox"/>	<input type="checkbox"/>
g) lumbar spine - colonne lombaire	<input type="checkbox"/>	<input type="checkbox"/>
h) hip - hanche	<input type="checkbox"/>	<input type="checkbox"/>
i) knee - genou	<input type="checkbox"/>	<input type="checkbox"/>
j) ankle - cheville	<input type="checkbox"/>	<input type="checkbox"/>
k) foot - pied	<input type="checkbox"/>	<input type="checkbox"/>
10. Genitourinary System (optional) / Système génito-urinaire (facultatif)		
	<input type="checkbox"/>	<input type="checkbox"/>

F TEST RESULTS	RÉSULTATS DES EXAMENS		
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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 TEST RECEIVED RÉSULTATS REÇUS LE	ABNORMALITY NOTED/ACTION TAKEN ANOMALIE NOTÉE/MESURES PRISES	DATE
Audiogram ASA II Standard Approved Audiogramme approuvé au niveau de ASA II			
Cholesterol Cholestérol			
HDL			
LDL			
Triglycerides Triglycérides			
Gamma GT No alcohol 48 hrs. prior Pas d'alcool 48 h avant			
Creatinine Créatinine			
Glucose - AC			
Hepatitis B - Immune Status Hépatite B - État immunitaire			
Urine - R+M			
WBC, Diff. Analyse des globules blancs			
Platelets Plaquettes			
ECG			
Chest X-ray Radiographie pulmonaire			



TO BE COMPLETED BY THE MEDICAL EXAMINER / À ÊTRE REMPLI PAR LE MÉDECIN EXAMINATEUR
 Protected B once completed / Protégé B une fois rempli

Applicant No. - N° du postulant

J 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 fonctionnelles ?

- Yes (if yes, specify) / Oui (si oui, préciser)
 No / Non
 Temporary (specify below) / Temporaires (préciser ci-dessous)
 and/or / et/ou
 Permanent (specify below) / Permanentes (préciser ci-dessous)

Name and Address of MEDICAL EXAMINER Nom et adresse du MÉDECIN EXAMINATEUR	Signature of MEDICAL EXAMINER Signature du MÉDECIN EXAMINATEUR	Date yyyy-mm-dd/aaaa-mm-jj

K VALIDATION OF MEDICAL INFORMATION / VALIDATION DES RENSEIGNEMENTS MÉDICAUX

I have reviewed this document and form 2158, Medical Profile was updated accordingly. / J'ai examiné le présent document et le formulaire 2158, Profil médical, a été mis à jour en conséquence.

Name and Address of HEALTH SERVICES OFFICER (HSO)/delegate Nom et adresse du MÉDECIN-CHEF (MC) ou de son représentant	Signature of HSO/delegate Signature du MC ou de son représentant	Date yyyy-mm-dd/aaaa-mm-jj



ANNEX B

FINANCIAL PROPOSAL (BASIS OF PAYMENT) PRESENTATION SHEET

Name of Firm: _____

Address: _____

Contact Person: _____

Phone number: (____) ____ - _____ Fax number: (____) ____ - ____

Email: _____@_____

The financial proposal shall be a firm all-inclusive hourly rate, GST/HST extra:

Contract Period	Bidder's Proposed Firm All-Inclusive Hourly Rate (CAD)	Estimated Level of Effort (hours)	Sub-Total
Initial Contract Period	\$	1040	\$
Option period 1	\$	1040	\$
Option period 2	\$	1040	\$
Option period 3	\$	1040	\$
Option period 4		1040	
Total Proposed Bid Price			\$

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).



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 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.

$$\frac{\text{Hours worked}}{7.5 \text{ hours}} \times \text{firm per diem rate}$$

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 / Gouvernement du Canada

NARMS # 201411122957
 Contract Number / Numéro du contrat: 201503275
 Security Classification / Classification de sécurité

SECURITY REQUIREMENTS CHECK LIST (SRCL)
LISTE DE VÉRIFICATION DES EXIGENCES RELATIVES À LA SÉCURITÉ (LVERS)

PART A - CONTRACT INFORMATION / PARTIE A - INFORMATION CONTRACTUELLE

1. Originating Government Department or Organization / Ministère ou organisme gouvernemental d'origine: Royal Canadian Mounted Police

