



**RFP RESPONSE:**

**City of Hollywood, Florida  
Solicitation # RFP 4615-19-PB  
Medical Evaluation/Physicals**

**Due Date:**

**May 30, 2019 @ 3:00 p.m.**

**SEND TO:**

**City of Hollywood, Florida  
c/o: Office of City Clerk  
2600 Hollywood Boulevard, Room 221  
Hollywood, FL 33020**

**FROM:**

**LIFE EXTENSION CLINICS, INC.  
D/B/A: Life Scan Wellness Centers  
1011 North MacDill Avenue  
Tampa, FL 33607  
813-601-0285  
Patricia Johnson, CEO**



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## **TAB 1: LETTER OF TRANSMITTAL**

Legal Name: Life Extension Clinics, Inc.  
Legal D/B/A: Life Scan Wellness Centers  
Corporate Address: 1011 North MacDill Avenue  
Tampa, Florida 33607  
Testing Site: On-site location (s) provided by City of Hollywood, FL  
Phone Number: (813) 876-0625  
Fax Number: (813) 876-0653  
Authorized Representative: Patricia Johnson, CEO  
Email: Patricia.Johnson@lifescanwellness.com  
Incorporated: Florida, August 1998  
Corporate Medical Director: Anthony L. Capasso, M.D., P.A.  
Corporate Clinical Director: Pam Desmarais, ARNP-BC

### **City of Hollywood, Florida**

### **Request for Proposal # RFP-4615-19-PB**

### **Medical Evaluation/Physicals**

### **Addendums Received: Addenda 1**

In response to the City of Hollywood, Florida RFP for Medical Evaluation/Physicals, Life Scan proposes to provide our unique, early detection-based Life Scan Health and Wellness Program.

Life Scan's background is in the area of professional occupational medical services with over twenty years' experience in the development and implementation of early detection health and wellness programs for municipalities, counties, and states employees with a sub-specialty in public safety health and fitness. We recognize the vital importance of combining the key components of health, wellness, and fitness to generate the healthiest, most productive employees. We have three Life Scan Wellness Centers and offer on-site services to over 350 clients including sheriff's, fire, and police departments as well as municipalities and counties for their civilian employees throughout the United States. The Life Scan program provides annual physicals, fitness evaluations, fitness for duty, and post offer candidate physical exams, OSHA respiratory protection programs, vaccines, and HAZMAT/specialty team exams. These exams are integrated with our early detection cancer, pulmonary, and cardiovascular screenings. Life Scan is nationally recognized as the foremost leader in public safety health and we have been successful in expanding these critical medical evaluations and physicals for civilian employees.

## **WHY EMPLOYEE WELLNESS:**

With the ever-increasing extreme physical requirements, high stress environments, and chaotic schedules as well as exposures to hazardous materials and infectious diseases employers must look towards new methods of prevention and intervention to protect the health and ensure the longevity of their most valuable assets...your employees.

In professions as demanding and hazardous as public safety, being medically, physically, and mentally fit will provide your employees with the capability to perform optimally, decrease stress and stress-related health and emotional problems, and greatly reduce the incidence of work-related illnesses and injuries. In today's work environment, all employees, both civilian and public safety, have the potential to experience high levels of stress, lack of exercise, poor diets, and increased risk of injury and illness and early detection and prevention are critical.

With our extensive experience with occupational high-risk personnel Life Scan has unparalleled knowledge of disease processes and early detection. In the last several years government entities have been taking wellness to a new level by offering our Life Scan medical evaluations and fitness assessments to their general employees as well as public safety.

Our research and long-term data have shown that our early detection approach increases mortality and improves outcomes as well as dramatically reduces costs related to healthcare. Life Scan has the proven ability to identify cardiovascular disease, aneurysms, diabetes, and cancer more accurately and in much early stages in the disease process than a traditional physical exam resulting in substantial, long-term disability, absenteeism, and health care cost savings to the employer and most critically to improved health and fitness for employees. And most importantly, we save lives.

## **LIFE SCAN EARLY DETECTION WELLNESS PHYSICALS**

Life Scan introduced our unique wellness program over twenty years ago with a focus on the early detection of cancer, cardiovascular diseases, and other potentially catastrophic illnesses featuring our Life Scan "ultrasound-aided physical exams".

Life Scan has a distinctive approach to occupational medicine. The Life Scan physical is an integrated medical approach to occupational exams that combines the extensive NFPA 1582 physical at the core of the program combined with early detection assessments of the major diseases such as heart disease, stroke, cancer, diabetes, and aneurysms before they reach a catastrophic level. It provides your employees with a thorough assessment of their physical and mental health as well as recommendations for achieving and maintaining long term health and managing medical risks. Each Life Scan physical exam follows the guidelines of NFPA 1582, OSHA, and the IAFF/IAFC Health and Wellness Initiative as well as the added-value benefit of our Life Scan ultrasound assessments of the internal organs and cardiovascular system, more extensive laboratory blood profiles, behavioral health and sleep assessments, diet and nutritional analysis, fitness evaluation, and a personalized wellness plan.



Our comprehensive Life Scan program also includes a fitness evaluation that is compliant with NFPA 1583 and the IAFF/IAFC Joint Labor Management Wellness Fitness Initiative (WFI) recommendations. Although these fitness evaluations are designed to assess the fitness levels of first responders the fitness tests can be universally applied during any employee medical evaluation. Our clinical exercise physiologists have the expertise and experience to assess the physical fitness levels of each employee in relationship to their cardiovascular and overall health condition and will recommend personal fitness goals as well as diet and nutritional improvements.

During the Life Scan physical, each patient is given a comprehensive understanding of their current health as well as their health risk stratification. Appropriate written recommends for medical interventions, wellness programs, and behavioral modification changes will be given. A personal wellness plan with these recommendations will be provided along with their personal copy of the medical and fitness assessments.

### **CONFIDENTIALITY**

All medical records and information will remain confidential and maintained in the corporate administrative office of Life Scan. Information will be accessible by request from the individual. Communications regarding an individual's results as it pertains to the safety of the individual or safety of the coworker will be provided to the City of Hollywood, FL and shall include the information necessary for the City of Hollywood to maintain a safe and effective workplace. All areas of confidentiality will be according to the Confidentiality requirements of the RFP.

### **PROVEN EXPERIENCE**

Life Scan and our medical staffing is experienced in all aspects of the Scope of Services. As an on-going program of Health, Wellness, and Fitness, Life Scan will to be a team dedicated to identifying areas of concern, monitoring the recommended interventions and programs, and assuring that your employees attain and maintain the level of health and well-being that is crucial to perform their jobs optimally and greatly reduce the chance for illness and injury. Thank you for the opportunity to respond to this RFP for City of Hollywood Medical Evaluation/Physicals.

Sincerely,

*Patricia Johnson*

Patricia Johnson, CEO

## **TAB 2: Profile of Proposer**

### **Corporate Information:**

**Founded: August 1998**

**Number of years in business: 20 years**

**Corporate Medical Director: Anthony Capasso, M.D.**

**Number of years in practice: 23 years**

**Number of years as Medical Director for Life Scan: 16 years**

Life Scan's background is in early detection and prevention-based occupational, medical services for government agencies with a specialty City, County, and state annual health and wellness physicals. We have over twenty years' experience in the development and implementation of employee and public safety physical exams to fit their specific needs. We recognize the vital importance of combining the key components of health, wellness, and fitness to produce the healthiest, most productive employees. After researching and developing a program that is specifically designed to meet the needs of employees and public safety, we started our first on-site wellness center in 2001 for the City of Jacksonville. Since then we have opened three Life Scan Wellness Centers and offer on-site services to over 350 government agencies throughout the United States. Our Life Scan program provides annual firefighter fit-for-duty and wellness exams as well as post-offer candidate exams, respiratory protection programs, vaccines, and employee exams at the same time integrating a model of early detection and prevention.

### **LIFE SCAN WELLNESS CENTERS:**

- NFPA 1582 Compliant Physicals for Police and Firefighters
- NFPA 1583 Compliant Fitness Evaluation for Police and Firefighters
- Life Scan Ultrasound Screenings for Cancer, Heart, and Vascular Disease
- IAFF/IAFC Wellness Fitness Initiative
- Hazmat Physicals
- SWAT Team Physicals
- Bomb Squad Physicals
- OSHA Respirator Medical Clearance
- OSHA Respirator Mask Fit Testing
- Fit for Duty Testing
- On-site Program for all medical testing and X-ray
- Infectious Disease testing and vaccines
- On-site X-ray services
- On-site blood draws
- Post Offer Employment Physicals



## **PRINCIPALS, MANAGEMENT, AND PHYSICIAN SUPERVISORY TEAM:**

**Principal/ Corporate Liaison:** Patricia Johnson, CEO and co-founder of Life Scan Wellness Centers, has over thirty-five years of medical expertise and is an authority on the health and wellness of employee and public safety officers. Recognizing the high- toll exacted by the extreme physical requirements and stress that firefighters and police officers encounter each day, as well as the impact on their families, Ms. Johnson focuses on the distinctive medical

needs of fire departments and law. Ms. Johnson incorporated all government employees into the public safety physical recognizing the importance of early detection for all employees. Patricia integrated occupational medical services with preventative medicine specializing in the early detection and prevention of both chronic and acute diseases including heart attacks, strokes, cancer and other catastrophic diseases, for the benefit of government entities. Patricia will be the business liaison with the City of Hollywood, FL.

