



Solicitation Information
April 8, 2013

RFP# 7461396

TITLE: Department of Corrections – Physical Examinations

OPENING DATE AND TIME: May 6, 2013 at 11:00 AM (ET)

Questions concerning this solicitation may be e-mailed to the Division of Purchases at gail.walsh@purchasing.ri.gov **no later than April 22, 2013 at Midnight.** Please reference the LOI / RFP # on all correspondence. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

Gail Walsh
Chief Buyer

Vendors must register on-line at the State Purchasing Website at www.purchasing.state.ri.us.

NOTE TO VENDORS:

Offers received without the entire completed three-page RIVP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

Rhode Island Department of Corrections – Physical Examinations

INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Department of Corrections is soliciting proposals from qualified medical professionals to provide medical services, as described elsewhere herein, and in accordance with the terms of this Request for Proposals and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at <http://www.purchasing.ri.gov>.

This is a Request for Proposals, not an Invitation for Bid: responses will be evaluated on the basis of the relative merits of the proposal; there will be no public opening and reading of responses received by the Office of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

Potential offerors are advised to review all sections of this Request carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.

Proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.

All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content shall be borne by the offeror. The State assumes no responsibility for these costs.

Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.

All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.

Proposals misdirected to other State locations or which are otherwise not present in the Division of Purchases at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division of Purchases.

It is intended that an award pursuant to this Request will be made to a prime contractor, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered, but subcontracts are permitted, provided that their use is clearly indicated in the offeror's proposal, and the subcontractor(s) proposed to be used are identified in the proposal.

All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.

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Offerors are advised that all materials submitted to the State for consideration in response to this Request for Proposals will be considered to be Public Records, as defined in Title 38 chapter of the Rhode Island General Laws, without exception, and will be released for inspection immediately upon request once an award has been made.

Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.

In accordance with Title 7, Chapter 1.1 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the state unit it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). *This is a requirement only of the successful vendor(s).*

Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) - §28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090 or Raymond.lambert@hr.ri.gov.

The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator at (401) 574-8253, visit the website at www.mbe.ri.gov or contact charles.newton@doa.ri.gov.

SCOPE OF WORK

SPECIFICATIONS FOR PRE-SERVICE APPLICANT PHYSICAL EXAMS

Comprehensive Physical for pre-service applicants to include the following:

- A. Complete all information required in the appropriate section of the attached Rhode Island State CS-60 Pre-placement Medical Exam Form.
- B. Complete supplemental back assessment form attached.
- C. Complete supplemental body joint assessment form attached.
- D. Complete a baseline EKG on each candidate 40 years or older to assist in evaluation. (separate line item)

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- E. Provide Mantoux patch test or other skin test for tuberculosis, including follow up reading of test results with candidates.
- F. Provide a chest x-ray for pre-service applicants with a positive reading for Mantoux patch test. (separate line item)
- G. Provide a Pulmonary Function Test to each applicant to determine their suitability to wear a full face negative pressure respirator.
- H. Collect and document information on prescription medication taken over the last three years.
- I. Collect and document names of any health care providers that were seen in the last three years.
- J. Recommend whether or not the candidate possesses the physical capacity to withstand and perform satisfactorily the duties outlined in the Correctional Officer job specifications (attached).
- K. Examinations to be conducted at a site mutually agreed upon by vendor, and Department of Corrections, within a 20 mile radius of the Rhode Island Department of Corrections Training Academy located at 16 Wilma Schesler Lane, Pinel Building, Cranston, Rhode Island, and all necessary medical supplies and equipment will be provided by the vendor.
- L. Complete all physicals and generate documented results within a two to four-week timeframe.
- M. Term of Contract: The term of contract will be 5 years.
- N. Cost Proposal: Vendor will propose a unit cost for each of years 1-5 for the services as outlined in this solicitation. If only one unit cost is presented, it will be assumed that that unit cost would be in effect for the entire period of the contract up to five (5) years.

QUALIFICATIONS

1. The provider shall be (or shall employ) board-certified physicians licensed to practice medicine in the State of Rhode Island.
2. The provider shall have available, a female physician for the examination of female applicants/officers, if requested.
3. The examination services covered by this request will be conducted by a physician or where permitted by a qualified paraprofessional.
4. **The provider must be a participating provider with United Healthcare.**

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PROPOSAL SUBMISSION

Pre-Proposal Questions concerning this solicitation may be e-mailed to the Division of Purchases in accordance with the terms and conditions expressed on the cover page of this solicitation. Questions received, if any, will be posted on the website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information and track the website for information and addendums. For computer technical assistance, call the Help Desk at 222-3766 or Lynda.moore@doit.ri.gov.