2. Branch or Directorate / Direction générale ou Direction: Occupational Health Services

3. a) Subcontract Number / Numéro du contrat de sous-traitance

3. b) Name and Address of Subcontractor / Nom et adresse du sous-traitant

4. Brief Description of Work / Brève description du travail
 The physician will be asked to determine fitness for duty by establishing medical profiles of members using the information gathered during the medical evaluation along with laboratory testing and audiogram results.
 The physician will be required to perform all duties in accordance with established RCMP Health related policy, guidelines and procedures including the use of RCMP forms (Form 3390 - Health Assessment; Form 2193 - Medical Profile)

5. a) Will the supplier require access to Controlled Goods? / Le fournisseur aura-t-il accès à des marchandises contrôlées? No / Non Yes / Oui

5. b) Will the supplier require access to unclassified military technical data subject to the provisions of the Technical Data Control Regulations? / Le fournisseur aura-t-il accès à des données techniques militaires non classifiées qui sont assujetties aux dispositions du Règlement sur le contrôle des données techniques? No / Non Yes / Oui

6. Indicate the type of access required / Indiquer le type d'accès requis

6. a) Will the supplier and its employees require access to PROTECTED and/or CLASSIFIED information or assets? / Le fournisseur ainsi que les employés auront-ils accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS? No / Non Yes / Oui

6. b) Will the supplier and its employees (e.g. cleaners, maintenance personnel) require access to restricted access areas? No access to PROTECTED and/or CLASSIFIED information or assets is permitted. / Le fournisseur et ses employés (p. ex. nettoyeurs, personnel d'entretien) auront-ils accès à des zones d'accès restreintes? L'accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS n'est pas autorisé. No / Non Yes / Oui

6. c) Is this a commercial courier or delivery requirement with no overnight storage? / S'agit-il d'un contrat de messagerie ou de livraison commerciale sans entreposage de nuit? No / Non Yes / Oui

7. a) Indicate the type of information that the supplier will be required to access / Indiquer le type d'information auquel le fournisseur devra avoir accès

Canada <input checked="" type="checkbox"/>	NATO / OTAN <input type="checkbox"/>	Foreign / Étranger <input type="checkbox"/>
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7. b) Release restrictions / Restrictions relatives à la diffusion

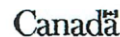
No release restrictions / Aucune restriction relative à la diffusion <input checked="" type="checkbox"/>	All NATO countries / Tous les pays de l'OTAN <input type="checkbox"/>	No release restrictions / Aucune restriction relative à la diffusion <input type="checkbox"/>
Not releasable / À ne pas diffuser <input type="checkbox"/>	Restricted to / Limité à: <input type="checkbox"/>	Restricted to / Limité à: <input type="checkbox"/>
Specify country(ies): / Préciser le(s) pays:	Specify country(ies): / Préciser le(s) pays:	Specify country(ies): / Préciser le(s) pays:

7. c) Level of information / Niveau d'information

PROTECTED A / PROTÉGÉ A <input type="checkbox"/>	NATO UNCLASSIFIED / NATO NON CLASSIFIÉ <input type="checkbox"/>	PROTECTED A / PROTÉGÉ A <input type="checkbox"/>
PROTECTED B / PROTÉGÉ B <input checked="" type="checkbox"/>	NATO RESTRICTED / NATO DIFFUSION RESTREINTE <input type="checkbox"/>	PROTECTED B / PROTÉGÉ B <input type="checkbox"/>
PROTECTED C / PROTÉGÉ C <input type="checkbox"/>	NATO CONFIDENTIAL / NATO CONFIDENTIEL <input type="checkbox"/>	PROTECTED C / PROTÉGÉ C <input type="checkbox"/>
CONFIDENTIAL / CONFIDENTIEL <input type="checkbox"/>	NATO SECRET / NATO SECRET <input type="checkbox"/>	CONFIDENTIAL / CONFIDENTIEL <input type="checkbox"/>
SECRET / SECRET <input type="checkbox"/>	COSMIC TOP SECRET / COSMIC TRÈS SECRET <input type="checkbox"/>	SECRET / SECRET <input type="checkbox"/>
TOP SECRET / TRÈS SECRET <input type="checkbox"/>		TOP SECRET / TRÈS SECRET <input type="checkbox"/>
TOP SECRET (SIGINT) / TRÈS SECRET (SIGINT) <input type="checkbox"/>		TOP SECRET (SIGINT) / TRÈS SECRET (SIGINT) <input type="checkbox"/>

TBS/SCT 350-103(2004/12)

Security Classification / Classification de sécurité





Royal Canadian Mounted Police
Gendarmerie Royale du Canada

Government
of Canada

Gouvernement
du Canada

Solicitation No./ No de l'invitation: 201503275



Royal Canadian Mounted Police
Gendarmerie Royale du Canada

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of Canada

Gouvernement
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