**Principal:** Michael Terrana, CFO, CLC and co-founder of Life Scan, has over thirty-five years as a practicing attorney and member of the Florida Bar. Mike began his career as a Hillsborough County Assistant State Attorney. In 1998 he founded his private law firm and served as lead partner specializing in property law. Mike retired from his practice in 2017 and serves full time in his position of Chief Financial Officer and Chief Legal Counsel for Life Scan. Mike is responsible for ensuring legal and corporate compliance as well as the fiscal stability of Life Scan. Mike oversees all Life Scan contracts and serves as corporate counsel.

**Clinical Director/Project Manager:** Pam Desmarais, ARNP-BC is the Life Scan Wellness Center Clinical Director and Project Manager. Pam will be the liaison with the City of Hollywood, FL. She is responsible for the supervision of the medical specialists and for the continuing education as well as medical procedures and protocol for the Life Scan Wellness Center medical program. Pam will ensure quality control over medical reporting and records and manage scheduling timelines. She is also trained in all modalities of medical ultrasound and our advanced medical testing. Pam oversees the medical protocol for the ultrasound-aided physical exam program and has extensive experience with NFPA 1582 guidelines and interpretation.

**Corporate Medical Director:** Anthony Capasso, M.D. Dr. Capasso has over 20 years in private medical practice. He is fully experienced in workers' compensation, employee physicals, post offer employment physicals, firefighter and police physicals and medical clearance, HAZMAT medical clearance, occupational medicine, and internal medicine. Dr. Capasso is the supervisory medical director and advises with medical clearance review.

## **PROFESSIONAL CONTRIBUTIONS TO FIREFIGHTER HEALTH AND SAFETY:**

Life Scan is a nationally recognized expert and educator regarding the health and fitness of employees and public safety. Life Scan has advised NFPA 1582 and the IAFF/IAFC Wellness Fitness Initiative Committees regarding firefighter health and fitness. Life Scan is currently participating in two AFG research grants lead by nationally recognized researchers on firefighter health (Heart Evaluations and Cancer Outcomes).

Life Scan attends conferences and provides Firefighter Educational Seminars, CEU courses, Medical Advisory, and professional articles to:

- Metro Fire Chiefs Association
- IAFC/IAFF Fire Rescue International
- IAFC Safety, Health, and Survival Section

City of Hollywood, Florida  
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- Firefighter Cancer Symposium, NFFF
- Florida Fire Chiefs
- Florida Professional Firefighters
- Texas Fire Chiefs
- International Firefighter Smoke Symposiums
- Firefighter Safety and Health Conferences
- Firefighter Cancer Survivor Network
- FBI LEEDA
- FBI National Executive Institute
- “Better Heart”, Medical Advisory Board, Firefighter heart evaluation study with Dr. Denise Smith and Dr. Sara Jahnke

#### **ON-SITE MEDICAL STAFF:**

The Life Scan program is designed specifically for all Employees and Public Safety employees. Our medical staff has extensive knowledge and experience in providing employee and public safety physicals. The medical staff works in teams and each of them is experienced in all aspects of the scope of services and the Life Scan program including NFPA 1582, NFPA 1583, OSHA Respiratory Standard, the WFI Initiatives, firefighter medical clearances and reporting processes.

#### ***Advanced Registered Nurse Practitioners***

Life Scan Advanced Registered Nurse Practitioners perform the on-site annual and pre-employment physicals, clinical assessments, administer the infectious disease program, and medical clearances under the supervision of Dr. Capasso. Our mid-level practitioners have extensive experience providing employee physicals, medical clearances, pre-placement employment physicals, fitness for duty, NFPA 1582 and FDLE Medical exams, WFI, and OSHA Respirator Medical Clearance. They each have a thorough understanding of the unique needs, physical requirements, and mental stress related to the profession of all employee and public safety employees. All on-site ARNP’s will be licensed in Florida.

#### ***Clinical Exercise Physiologists***

Life Scan Clinical Exercise Physiologists are experienced in clinical cardiac testing and interpretation, lung capacity (pulmonary function) testing and interpretation, health and wellness fitness evaluations, diet and nutrition, body composition, and all aspects of NFPA 1582, NFPA 1583, and the WFI. All Life Scan physiologists are trained and experienced in OSHA Respirator Medical testing and OSHA Mask Fit Testing protocol.

#### ***Sonographers***

Life Scan ultrasound sonographers are fully cross trained in all modalities of medical ultrasound and interpretation including vascular, heart, abdominal, and general ultrasound. Our ultrasound practitioners provide a key component to the overall health assessments, early detection testing, and education of our patients.

**Sub-Contractors: NONE**

### **TAB 3: SUMMARY OF PROPOSER'S QUALIFICATIONS**

**Project Manager:** Pam Desmarais, ARNP-BC is the Life Scan Wellness Center Clinical Director and Project Manager. Pam will be the liaison with the City of Hollywood, FL. She is responsible for the supervision of the medical specialists and for the continuing education as well as medical procedures and protocol for the Life Scan Wellness Center medical program. Pam will ensure quality control over medical reporting and records and manage scheduling timelines. She is also trained in all modalities of our advanced medical testing. Pam oversees the medical protocol for the ultrasound-aided physical exam program and has extensive experience with NFPA 1582 guidelines and interpretation as well as medical clearances.

**On-Site Medical Staff:** Our on-site staff will include an ARNP, Exercise Physiologist, and Ultrasound Sonographer. All Life Scan medical staff assigned to this project will be full-time Life Scan employees that are fully trained and extensively experienced in providing our medical evaluations to both civilian and public safety patients. Our medical staff works together as a team to provide the medical evaluations per TAB 4. Resumes attached.

***Advanced Registered Nurse Practitioner: Lisa Simms, ARNP***

Life Scan Advanced Registered Nurse Practitioners perform the on-site annual and pre-employment physicals, clinical assessments, administer the infectious disease program, and medical clearances under the supervision of Dr. Capasso. Our mid-level practitioners have extensive experience providing employee medical evaluations, medical clearances, pre-placement employment physicals, fitness for duty, NFPA 1582 and FDLE Medical exams, WFI, and OSHA Respirator Medical Clearance. They each have a thorough understanding of the unique needs, physical requirements, and mental stress related to the firefighter, police, and general personnel. All on-site ARNP's will be licensed in Florida.

***Clinical Exercise Physiologists: Cassandra Esser, ACSM***

Life Scan clinical Exercise Physiologists are experienced in clinical cardiac testing and interpretation, lung capacity (pulmonary function) testing and interpretation, fitness evaluations, diet and nutrition, body composition, and all aspects of NFPA 1582, NFPA 1583, and the WFI. All Life Scan physiologists are trained and experienced in OSHA Respirator Medical testing and OSHA Mask Fit Testing protocol.

***Sonographer: Darlene Neira, DMS***

Life Scan ultrasound sonographers are fully cross trained in all modalities of medical ultrasound and interpretation including vascular, heart, abdominal, and general ultrasound. Our ultrasound practitioners provide a key component to the overall health assessments, early detection testing, and education of our patients.

**Municipal Staff Support:** Life Scan will require support in the area of logistics including organization of scheduling and site determination. The City support team will be responsible for coordination between Life Scan and the City/individual departments to ensure scheduling, appropriate site location, and employee accountability to both scheduling and maintaining appointments.

## **Life Scan Medical Director**

**ANTHONY L. CAPASSO, M.D.,**

### **EDUCATION**

- 1984-1987 Ohio State University, Columbus, Ohio. Bachelor of Science--Biology  
Cum Laude.  
1984-1986 Cleveland State University, Cleveland, Ohio.

### **POST GRADUATE TRAINING**

- 1988-1990 Ohio State College of Medicine, Columbus, Ohio  
1991-1993 University of Alabama School of Medicine, Birmingham Alabama, M.D.  
1993-1994 University of Florida Health Science Center, Jacksonville  
Florida; Internal Medicine Internship.  
1994 University of Hawaii Integrated Medical Residency  
Honolulu, Hawaii; Internal Medicine Residency 7/1/94 - 12/4/94  
1995-1996 University of Florida Health Science Center, Jacksonville  
Florida; Internal Medicine Residency.  
Graduation July 1996

### **HONORS AND AWARDS**

- 1984-1987 Dean's List  
1985 Summa Award, University College, Ohio State University.  
1987 Graduate Cum Laude, College of Arts and Sciences, Ohio State University.  
1989 Honorary Letter from the Department of Anatomy for outstanding performance,  
Ohio State College of Medicine.