Interested offerors may submit proposals to provide the services covered by this RFP on or before the date and time listed on the cover page of this solicitation. Proposals received after this time and date will not be considered. The official time clock is in the reception area of the Division of Purchases.

Proposals must include the following:

1. A completed and signed R.I.V.I.P. generated Bidder Certification Cover Form downloaded from the Division's website.
2. An original (marked "Original") plus six (4) copies of a **signed, sealed, and separate** Cost Proposal reflecting the hourly rate, fixed fee, or other fee structure, proposed for this scope of services.
3. An original (marked "Original") plus six (4) copies of a *separate* Technical Proposal describing the background, qualification, and experience with and for similar programs, as well as the workplan or approach proposed for this requirement. This section shall describe the offeror's understanding of the State's requirement, including the result(s) intended and desired, the approach and/or methodology to be employed, and the details with respect to scheduling. Where appropriate, the Technical Proposal may include a discussion of qualifications of specific staff members, their responsibilities, and assignment.
4. A completed and signed W-9 form downloaded from the Division of Purchases website (**please attach to original only**).
5. In addition to multiple hard copies of proposals required, vendors shall provide one (1) copy of their technical proposal and one (1) copy of their cost proposal in electronic format (CD-ROM). Microsoft Word/Excel or PDF format is preferable.

The Technical Proposal must contain the following sections:

- Executive Summary

The Executive Summary is intended to highlight the contents of the Technical Proposal and to provide State evaluators with a broad understanding of the offeror's technical approach and ability.

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- Offeror’s Organization and Staffing

This section shall include identification of all staff and/or subcontractors proposed as members of the project team, and the duties, responsibilities, and concentration of effort which apply to each (as well as resumes, curricula vitae, or statements of prior experience and qualification).

- Workplan/Approach Proposed

This section shall describe the offeror’s understanding of the State’s requirement, including the result(s) intended and desired, the approach and/or methodology to be employed, and a workplan for accomplishing the results proposed. The description of approach shall discuss and justify the approach proposed to be taken for each task, and the technical issues that will or may be confronted at each stage on the project. The workplan description shall include a detailed proposed project schedule (by task and subtask), a list of tasks, activities, and/or milestones that will be employed to administer the project, the assignment of staff members and concentration of effort for each, and the attributable deliverables for each.

- Previous Experience and Background

This section shall include the following information:

A comprehensive listing of similar projects and undertaken and/or similar clients served, including a brief description of the projects,

A description of the business background of the offeror (and all subcontractors proposed), including a brief description of their financial position, history of the firm. And

The offeror’s status as a Minority Business Enterprise (MBE), certified by the Rhode Island Department of Administration, and/or a sub contracting plan which addresses the State’s goal of ten per cent (10%) participation by MBE’s in all State. For information contact Charles Newton, MBE OFFICER, at (401) 574-8253 or charles.newton@doa.ri.gov .

Proposals (an original plus four copies of the Technical Proposal and an original plus four copies of the Cost Proposal) should be mailed or hand delivered in a sealed envelope marked “**RFP #7461396: Department of Corrections – Physical Examinations**” to:

RI Department of Administration
Division of Purchases, 2nd Floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or which are otherwise not presented in the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed to the Division of Purchases will not be

The State reserves the right to accept any proposal as offered, and to reject any or all proposals.

Notwithstanding the foregoing, the State reserves the right to award on the basis of cost alone, to accept or reject any, or all, options, bids, proposals and to act in its best interest..

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The Technical Review Sub-Committee will present written findings, including the results of all evaluations, to the Purchasing Agent, or his designee, who will make the final selection for this requirement.

EVALUATION AND SELECTION

Proposals received in response to this request will be evaluated and scored using the following criteria:

Experience/Qualifications	25 points	25%
Location	25 points	25%
Capacity	25 points	25%
Cost	25 points	25%

- A. Experience/Qualification (25 Points)
Vendor must specify the number of pre-employment physical exams performed over the last three years.

- B. Location (25 Points)
Testing to be conducted at a site mutually agreed upon by vendor and Department of Corrections, within a 20 mile radius of the Rhode Island Department of Corrections Training Academy which is located at 16 Wilma Schesler Lane, Cranston, RI.

- C. Capacity (25 Points)
Complete all physicals and generate documented results within a two- to four-week timeframe.