### **CERTIFICATION**

- Diplomat of the National Board of Medical Examiners, June 1993  
Diplomat ABIM, August 1998

### **MEDICAL LICENSURE**

FL ME 0069518

## **MEMBERSHIPS**

1984-1987	National Key Honor Society, Ohio State University
1988-1993	American Medical Student's Association
1991-1993	Tuscaloosa County Medical Association
1991-1993	Larry Mayes Society
1993-1997	American Medical Association
1994-1997	ACP Member
1999-present	Duval County Medical Society

## **EMPLOYMENT**

2007-present	Life Scan Wellness Centers-Medical Director
2003-present	Hospice of Jacksonville –Associate Medical Director
1997-present	Smart for Life Jacksonville-Medical director
2002-present	Anthony L. Capasso M.D. P.A.-private practice
2001- 2003	University Of Florida – Clinical Assistant Professor
1999-2000	Premier Family Care - Internal Medicine
1998-1999	Jacksonville Emergency Consultants - Emergency Medicine
1997-1998	Premier Family Care - Local Tenum
1996-1997	South Beaches Medical - Internal Medicine
1996-1998	Bamen Venus M.D.P.A. - CCU intensivist

AC# 8039600

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/04/2017	ME 69518	589411

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2020**

**ANTHONY L CAPASSO**  
1351 13TH AVE SOUTH SUITE 110  
JACKSONVILLE BEACH, FL 32250



Rick Scott  
GOVERNOR



Celeste M. Philip, M.D., M.P.H.  
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA AC# 8039600  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/04/2017	ME 69518	589411

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2020**

**ANTHONY L CAPASSO**

\_\_\_\_\_  
LICENSEE SIGNATURE



# Life Scan Clinical Director

## Pamela L. Desmarais, MS, ARNP-BC

### Certifications

Registered Nurse Practitioner in the State of Florida, license number 2551642ARNP  
Certified Adult Nurse Practitioner from the American Nurses Credentialing Center  
Registered Nurse in the State of Florida and Massachusetts  
Basic Life Support (BLS) Certification  
Basic Life Support Instructor  
Advanced Cardiac Life Support

### Highlights

- American Nurses Association (ANA)
- Florida Nurses Association (FNA)
- Completed AAAASF accreditations
- Completed two JCAHO accreditations

### Professional Experience

#### *Life Scan Wellness Centers*

**2012 to Present**

#### **Director: Clinical and Medical Operations, Logistics and Clinical Oversight**

**Lead ARNP:** Provide physical assessment, medical clearances, and plan of care to adults in law enforcement and fire rescue positions. Obtains infectious disease laboratory results and educates patients on infectious diseases. Administering immunizations as needed/ requested. Provide counseling of patients on risk factors, nutrition, medication, smoking cessation, physical activity, and disease management. Promote health screenings and healthy living.

#### *Clinique of Plastic Surgery*

**2008 to 2012**

#### **ARNP/Clinical Manager**

Expertly managed all surgery services, including planning, scheduling and coordination, determination of procedures and procurement of supplies and equipment. Assessed need for, ordered, obtained and interpreted appropriate lab tests. Provided pre-intra-PACU care of patients. Managed clinical and support staff in patient care activities.

#### *University of South Florida*

**2003 to 2012**

#### **Adjunct Faculty**

Instructor for College of Nursing

#### *Marcadis Plastic Surgery*

**2005 to 2008**

#### **ARNP/Practice Manager**

Expertly managed all surgery services, including planning, scheduling and coordination, determination of procedures and procurement of supplies and equipment. Assessed need for, ordered, obtained and interpreted appropriate lab tests. Provided pre-intra-PACU care to surgical patients. Managed clinical and support staff in patient care activities.

#### **RN/Relief Charge Nurse; CVTU, Endoscopy**

CVTU: Maintain and recover immediate postoperative open heart patients in CVTU.  
Endoscopy; Evaluate and manage schedule for both outpatients and hospitalized patients. Manage patient transfers and immediate recovery of patients.

### Education

**University of South Florida**

**Master of Science, Nursing**

**University of South Florida**

**Bachelor of Science, Nursing**

# Life Scan Clinical Director

## Pamela L. Desmarais, MS, ARNP-BC

### Certifications

Registered Nurse Practitioner in the State of Florida, license number 2551642ARNP  
Certified Adult Nurse Practitioner from the American Nurses Credentialing Center  
Registered Nurse in the State of Florida and Massachusetts  
Basic Life Support (BLS) Certification  
Basic Life Support Instructor  
Advanced Cardiac Life Support

### Highlights

- American Nurses Association (ANA)
- Florida Nurses Association (FNA)
- Completed AAAASF accreditations
- Completed two JCAHO accreditations

### Professional Experience

#### *Life Scan Wellness Centers*

**2012 to Present**

#### **Director: Clinical and Medical Operations, Logistics and Clinical Oversight**

**Lead ARNP:** Provide physical assessment, medical clearances, and plan of care to adults in law enforcement and fire rescue positions. Obtains infectious disease laboratory results and educates patients on infectious diseases. Administering immunizations as needed/ requested. Provide counseling of patients on risk factors, nutrition, medication, smoking cessation, physical activity, and disease management. Promote health screenings and healthy living.

#### *Clinique of Plastic Surgery*

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#### **RN/Relief Charge Nurse; CVTU, Endoscopy**

CVTU: Maintain and recover immediate postoperative open heart patients in CVTU.  
Endoscopy; Evaluate and manage schedule for both outpatients and hospitalized patients. Manage patient transfers and immediate recovery of patients.

### Education

**University of South Florida**

**Master of Science, Nursing**

**University of South Florida**

**Bachelor of Science, Nursing**

# Lisa Simms

23721 silver date loop, apt 210. ♦ Land O Lakes, FL ♦ (954) 806-3079 ♦ simms1@mail.usf.edu

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## EDUCATION

- UNIVERSITY OF SOUTH FLORIDA, Tampa, FL  
**Masters of Science in Nursing, Family Health Tract** 08/14- 05/17
- UNIVERSITY OF SOUTH FLORIDA, Tampa, FL 08/10 – 05/14  
**Bachelors of Science in Nursing**  
~ 3.66 GPA, Cum Laude Honors
- DUNNELLOH HIGH SCHOOL, Dunnellon, FL 08/06 – 06/10  
**Top 10% of my class, High Honors**  
~4.0 GPA

## EMPLOYMENT HISTORY

- Lifescan Wellness Centers, Tampa, FL 07/17- current  
**APRN-BC**
- Travel throughout the Nation to perform head to toe wellness exams, review & interpret lab results and imaging with first responders.
  - Review ultrasound and exercise physiology findings.
- St. Josephs Children’s Hospital, Tampa, FL 07/14- 07/17  
**Pediatric Hematology/Oncology Nurse**
- Chemotherapy certified. Blood administration, pediatric dosing calculations for medications and fluid maintenance, analyze lab data, administer medications and monitor patient response and side effects.
- Moffitt Cancer Center, Tampa, FL 07/13- 06/14  
**PRN Nursing Pool- Nursing Technician**
- Charting, patient care & assessment, Vital Signs, Calculations, Measurements, prioritizing my day
- USF Dining Services, Tampa, FL 09/10 – 04/12  
**Sales Associate**
- Assisted the supervisor in recording a detailed wastes sheet, and keeping the facility organized, and made sure all of the customers were satisfied and attended to in a timely manner. Handled proper safety equipment. Trained new employees Used antimicrobial precautions. Aided the supervisor in calculating wastes, delegated tasks to co-worker

## RESEARCH EXPERIENCE

- UNIVERSITY OF SOUTH FLORIDA, Tampa, FL 05/13- 08/13
- Assist in research with clients who have Alzheimer’s and working on a Silver Alerts Program. Data entry in SPSS on Alzheimer’s programs throughout the country
  - Research database for autism

## **VOLUNTEER EXPERIENCE**

James A. Haley Veterans' Hospital, Tampa, Florida 05/13-05/14

- Patient Care

Moffitt Cancer Center, Tampa, Florida 01/11- 12/11

- Post-op and Radiology Nursing Locations; Oversaw Patient Care responsibilities
- Aided the secretary in filing and inserting data.

Habitat for Humanity- Ye Olde Thrift Shoppe, Dunnellon, 01/09- 08/10

- Organization and customer service

## **HONORS AND AFFILIATIONS**

- Member of American Nurses Association (ANA) 2017- Present
- Member of American Association of Nurse Practitioners (AANP) 2016- Present
- Member of The National Academy of Dermatology Nurse Practitioners 2016-Present
- Member of the Florida Nurse Practitioner Network 2016-Present

College of Nursing Student Council

Secretary 05/13- 05/14

Nursing Students Association at USF

Secretary and Mentor 05/13- 05/14

Stampede Into Bulls Nursing at USF

## **CERTIFICATIONS**

ARNP- BC 06/17

BLS certified/ CPR, First Aid & AED 03/12-Present

APHON Certification 2016- Present

Chemotherapy Certification 2015- Present

Two Hours of Domestic Violence Education Certification 11/12

Clinical Implications of HIV Pathogenesis Certification 10/12

HIV Testing and Diagnosis Certification of Completion 10/12

PEARS 2015- Present

## **LANGUAGES**

**Bilingual**, fluent in American Sign Language

# BASIC LIFE SUPPORT

## BLS Provider



American  
Heart  
Association®

**Lisa Simms ARNP-BC**

The above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Basic Life Support (CPR and AED) Program.

**May 2018**

Issue Date

**May 2020**

Recommended Renewal Date

# QuickConfirm License Verification Report

Primary Source Boards of Nursing Report Summary for

**LISA MARIE SIMMS [NCSBN ID: 22723382]**

Wednesday, May 29 2019 08:05:56 AM

**Disclaimer of Representations and Warranties**

Through a written agreement, participating individual state boards of nursing designate Nursys as a primary source equivalent database. NCSBN posts the information in Nursys when, and as, submitted by the individual state boards of nursing. NCSBN may not make any changes to the submitted information and disclaims any responsibility to update or verify such information as it is received from the individual state boards of nursing. Nursys displays the dates on which a board of nursing updated its information in Nursys.

This report is not sufficient when applying to another board of nursing for licensure. Use the "Nurse License Verification for Endorsement" service to request the required verification of licensure.

Contact the board of nursing for details about the Nurse Practice Act, which includes nurse scope of practice and privileges and information about advanced nursing practice roles (practice privileges, prescription authority, dispensing privileges & independent practice privileges).

**UNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
SIMMS, LISA MARIE	RN	FLORIDA	RN9383659	YES	UNENCUMBERED	06/04/2014	04/30/2020	MULTISTATE

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
SIMMS, LISA MARIE	CERTIFIED NURSE PRACTITIONER	FLORIDA	APRN9383659	YES	UNENCUMBERED	06/21/2017	04/30/2020	N/A
<b>Advanced Practice license/recognition information</b>								
<ul style="list-style-type: none"> <li>Focus/Specialty: Family</li> <li>Prescription authority: YES</li> <li>Certification expiration date: NOT SUPPLIED</li> <li>Focus/Specialty expiration date: NOT SUPPLIED</li> </ul>								
<ul style="list-style-type: none"> <li>Focus/Specialty: Nurse Practitioner</li> <li>Prescription authority: YES</li> <li>Certification expiration date: NOT SUPPLIED</li> <li>Focus/Specialty expiration date: NOT SUPPLIED</li> </ul>								

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
SIMMS, LISA MARIE	RN	ALABAMA	1-165967	YES	UNENCUMBERED	01/02/2018	12/31/2020	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
SIMMS, LISA MARIE	RN	CALIFORNIA-RN	95179283	YES	UNENCUMBERED	10/26/2018	06/30/2020	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
SIMMS, LISA MARIE	RN	CONNECTICUT	151080	YES	UNENCUMBERED	06/13/2018	05/31/2020	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
SIMMS, LISA MARIE	RN	MASSACHUSETTS	RN2324314	YES	UNENCUMBERED	06/09/2018	05/13/2020	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
SIMMS, LISA	CERTIFIED NURSE PRACTITIONER	MONTANA	APRN-144795	YES	UNENCUMBERED	05/01/2019	12/31/2020	N/A
<b>Advanced Practice license/recognition information</b>								
<ul style="list-style-type: none"> <li>• Focus/Specialty: Family/individual across the lifespan</li> <li>• Prescription authority: NO</li> <li>• Certification expiration date: 06/14/2022</li> <li>• Focus/Specialty expiration date: 06/14/2022</li> </ul>								

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
SIMMS, LISA MARIE	RN	OHIO	456544	YES	UNENCUMBERED	10/02/2018	10/31/2019	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
SIMMS, LISA MARIE	RN	PENNSYLVANIA	RN712112	YES	UNENCUMBERED	10/10/2018	10/31/2019	N/A

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
SIMMS, LISA MARIE	RN	TEXAS	934086	NO	EXPIRED	11/29/2017	11/20/2018	NONE

Name on License	Type	License State	License	Active	License Status	License Original Issue Date	License Expiration Date	Compact Status
SIMMS, LISA MARIE	CERTIFIED NURSE PRACTITIONER	TEXAS	AP139928	YES	UNENCUMBERED	12/06/2018	05/31/2020	N/A
<b>Advanced Practice license/recognition information</b>								
<ul style="list-style-type: none"> <li>• Focus/Specialty: Family/individual across the lifespan</li> <li>• Prescription authority: YES</li> <li>• Certification expiration date: NOT SUPPLIED</li> <li>• Focus/Specialty expiration date: 05/31/2020</li> </ul>								

## Where can the nurse practice as an RN and/or PN?

### Authorized to Practice in

ALABAMA (RN)	MAINE (RN)	OKLAHOMA (RN)
ARIZONA (RN)	MARYLAND (RN)	PENNSYLVANIA (RN)
ARKANSAS (RN)	MASSACHUSETTS (RN)	SOUTH CAROLINA (RN)
CALIFORNIA (RN)	MISSISSIPPI (RN)	SOUTH DAKOTA (RN)
COLORADO (RN)	MISSOURI (RN)	TENNESSEE (RN)
CONNECTICUT (RN)	MONTANA (RN)	TEXAS (RN)
DELAWARE (RN)	NEBRASKA (RN)	UTAH (RN)
FLORIDA (RN)	NEW HAMPSHIRE (RN)	VIRGINIA (RN)
GEORGIA (RN)	NEW MEXICO (RN)	WEST VIRGINIA (RN)
IDAHO (RN)	NORTH CAROLINA (RN)	WISCONSIN (RN)
IOWA (RN)	NORTH DAKOTA (RN)	WYOMING (RN)
KENTUCKY (RN)	OHIO (RN)	

Non-participating: MI. Non-participating boards of nursing do not submit licensure data to Nursys. Please contact them for authorization to practice details. APRN authorization to practice details are not available.

**UNENCUMBERED** means that the nurse has a full and unrestricted license to practice by the state board of nursing.

### License type information

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

### License status information

- Unencumbered (full unrestricted license to practice)
- Cease & Desist
- Denial of License
- Expired
- Other license action
- Probation
- Reprimand
- Restriction
- Revoked
- Suspension
- Voluntary agreement to refrain from practice
- Voluntary Surrender

### Nurse Licensure Compact (NLC/eNLC) information

- **Multistate licensure privilege:** Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state provided both states are party to the Nurse Licensure Compact (NLC/eNLC) and the privilege is not otherwise restricted.
- **Single state license:** A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- **Privilege to Practice (PTP):** Multistate licensure privilege is the authority under the Nurse Licensure Compact (NLC/eNLC) to practice nursing in any compact party state that is not the state of licensure. All party states have the authority in accordance with existing state due process law to take actions against the nurse's privilege such as: revocation, suspension, probation or any other action which affects a nurse's authorization to practice.



# 8219988

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
03/13/2018	ARNP 9383659	2506592

The **ADV REG NURSE PRACTITIONER** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2020**

**LISA MARIE SIMMS**  
1011 NORTH MACDILL AVE  
TAMPA, FL 33607

**QUALIFICATION(S):**  
MULTISTATE REGISTERED NURSE  
NURSE PRACTITIONER



Handwritten signature of Rick Scott in black ink.

Rick Scott  
GOVERNOR

Handwritten signature of Celeste M. Philip in black ink.

Celeste M. Philip, M.D., M.P.H.  
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

## **Darlene Neira**

2827 Washington Street, Hollywood, Fl. 33020

786-290-0819

[Darlene.n@gmail.com](mailto:Darlene.n@gmail.com)

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### EDUCATION

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**Associates Degree 2011**

**Diagnostic Ultrasound Technician**

*ATI College of Health Miami, Fl*

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### SKILLS PROFILE

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- SPI Certified
- Extensive knowledge in OB, Gynecology, Cardiology, Gastrointestinal, Abdominal, as well as Small Parts and Vascular areas of sonography.
- Able to recognize and demonstrate skills of differentiating normal and abnormal sonographic anatomy.
- Understanding of physics of ultrasound, interaction with human tissues, image formation and display, Doppler, color flow, m-mode, 2D, 3D &4D scanning.
- Proficient with Phillips HD11XE 3D, Phillips HDI 5000, Acuson 128 XP/10, GE Logic 7.9 & 9.9, Madison Sono Ace 800 Live Prime 4D, and Terason Usmart3300
- Hardworking, Reliable team player.
- Great people skills.
- BLS Certified 04/2019

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### EMPLOYMENT HISTORY

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#### **Ultrasound Technologist**

2013- Current

*Life Scan Wellness Center, Tampa, Fl*

- Accurately performed general abdomen, pelvic, small parts, carotid and echo ultrasound examinations.
- Utilized M-mode, B-mode, Pulse, Color Doppler, and Real Time techniques when performing ultrasound examinations
- Documented size, location, texture, vascularity, and echogenicity of anatomical structures on normal and abnormal findings
- Assist in chart preparation and organization.
- Travel to different locations, in and out of state, set up and break down of exam room.