- D. Cost (25 Points)

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COST PROPOSAL

RFP #7461396 – Department of Corrections – Physical Examinations

Proposed Contract Term: 7/1/13 – 6/30/18

1. Pre-placement physical examinations for Correctional Officer candidates. Number of examinations will be dependent on class size and number of classes each fiscal year.

\$_____ each 7/1/13 – 6/30/14

\$_____ each 7/1/14 – 6/30/15

\$_____ each 7/1/15 – 6/30/16

\$_____ each 7/1/16 – 6/30/17

\$_____ each 7/1/17 – 6/30/18

2. Additional EKG test for Correctional Candidates over 40.

\$_____ each 7/1/13 – 6/30/14

\$_____ each 7/1/14 – 6/30/15

\$_____ each 7/1/15 – 6/30/16

\$_____ each 7/1/16 – 6/30/17

\$_____ each 7/1/17 – 6/30/18

3. Additional Chest X-Ray for Correctional Officer Candidates.

\$_____ each 7/1/13 – 6/30/14

\$_____ each 7/1/14 – 6/30/15

\$_____ each 7/1/15 – 6/30/16

\$_____ each 7/1/16 – 6/30/17

\$_____ each 7/1/17 – 6/30/18

PRE-PLACEMENT MEDICAL EXAMINATION

CS-60
(Rev. 3/88)

COPY OF JOB SPECIFICATION MUST ACCOMPANY THIS FORM

TO THE CANDIDATE: In order to be appointed to the position in state service for which you are a candidate, it is necessary for you to have this certificate filled out by a physician and returned immediately to the Personnel Office of the department hiring you.

Date examined: _____ Job Title: _____
Employee's start date: _____ Name of Dept./Agency: _____ Location: _____

Name: First _____ Middle _____ Last _____ Social Security Number (Optional) _____ Date of Birth _____
Address: (Street) _____ Telephone: _____
(City) _____ (State) _____ (Zip Code) _____

Date of Last Physical _____ Name of Personal Physician: _____
Address: _____
Occupation, kind of work usually done _____
Have you ever received compensation from any employer or insurance carrier? _____ Yes _____ No
If yes, please explain _____

SERVICE HISTORY

1. Have you ever been rejected for military service? _____ Yes _____ No
 2. Branch _____ No. years _____ Type of Discharge _____ Discharge Date _____
 3. Have you ever received military disability benefits _____ Yes _____ No
- If yes, please explain: _____

PERSONAL HISTORY

Check if you have had any of the following conditions in the past year.

1. Chest pain <input type="checkbox"/>	10. Eye problems <input type="checkbox"/>	19. Muscle weakness <input type="checkbox"/>
2. Shortness of breath <input type="checkbox"/>	11. Skin problems <input type="checkbox"/>	20. Epilepsy <input type="checkbox"/>
3. Persistent cough <input type="checkbox"/>	12. Hearing Loss <input type="checkbox"/>	21. Fainting <input type="checkbox"/>
4. High blood pressure <input type="checkbox"/>	13. Allergies <input type="checkbox"/>	22. Dizziness <input type="checkbox"/>
5. Heart trouble <input type="checkbox"/>	14. Asthma <input type="checkbox"/>	23. Headaches <input type="checkbox"/>
6. Swelling of feet <input type="checkbox"/>	15. Painful joints <input type="checkbox"/>	24. Hernia <input type="checkbox"/>
7. Stomach pains <input type="checkbox"/>	16. Swollen joints <input type="checkbox"/>	25. Diabetes <input type="checkbox"/>
8. Poor appetite <input type="checkbox"/>	17. Broken bones <input type="checkbox"/>	26. Cancer <input type="checkbox"/>
9. Jaundice <input type="checkbox"/>	18. Backache/injury <input type="checkbox"/>	27. Specify Site _____ <input type="checkbox"/>
		28. Other (Specify) _____ <input type="checkbox"/>

Item No.	Explanation of items checked above

29. What medicine(s) do you take regularly? _____
30. List any serious injuries, hospitalizations or surgical operations. Give details. _____

Injury/Hospitalization/Surgery	Hospital	From - To

Use separate page if further explanation is required _____

31. Do you smoke? _____ Yes _____ No _____ Formerly
If you are a former smoker, how many years did you smoke? (Date) _____

PHYSICIAN MUST COMPLETE REVERSE SIDE OF THIS FORM.

Immunizations: Which of the following immunizations or tests have you received?