### **Ultrasound Technologist**

2011-2013

*Elite Imaging Miami Beach, Fl.*

- Patient Prep and Clean up
- Accurately performed general abdomen, pelvic, OB, small parts, carotid, and echo ultrasound examinations.
- PVR
- Duplex scanning
- Drafted ultrasound patient examination reports for diagnostics by the radiologist.
- Maintained patient records, kept track of inventory, ordered supplies and helped to maintain the proper working order of ultrasound equipment.

### **Medical Records Clerk**

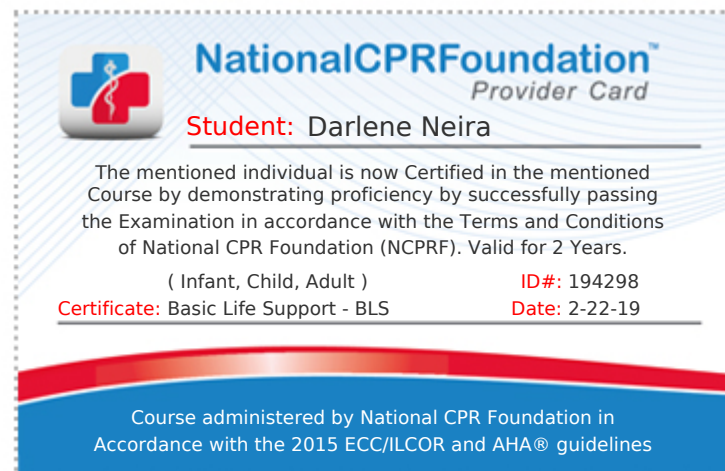
2004-2008

*Primary Care Physicians, Hollywood, Fl*

- Received all new labs and diagnostic reports for patients and filed them accordingly.
- Accurately filed all patient charts.
- Filled all medical record requests, personal and state issued.
- Copy, fax, and mail records daily.
- Customer service.
- Answered phones and set appointments.
- Patient billing.

**References available upon request**

# Printable Wallet Card



NationalCPRFoundation.com

Follow Us On:



# *Cassandra L. Esser*

1752 NE 12<sup>th</sup> Street Fort Lauderdale, Fl. 33304

[Cass.Esser24@gmail.com](mailto:Cass.Esser24@gmail.com)

(954) 770-6353

## **Education:**

- Master's degree in Clinical Exercise Physiology- August- 2011  
East Stroudsburg University of Pennsylvania
- Bachelors of science in Exercise Science- May 2010  
East Stroudsburg University of Pennsylvania

## **Related Disciplines and Expertise:**

- Physiology of Human Performance
- Cardiac Pathophysiology, Exercise and Pharmacology
- Coronary Heart Disease: Preventative medicine and wellness
- Electrocardiography and Non-Invasive Evaluations
- Cardiac Stress Testing and Exercise Prescription
- Cardiac Electrophysiology and Device programming.

## **Professional Experience:**

- Life Scan Wellness (Currently employed)  
Southeast region of Florida as well as out of state travel.  
-Clinical Exercise Physiologist assessing cardiac "Fit for Duty" screenings for Fire Fighters/EMT and Police officers.
- Clinical Exercise Physiologist at The Florida Heart Rhythm Specialists  
Fort Lauderdale, Fl.  
Remote cardiac device coordinator/processing  
(ST Jude, Medtronic, Boston Scientific, Biotronik)
- EKG and Cardiac Physiology Instructor at City College  
Hollywood, Fl.  
-Instructed students enrolled in the Cardiovascular Sonography program to complete EKG lecture and Lab.

# *Cassandra L. Esser*

1752 NE 12<sup>th</sup> Street Fort Lauderdale, Fl. 33304

[Cass.Esser24@gmail.com](mailto:Cass.Esser24@gmail.com)

(954) 770-6353

- Exercise Specialist at Markson Chiropractic  
Plantation, Fl.  
-Assisted three chiropractors with physical therapy/physiotherapy for patients with and without orthopedic limitations.
- Wellness Coach/Exercise Physiologist for Health Solutions  
South Florida region  
-Exercise Physiologist for metabolic assessments for corporate health fairs. Participated in health coaching, fitness assessments, exercise programming.
- Clinical Exercise Physiologist at The Cleveland Clinic Florida  
Cardiology Weston, Fl.  
-Perform cardiac stress testing: EKG's, VO2 Max, nuclear stress testing, Stress echoes.  
  
-Perform Fitness Assessments; Body Composition -BMI, Body fat percentage, Segmental analysis/Fat: Muscle, Injuries, and cardiac rehabilitation.  
  
-Design exercise prescriptions for special populations such as patients with CAD, Diabetes Mellitus, COPD, morbid obesity, patients with orthopedic limitations and trained individuals.

## **Additional Professional Skills:**

Women's high school Track and Field coach 2006-2008

College Tutor- 2006-2010

Ten years of entertainment and hospitality experience:

I started working in fine dining restaurants at age 15 learning about entrepreneurship and maintaining a successful business through customer service.

Food and Beverage merged into hotel and hospitality skills where I learned how to provide exceptional service to VIP members and large corporate business owners while obtaining the position as a VIP representative at the Hard Rock Casino in Hollywood, Fl.

Participated events: South Beach Wine and Food Festival,  
Private VIP concerts, Promotional modeling/brand ambassador, etc.



# *Cassandra L. Esser*

1752 NE 12<sup>th</sup> Street Fort Lauderdale, Fl. 33304

[Cass.Esser24@gmail.com](mailto:Cass.Esser24@gmail.com)


(954) 770-6353

## **Professional References:**

Mark Berges, BHSc, RCS, CCT, CEHRS, PACC, FASE  
City College Cardiac Sonography Program Director.  
Phone: 786.512.0286  
Email: [mberges@citycollege.edu](mailto:mberges@citycollege.edu)


Danielle Kravitz  
Geisinger Hospital  
570.262.9585

Jessica Deluca  
Mohegan Sun Hotel and Casino  
570.299.0845

 American Academy of CPR & First Aid, Inc.  
BLS CPR ( Adult/Child/Infant )  
Cassandra Esser

This individual has successfully completed the above mentioned course, and has demonstrated proficiency in the subject by passing the examination. In accordance with terms and conditions of American Academy of CPR & First Aid, Inc.

<u>AB1053190-BLS</u>	<u>02/27/2019</u>	<u>02/27/2021</u>
Certificate Number	Issue Date	Renewal Date

 American Academy of CPR & First Aid, Inc.


Issued by American Academy of CPR & First Aid

Director of Training J. Gowan mp

Training Site Online Training


Holder's Signature \_\_\_\_\_



 **American Academy of CPR & First Aid, Inc.**  
**Health Care Provider CPR**  
Cassandra Esser

This individual has successfully completed the above mentioned course, and has demonstrated proficiency in the subject by passing the examination. In accordance with terms and conditions of American Academy of CPR & First Aid, Inc.

<u>AB1053190-HCP</u>	<u>02/27/2019</u>	<u>02/27/2021</u>
Certificate Number	Issue Date	Renewal Date

 **American Academy of CPR & First Aid, Inc.**

Issued by American Academy of CPR & First Aid

Director of Training J. Gowari MD

Training Site Online Training

Holder's Signature \_\_\_\_\_

## **TAB 4: PROJECT UNDERSTANDING, PROPOSED APPROACH, & METHODOLOGY**

For over twenty years Life Scan's mission has been to bring a new level of health and wellness focused on critical areas of health: Cancer, Heart Disease, and Behavioral Health. Our Life Scan program was the first public safety employee physical in the United States that is both NFPA 1582/1583 compliant as well as provides the early detection and prevention of cancer and heart disease. The Life Scan program is not just a series of different random tests but an integrated physical that combines the essential components of an employee evaluation with our unique model of ultrasound imaging studies, advanced blood work, extensive physical exam, cardiopulmonary testing, and medically related fitness evaluations with a foundation in patient education. Our Life Scan ultrasound-aided physical exam has been the cornerstone of our Life Scan physicals since the beginning and the key to our success in the fight against cancer and heart disease.

Life Scan has the proven experience, knowledge, medical staffing, equipment, and resources to successfully provide The City of Hollywood, FL with an unprecedented health and wellness program and can successfully meet all timelines and performance criteria.

- The Life Scan program is designed exclusively for public employees and our entire clinical team has extensive knowledge and experience in providing occupational health and wellness physicals. Each of them is experienced in all aspects of the scope of services. Life Scan and our employees have a wide range of experience within the medical field.
- The Life Scan on-site practitioner will be a Florida-licensed ARNP (Advanced Registered Nurse Practitioner). All Life Scan employees are full-time employees and are fully trained and experienced in this area of medical evaluations. The Life Scan ARNP will be on-site to conduct the physical exam, vision, audiometry, and oversee all aspects of the program. They also provide their patients with a consultation for review of results and recommendations.
- Life Scan management team and employees have knowledge of local, state, and federal laws as well as the roles of labor and management relating to occupational medicine, health, and safety.

- Life Scan has multiple medical/fitness teams that can undertake a range of differing projects. The medical/fitness staff members that will be assigned to The City of Hollywood, FL has extensive experience with Life Scan in similar projects with over 350 public agencies in the United States and are all fully trained in all aspects of the Life Scan program and the Scope of Work.
- Life Scan has the experience and expertise with government entities, public safety agencies, and in public employee physicals to understand the applicable laws or regulations that relate to the project and to provide over site and management to ensure that the plans and specifications are being complied with and the Scope of Work are being properly provided.
- As demonstrated by our references, we have been extremely successful in providing our contracted agencies with a program that not only meets, but exceeds their expectations, as well as proven to be an outstanding medical benefit, increases internal moral, and helps to ensure the long-term health, longevity and mental well-being of their personnel.
- Life Scan has met or exceeded the expectations of every contract and project including budgetary goals, timetables, and quality control objectives.
- Life Scan maintains all required insurances, including Medical Professional Liability of \$2,000,000 each claim/\$2,000,000 aggregate which exceeds best practices given that Life Scan is a non-diagnostic provider. Life Scan meets or exceeds all other insurance requirements. See attached COI for complete details of our insurance.
- We have state-of-the-art medical equipment for the project with all medical specialists fully trained in their use, function, and normal/abnormal ranges for expert medical consultation. We will continuously work with The City of Hollywood, FL to further improve your program and to meet the health and fitness needs of your personnel. Medical technology is a dynamic industry with new advances in medical screenings introduced each year. When appropriate for your program, we will make these new tests available to your City at reasonable cost.

## TIMELINE AND IMPLEMENTATION STRATEGY

### Implementation Strategy & Schedule of Work

- A. Phase 1: Site visit at the Life Scan facility by The City of Hollywood, FL and Life Scan project management teams.
  1. Discuss program components and requirements.
  2. Determine space requirements and coordinate on-site programs.
    - a. 3-4 Rooms to accommodate the following components:
      - Physical exam
      - Audiometry testing area with minimal noise.
      - Cardiopulmonary/Fitness evaluations
      - Ultrasound exams
  3. Plan timeline.
  4. Review and approve Patient Packet.
  5. Review and approve blood draw program and LabCorp requisitions.
  6. Review and approve reporting system.
- B. Phase 2: Schedule dates for 1000 physicals/45= 22.5 weeks =/-20 days required.
  1. Nine patients per day in three intervals of three patients each
    - o Example: 3 at 8:00, 3 @ 11:00 am, and 3 @ 2 pm.
    - o Start time will be determined by the City of Hollywood.
    - o Each physical exam will require approximately 3 hours.
    - o Three (3) patients will rotate between the three (3) components of the physical (ultrasound, physical, and cardiopulmonary/fitness)
- C. Phase 3: Blood draws (2-5 weeks prior to physicals)
  1. On-site at location (s) provided by The City of Hollywood, FL.
    - a. Recommended for the City of Hollywood to have an on-duty blood draw program.
  2. LabCorp Patient Service Centers
    - a. Phlebotomists are certified technicians.
    - b. Facility meets all requirements and is properly licensed.
- D. Phase 4: Life Scan Physicals
  1. Physicals
  2. Medical Requirements based on NFPA 1582/1583
- E. Phase 5: Reporting per The City of Hollywood, FL requirements

## **LOCATION**

All Life Scan services will be provided on-site at a location provided by The City of Hollywood, FL. Life Scan will have a dedicated Life Scan team during the scheduled annual physicals. Life Scan has the capability and proven track record of providing all services successfully to other agencies with comparable size fire departments and scope of work.

## **STRATEGIES**

- Life Scan has the capability, experience, direct full-time medical staffing, and equipment to provide on-site physical exams at on-site location (s) provided by The City of Hollywood, FL.
- Set-up, medical equipment, and associated costs will be the responsibility of Life Scan.
- On-site location, space, treadmill, and overhead will be provided by the City of Hollywood, FL.
- Scheduling of medical evaluations for each department will be coordinated between The City of Hollywood, FL and Life Scan.
- Life Scan equipment maintenance will be performed by Life Scan and will be kept clean and sanitized. All equipment will be kept in optimal working order or repaired/replaced within a reasonable time frame. Life Scan maintains backup of all equipment as well as service contracts to ensure timely replacement as needed.
- Life Scan has the proven capability of providing all services on-site within the location(s) provided by The City of Hollywood, FL (not a motorized vehicle):
  - Physical Exam as outlined in the Scope of Services
  - Blood Draws (supplies included)
  - Chest x-rays
- Equipment: All equipment used for the Life Scan program is state of the art and owned by Life Scan. The equipment is portable and easily set up by the Life Scan staff.

Life Scan will bring portable exam tables as well as all the equipment necessary to completely provide the comprehensive medical and fitness exams.

  - Ultrasound Units: Terason
  - EKG Stress Units; Welch Allyn, Laptop computer based
  - Treadmill: Provided by The City of Hollywood, FL
  - Audiometry Equipment: Welch Allyn audiometer (Soundproof booth not included)
  - Vision: Titmus Vision Screener

## **LIFE SCAN COMPREHENSIVE SAFETY AND SECURITY POLICY**

The Life Scan Comprehensive Safety and Security Policy is a safety and security management plan designed to maintain a safe environment free of hazards and reduce risk of injuries for patients and employees.

- a. Processes for employee safety and security:
  1. New employee orientation and education program and annual recurrent training that addresses Safety Procedures:
    - i. Blood borne pathogen policy
    - ii. Biohazard waste policy
    - iii. Equipment
- b. Processes and procedures for facilities and equipment security
  1. Life Scan will coordinate with the on-site facility manager to determine what The City of Hollywood, FL procedures and processes are for specific site as well as best manner to secure equipment during program.
- c. Emergency Preparedness Plan
  1. Life Scan will coordinate with the on-site facility manager to determine what The City of Hollywood, FL procedures and processes are for specific site.
- d. Safety Equipment
  1. Life Scan routinely maintains and tests all equipment. Any equipment utilized will be tested prior to program start on-site.
- e. Reporting to Risk Management regarding accidents and/or damages
  1. Life Scan management will receive any accident or damage reports and report them directly to Life Scan and The City of Hollywood, FL.
- f. Records Confidentiality and Security
  1. Life Scan maintains patient records on a secure facility at the corporate headquarters.
  2. Life Scan will coordinate with the on-site facility manager to determine an on-site secure area to store any paper records during program.
  3. Life Scan stores all patient records in a secure facility in their corporate office with access limited to authorized Life Scan employees.
  4. Life Scan follows all HIPPA, State, and local guidelines regarding patient confidentiality and will review the process with The City of Hollywood, FL prior to scheduling.
  5. Chain of Custody is continuously maintained.
    - Patient Records are maintained in Life Scan corporate center in a dedicated, secure facility when not in use.
    - Patient Records are physically transported and returned to the facility by Life Scan employees.
    - During on-site programs, patient records are maintained in a secure area in locked file cabinets only accessible to the assigned Life Scan medical staff.
  6. Patients receive a copy of their medical records on the day of their physical exam.



May 15, 2019

City of Hollywood, Florida  
Solicitation # RFP-4615 19 PB

**SECTION VI - COST PROPOSAL PAGE**

**Proposer Name:**

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Proposer agrees to supply the products and services at the prices bid below in accordance with the terms, conditions and specifications contained in this RFP.

Cost to the City: Proposer must quote firm, fixed, costs for all services/products identified in this request for proposal. These firm fixed costs for the project include any costs for travel and miscellaneous expenses. No other costs will be accepted.

**Notes:**

Attach a breakdown of costs including but not limited to labor, travel, equipment, materials and parts. Include in the cost proposal below the total cost for each test and a total cost based on approximately 1000 staff members.