- | | | | |
|------------|--------------|---------------------------------|--------------|
| 1. Measles | (Date) _____ | 6. Hepatitis Vaccine | (Date) _____ |
| 2. Mumps | _____ | 7. Other | _____ |
| 3. Rubella | _____ | 8. Mantoux, patch test or other | _____ |
| 4. Polio | _____ | skin test for tuberculosis | _____ |
| 5. Tetanus | _____ | Date _____ Results _____ | |

I have answered truthfully all of the above questions and I have withheld nothing regarding my past or present health. Should I be employed, and the State discovers any false statement(s), it may result in immediate dismissal.

Signature of Applicant _____

Date _____

TO BE FILLED OUT BY PHYSICIAN

Ht.	Wt.	Temp.	Resp.	B.P.	Pulse	Hair Color	Eye Color	Right or Left Handed

(Findings)		(Findings)	
1. Vision: Far Right	_____	11. Heart Sounds	_____
2. Vision: Far Left	_____	12. Lung/Chest Auscultation	_____
3. Vision: Near Right	_____	13. Abdomen Exam	_____
4. Vision: Near Left	_____	14. Inguinal Exam	_____
5. Color Perception	_____	15. Rectal Exam	_____
6. Depth Perception	_____	16. Neurological Exam	_____
7. Hearing - Left	_____	17. Speech	_____
8. Hearing - Right	_____	18. Skin	_____
9. Mouth and Fauces Teeth	_____	19. Development/Appearance	_____
10. Lymph Glands	_____		

Physical Activities: Limitations

	(Yes)	(No)		(Yes)	(No)	Describe any muscular weakness or handicap _____ _____ _____
Walking	_____	_____	Stooping	_____	_____	
Reaching	_____	_____	Kneeling	_____	_____	
Standing	_____	_____	Lifting	_____	_____	
Pushing	_____	_____	Other (Specify)	_____	_____	
Pulling	_____	_____				

Recommendations/Work Restrictions: Please list any working conditions and/or physical activities that should be limited or avoided to satisfactorily perform the duties in the applicant's job specifications.

After making a physical examination of this candidate and reviewing his/her medical history, I find that (s)he possesses _____, does not possess _____ the physical capacity to withstand and perform satisfactorily the duties outlined in the accompanying job specifications.

Physician's remarks _____

Date _____

Signature of Physician _____

Address _____

BACK ASSESSMENT

NAME _____ SS# _____

1. Do you have any difficulty with strenuous lifting and exercise? ___Y ___N

2. Are you used to hard physical work? ___Y ___N

3. How physical was your most recent job? (check one)
___unemployed for ___months ___sit-down work ___light activity
___active ___very active ___very hard labor

4. In the last 12 months, how physical has your exercise been?
___no exercise ___light ___average ___above average ___very active

5. Has your back been sore in the past? ___Y ___N If Yes, when? _____

6. Is your back sore now? ___Y ___N

7. Which of the following make your back sore?
___exercise ___lifting ___sitting
___sleeping ___driving ___nothing in particular

8. Have you ever had a back or neck problem or injury that caused time out of work?
___Y ___N

(If No, go to questions 9)

If Yes, what caused it? ___work injury ___car accident
___accident at home ___other ___nothing in particular

How long were you out of work? _____

Have you had to leave a job because of your back or neck problem? ___Y ___N

Did you need back or neck x-rays? ___Y ___N

Did you need physical therapy? ___Y ___N

Did you need an MRI, CAT Scan, or myelogram ___Y ___N

Have you had back or neck surgery? ___Y ___N

Are you now on any restrictions due to your back or neck? ___Y ___N

Have you ever had a recurrence of your back problem? ___Y ___N

9. Are you ever bothered with sciatica or a "pinched nerve" in your thigh or leg? ___Y ___N

10. Have you ever had numbness or paralysis of a leg or foot? ___Y ___N

11. Are you taking any pain medication now? ___Y ___N
If so, what are you taking and why? _____

Signature _____

Date _____

BODY JOINT ASSESSMENT

NAME _____

SS _____

1. Do you have any limitation of movement in any of the major joints listed below: (circle L (left) or R (right) if yes)

Shoulder(s)	L	R	___ Yes	___ No
Elbow(s)	L	R	___ Yes	___ No
Wrist(s)	L	R	___ Yes	___ No
Hip(s)	L	R	___ Yes	___ No
Knee(s)	L	R	___ Yes	___ No
Ankle(s)	L	R	___ Yes	___ No

2. If yes, please explain the limitation, i.e. overhead reaching, bending, stooping:

3. Have any of your joints been sore in the past. ___ Yes ___ No
If Yes, which? _____ and when? _____

4. Are these joint(s) sore now? ___ Yes ___ No

5. Which of the following make your joint(s) sore?
___ exercise ___ bending ___ sitting
___ lifting ___ stooping ___ sleeping
___ reaching ___ writing ___ nothing in particular