**1. Annual Physical Exam**

- Comprehensive Physical \$50.00 \_\_\_\_\_
- Vision (Titmus) \$ 10.00 \_\_\_\_\_
- Audiometry (hearing) exam \$10.00 \_\_\_\_\_
- Skin cancer assessment \$10.00 \_\_\_\_\_
- Personal Consultation with review of testing results \$ 10.00 \_\_\_\_\_

**2. Blood and Laboratory Tests**

- Hemocult Test \$ 10.00 \_\_\_\_\_
- Urinalysis \$ 10.00 \_\_\_\_\_
- Lipid Panel \$ 10.00 \_\_\_\_\_
- Diabetes Tests (Hemoglobin A1C and Glucose) \$10.00 \_\_\_\_\_
- Complete Blood Count \$ 8.00 \_\_\_\_\_
- Comprehensive Metabolic Panel \$ 10.00 \_\_\_\_\_
- Thyroid (TSH) \$ 5.00 \_\_\_\_\_
- PSA (men) \$ 10.00 \_\_\_\_\_
- CA-125 (women) \$ 10.00 \_\_\_\_\_

**3. Ultrasound Imaging Tests**

May 15, 2019

City of Hollywood, Florida  
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<input type="checkbox"/> Echocardiogram Heart Ultrasound	\$ 21.00
<input type="checkbox"/> Carotid Arteries Ultrasound	\$ 10.00
<input type="checkbox"/> Aortic Aneurysm Ultrasound	\$ 10.00
<input type="checkbox"/> Thyroid Ultrasound	\$ 10.00
<input type="checkbox"/> Liver, Pancreas, Gall Bladder, Spleen, & Kidneys Ultrasound	\$10.00
<input type="checkbox"/> Bladder Ultrasound	\$10.00
<input type="checkbox"/> Pelvic Ultrasound for Women (Ovaries and Uterus)	\$10.00
<input type="checkbox"/> Testicular Ultrasound for Men	\$10.00
<input type="checkbox"/> Prostate Ultrasound for Men	\$10.00

**4. Cardiopulmonary Assessments**

<input type="checkbox"/> Pulmonary Function Test (Spirometry)	\$5.00
<input type="checkbox"/> Resting EKG	\$21.00
<input type="checkbox"/> Bruce Protocol Treadmill Stress Test with EKG	\$70.00

**5. Fitness Evaluations**

<input type="checkbox"/> Body Fat and Body Composition Analysis	\$5.00
<input type="checkbox"/> Muscular Endurance Evaluation	\$ 5.00
<input type="checkbox"/> Muscular Strength Evaluation	\$5.00
<input type="checkbox"/> Aerobic Endurance Evaluation (VO2 max calculation)	\$ 5.00
<input type="checkbox"/> Flexibility Evaluation	\$ 5.00
<input type="checkbox"/> Nutrition and Diet Recommendations	\$ 5.00
<input type="checkbox"/> Exercise Prescription	\$ 5.00

**6. Additional Testing Line Item(s) (priced separately)**

<input type="checkbox"/> Chest X-ray with Radiologist review	\$65.00
<input type="checkbox"/> Lumbar X-ray with Radiologist review	\$40.00
<input type="checkbox"/> Hepatitis A Test	\$ 50.00
<input type="checkbox"/> Hepatitis B Test	\$ 50.00
<input type="checkbox"/> Hepatitis C Test	\$ 50.00



May 15, 2019

City of Hollywood, Florida  
Solicitation # RFP-4615 19 PB

- Hepatitis Vaccines each shot\*  
(A = 2 shot series, B = 3 shot series) \$ 79.00 per shot\* see pricing below
- QuantiFeron Gold TB Blood Test \$65.00
- Cholinesterase and Heavy Metals (HazMat) \$134.00
- Tetanus/DP \$ 21.00

**Note: All of the above exams shall have a flat fee**

**#1-#5 Total Project Cost based on approximately 1000 staff members**

Flat Fee: \$395.00 x 1000=\$395,000.0

**(#6 Additional testing line items)total Project Cost based on approximately 1000 staff members**

Flat Fee: \$425.00 x 1000=\$425,000.00

\* Hepatitis Vaccine 5 Shots @\$79.00 =\$475.00  
(Not included in line 6 flat fee)

Flat Fee: \$475.00 x 1000= \$475,000.00

**Additional Tests Offered Priced Separately:**

- Chest X-Ray with Radiologist review  
\$ 65.00
- Lumbar X-Ray with Radiologist review  
\$ 40.00
- Urine Drug Screen, DOT  
\$ 50.00
- Urine Drug Screen, 10 Panel, 1-Cup in office  
\$ 37.00
- Drug Rescreen with confirmation  
\$ 52.00
- Medical Review Officer (MRO) as indicated  
\$ 105.00
- Hepatitis A, B, or C test each  
\$ 50.00 each

May 15, 2019City of Hollywood, Florida  
Solicitation # RFP-4615 19 PB

- Hepatitis Vaccines each shot (A=2 shot series, B-3 shot series)  
\$ 79.00 per shot
  
- Hep B Titers (as needed)  
\$ 32.00
  
- PPD  
\$ 16.00
  
- HIV  
\$ 42.00
  
- ABO Blood Type  
\$ 23.00
  
- OSHA Respirator Mask Fit Testing (Portacount)  
\$ 35.00
  
- Cholinestrase and Heavy Metals (Hazmat)  
\$ 134.00
  
- Tetanus/DP  
\$ 21.00
  
- Nicotine/Cotinine Screening  
\$ 69.00
  
- Coronary Calcification Scoring  
\$ 120.00

May 15, 2019

City of Hollywood, Florida  
Solicitation # RFP-4615 19 PB

- CT Angiogram (CT of the Lungs and Coronary Arteries)  
    \$ 450.00
  
- MRI of the Brain  
    \$ 450.00

**Submitted by:**  
**Patricia Johnson**

\_\_\_\_\_  
Name (printed)



\_\_\_\_\_  
Signature

**5/29/2019**

\_\_\_\_\_  
Date

**ceo**

\_\_\_\_\_  
Title

<b>Life Scan Wellness Centers      May 30, 2019</b>	
<b>Price Quote: City of Hollywood, FL RFP # 4615-19-PB, Medical Evaluation/Physicals</b>	
<b><i>Life Scan Physical Exam</i></b>	
Medical & Environmental Questionnaire	included
Hands-On Physical Exam	included
Behavioral Health Screening	included
Epworth Sleep Assessment Screening	included
Vision Exam (Titmus) Ishihara, color, binocular, and depth perception	included
Audiology	included
Skin cancer assessment	included
Back Health Assessment	included
Personal Consultation with review of testing results	included
<b><i>Cardiopulmonary Assessments</i></b>	
Resting EKG	included
Cardiac Treadmill Stress Test with EKG	included
Blood Pressure and Vital Signs	included
Pulmonary Function, Spirometry Test	included
<b><i>Cancer, Heart, Vascular, and Disease Assessments</i></b>	
Echocardiogram, Heart and Function Ultrasound	included
Carotid Arteries Ultrasound with CIMT Calculation	included
Aorta and Aortic Valve Ultrasound	included
Thyroid Ultrasound	included
Liver, Pancreas, Gall Bladder, Spleen, & Kidney Ultrasounds	included
Bladder Ultrasound	included
Pelvic Ultrasound for Women (external)	included
Prostate and Testicular Ultrasound for Men	included
<b><i>Blood and Laboratory Tests</i></b>	
Colon Cancer Screening, Hemoccult Test	included
Urinalysis, Dip	included
Lipid Panel	included
Diabetes Tests (Hemoglobin A1C and Glucose)	included
Complete Blood Count	included
Comprehensive Metabolic Panel	included
Thyroid Panel	included
PSA (men)	included
Testosterone (men)	included
CA-125 (women)	included
<b><i>Fitness Evaluations (WFI Guidelines)</i></b>	
Muscular Strength and Endurance Evaluations	included
Aerobic Endurance Evaluation (VO2 Max Calc)	included
Flexibility Evaluation	included
Body Composition (Calipers)	included
Nutrition and Diet Recommendations	included
Personal Fitness Recommendations	included
<b><i>Medical Clearances as Needed</i></b>	
OSHA Respirator Medical Clearance	included
Employee Medical Clearance	included
<b>TOTAL FLAT RATE</b>	<b>\$395.00 EACH</b>

<b>Life Scan Wellness Centers</b> <b>Price Quote: City of Hollywood, FL</b> <b>RFP # 4615-19-PB, Medical Evaluation/Physicals</b>  <b>LINE ITEM TESTING</b>	<b>Pricing for Additional Line Items Tests</b>
Chest X-Ray with Radiologist review	\$ 65.00
Lumbar X-Ray with Radiologist review	\$40.00
Hepatitis A Test	\$50.00
Hepatitis B Test	\$50.00
Hepatitis C Test	\$50.00
Hepatitis A Vaccines 2 shot series, each	\$79.00 each
Hepatitis B Vaccine 3 shot series, each	\$79.00 each
QuantiFeron Gold TB Test	\$65.00
Cholinesterase and Heavy Metal	\$134.00
Tetanus/DP	\$21.00
Urine Drug Screen, DOT	\$50.00
Urine Drug Screen,10 Panel, 1-Cup in office	\$37.00
Drug Rescreen with Confirmation	\$52.00
Medical Review Officer (MRO) as indicated	\$105.00
Hepatitis Titer as needed	\$32.00
PPD	\$16.00
HIV	\$42.00
ABO Blood Type	\$23.00
OSHA Respirator Mask Fit Testing (PortaCount)	\$35.00
Cholinesterase and Heavy Metals	\$134.00
C Reactive Blood Test	\$40.00
Nicotine/Cotinine Screening	\$69.00
Coronary Calcium Score Baseline (CT)	\$120.00
CT Angiogram (CT of the Lungs and Coronary Arteries)	\$450.00
MRI of the Brain	\$450.00