6. Have you had a joint problem (see list above) or injury that caused time out-of-work?
___ Yes ___ No

If Yes, what caused it? ___ work injury ___ car accident ___ sports
___ home accident ___ other ___ nothing in particular

How long were you out of work? _____

Have you had to leave a job because of any problems associated with joint pain or limitation of movement? ___ Yes ___ No

Did you need x-rays? ___ Yes ___ No

Did you need an MRI, CAT Scan or myelogram? ___ Yes ___ No

Have you had surgery on any of the joints listed above? ___ Yes ___ No

Are you now on any restrictions? ___ Yes ___ No

7. Are you taking any pain medication now? ___ Yes ___ No
If so, what are you taking and why? _____

Signature _____

Date: _____

CLASS TITLE: CORRECTIONAL OFFICER

Class Code: 02184200
Pay Grade: 21A
EO Code: D

CLASS DEFINITION:

GENERAL STATEMENT OF DUTIES: To be responsible for safeguarding the custody and well-being of inmates confined in a State Correctional Institution; to supervise their conduct and to maintain order and discipline among them; to carry out plans for their training and rehabilitation; and to do related work as required.

SUPERVISION RECEIVED: Works under the general supervision of a superior officer from whom are received general and specific orders, instructions and assignments; work is reviewed by frequent inspections for effectiveness and conformance to institutional policies, rules and regulations.

SUPERVISION EXERCISED: Supervises the work and training of inmates.

ILLUSTRATIVE EXAMPLES OF WORK PERFORMED:

To be responsible for safeguarding the custody and well-being of inmates confined in a State Correctional Institution.

To supervise the conduct of and to maintain order and discipline among inmates.

To assist inmates on matters pertaining to their adjustment to institutional conditions and to assist them in their personal, emotional and adjustment problems or to direct them to the proper persons for guidance.

To carry out plans for the training and rehabilitation of inmates.

To operate devices for locking and unlocking security doors, cells and close custody facilities and to be accountable for all keys used for these purposes.

To make regular and irregular inmate counts and to make reports thereon to a superior officer.

To carry firearms in the performance of outer perimeter security duty and emergency assignments; to maintain proficiency in their use, care and operation.

To be responsible for strict control over rifles, tools and other items which are hazardous from the custodial standpoint.

To exercise constant vigilance to observe any unusual activities or movements of individuals or groups indicative of attempted escape and riot, strike of minor irregularities and to report same to a superior.

To inspect inmate quarters to see that they are in sanitary and orderly condition.

To directly supervise inmates in housing units, in recreational fields and assembly areas, as required by the duties of the post to which assigned.

To search inmates and living quarters for the detection of pilferage and to prevent the possession of contraband.

To conduct orientation training for newly committed inmates.

To do related work as required.

REQUIRED QUALIFICATIONS FOR APPOINTMENT:

KNOWLEDGES, SKILLS AND CAPACITIES: The ability to acquire knowledge of the practices, methods and techniques of adult correctional and custodial work; the ability to safeguard and supervise inmates and to maintain discipline; the ability to cooperate and work with other employees engaged in carrying out plans for the rehabilitation of inmates; the ability to meet and deal effectively with others in resolving problems related to assigned functions; the capacity to observe the attitude and mental, physical and other reactions of inmates; the capacity to acquire skill in the use of firearms; and related capacities and abilities.

EDUCATION AND EXPERIENCE:

Education: Such as may have been gained through: graduation from a senior high school; and

Experience: Such as may have been gained through: employment in private or public work involving the supervision of others and the enforcement of rules and regulations.

Or, any combination of education and experience that shall be substantially equivalent to the above education and experience.

SPECIAL REQUIREMENT:

The following conditions of employment must be met at time of appointment:

Must have successfully completed the eight week correctional officer training program.

Must be capable of performing (with or without reasonable accommodations) the essential duties as evidenced by a physician's certificate from a physician designated by the Department of Corrections.

In accordance with RIGL 42-28.3-1 no person shall be appointed temporary, probationary, or permanent until they shall have been evaluated and tested by a certified psychologist and receive a satisfactory rating which shall be in writing.

No such appointee shall be given a permanent appointment to a position within this class unless he shall have met all of the above requirements.

"Every effort will be made to reasonably accommodate an individual who has a disability. Therefore, nothing in this specification shall be interpreted to prohibit the use of such accommodation in order to perform the essential functions of this class."

Class Revised: May 17, 1992

Editorial Review: 3/15/03