Location Options

On-site locations provided by the City

## Bid RFP-4615-19-PB Medical Evaluation/Physicals

Bid Number RFP-4615-19-PB  
 Bid Title Medical Evaluation/Physicals

Bid Start Date May 15, 2019 11:43:21 AM EDT  
 Bid End Date May 30, 2019 3:00:00 PM EDT  
 Question & Answer End Date May 22, 2019 6:00:00 PM EDT

Bid Contact Paul Bassar  
 Contract Compliance Officer  
 954-921-3628  
 pbassar@hollywoodfl.org

**Addendum # 1**

New Documents RFP\_4615\_19\_PB.docx

Removed Documents RFP\_4615\_19\_PB.docx

**Changes were made to the following items:**  
 Medical Evaluation/Physicals

**Description**

The City of Hollywood, Florida (City) is seeking a qualified, experienced and licensed company(s) to provide Medical Evaluations for the City's employees which include Firefighters, Police Officers, Public Utility, Public Works, Parks and Recreation as well as other general and management classified employees, in accordance with the terms, conditions, and specifications contained in this Request for Proposals (RFP).  
 Pricing must be provided with your RFP submittal response per the Cost Proposal Page.

**Added on May 21, 2019:**

Corrected the Bid number on Page 5 to reflect RFP 4615 19 PB

**Addendum # 1**



**ACKNOWLEDGMENT AND SIGNATURE PAGE**

This form must be completed and submitted by the date and the time of bid opening.  
Life Extension Clinics, Inc. D/B/A Life Scan Wellness Centers

Legal Company Name (include d/b/a if applicable): \_\_\_\_\_ Federal Tax Identification Number: 59-3530228

If Corporation - Date Incorporated/Organized: August 1998

State Incorporated/Organized: Florida

Company Operating Address: 1011 North MacDill Ave

City Tampa State FL Zip Code 33607

Remittance Address (if different from ordering address): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Contact Person: Patricia Johnson, CEO Email Address: Patricia.Johnson@lifescanwellness.com

Phone Number (include area code): 813-876-0625 Fax Number (include area code): 813-876-0653

Company's Internet Web Address: www.Lifescanwellness.com

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.

 \_\_\_\_\_  
Bidder/Proposer's Authorized Representative's Signature: \_\_\_\_\_ Date 5/25/19

Type or Print Name: Patricia Johnson, CEO

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.

**ANY EXCEPTION, CHANGES OR ALTERATIONS TO THE GENERAL TERMS AND CONDITIONS, HOLDHARMLESS/INDEMNITY DOCUMENT OR OTHER REQUIRED FORMS MAY RESULT IN THE BID/PROPOSAL BE DEEMED NON-RESPONSIVE AND DISQUALIFIED FORM THE AWARD PROCESS.**

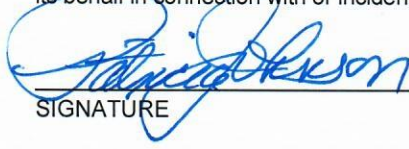
May 15, 2019

City of Hollywood, Florida  
Solicitation # RFP-4615 19 PB

**HOLD HARMLESS AND INDEMNITY CLAUSE**

**(Company Name and Authorized Representative's Name)**

, the contractor, shall indemnify, defend and hold harmless the City of Hollywood, its elected and appointed officials, employees and agents for any and all suits, actions, legal or administrative proceedings, claims, damage, liabilities, interest, attorney's fees, costs of any kind whether arising prior to the start of activities or following the completion or acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the contractor, or anyone acting under its direction, control, or on its behalf in connection with or incident to its performance of the contract.

  
\_\_\_\_\_  
SIGNATURE

Patricia Johnson  
\_\_\_\_\_  
PRINTED NAME

Life Extension Clinics, Inc. D/B/A Life Scan  
Wellness Centers  
\_\_\_\_\_  
COMPANY OF NAME

  
\_\_\_\_\_  
DATE

**Failure to sign or changes to this page shall render your bid non-responsive.**



May 15, 2019

City of Hollywood, Florida  
Solicitation # RFP-4615 19 PB

**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA  
STATUTES ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER  
OFFICIAL AUTHORIZED TO ADMINISTER OATHS

1. This form statement is submitted to City of Hollywood, Florida  
by Patrica Johnson, CE for Life Extension Clinics, Inc. D/B/A Life Scan Wellness Centers  
(Print individual's name and title) (Print name of entity submitting sworn statement)  
whose business address is 1011 North MacDill Ave, Tampa, FL 33607  
and if applicable its Federal Employer Identification Number (FEIN) is 59-3530228 If the entity has no FEIN,  
include the Social Security Number of the individual signing this sworn statement.

2. I understand that "public entity crime," as defined in paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misinterpretation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in an federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that "Affiliate," as defined in paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime, or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that "person," as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

X Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime, but the Final Order entered by

May 15, 2019

City of Hollywood, Florida  
Solicitation # RFP-4615 19 PB

the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the Final Order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR A CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

*Eric Johnson*  
\_\_\_\_\_  
(Signature)

Sworn to and subscribed before me this 21 day of MAY, 20 19

Personally known

Or produced identification \_\_\_\_\_ Notary Public-State of Florida

\_\_\_\_\_ my commission expires 10/8/20

(Type of identification)

*David A. Castelli*  
\_\_\_\_\_  
(Printed, typed or stamped commissioned name of notary public)

DAVID A. CASTELLI  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# GG005564  
Expires 10/8/2020



**Failure to sign or changes to this page shall render your bid non-responsive.**



May 15, 2019

City of Hollywood, Florida  
Solicitation # RFP-4615 19 PB

**CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER  
RESPONSIBILITY MATTERS**

The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Applicant Name and Address:

Life Extension Clinics, Inc. D/B/A Life Scan Wellness Centers

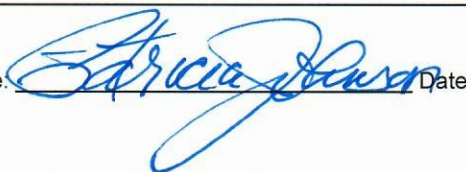
Patricia Johnson, CEO

1011 N. Mac Dill Ave, Tampa FL 33607

Application Number and/or Project Name:

Applicant IRS/Vendor Number: 59-3530228

Type/Print Name and Title of Authorized Representative:  
Patricia Johnson, CEO

Signature:  Date: 5/15/19

**Failure to sign or changes to this page shall render your bid non-responsive.**

May 15, 2019


City of Hollywood, Florida  
Solicitation # RFP-4615 19 PB

**DRUG-FREE WORKPLACE PROGRAM**

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program (if such is available in the employee's community) by, any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of these requirements.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

 \_\_\_\_\_ Patrica Johnson  
 \_\_\_\_\_  
 VENDOR'S SIGNATURE PRINTED NAME

Life Extension Clinics, Inc. D/B/A Life Scan Wellness Centers  
 \_\_\_\_\_  
 NAME OF COMPANY



May 15, 2019

City of Hollywood, Florida  
Solicitation # RFP-4615 19 PB

**SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY**

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. - "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby.". The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The City of Hollywood policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City does business.

The State of Florida definition of "gifts" includes the following:

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate or terms on a debt, loan, goods, or services,
- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Food or beverage,
- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements
- Services provided by persons pursuant to a professional license or certificate.
- Other personal services for which a fee is normally charged by the person providing the services.
- Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.

 \_\_\_\_\_  
 SIGNATURE PRINTED NAME  
 Patricia Johnson

Life Extension Clinics, Inc. D/B/A Life Scan Wellness Centers \_\_\_\_\_  
 NAME OF COMPANY TITLE  
 CEO

**Failure to sign this page shall render your bid non-responsive.**

# W-9

(Rev. August 2013)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give to the  
requester. Do not  
send to the IRS.

Print or  
type  
See  
Specific  
Instructions  
on page 2.

Name (as shown on your income tax return) <input type="text" value="Life Extension Clinics, Inc."/>	
Business name/disregarded entity name, if different from above <input type="text" value="Life Scan Wellness Centers"/>	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="text"/>  <input type="checkbox"/> Other (see instructions)	Exemptions (see instructions):  Exempt payee code (if any) <input type="text"/>  Exemption from FATCA reporting code (if any) <input type="text"/>
Address (number, street, and apt. or suite no.) <input type="text" value="1011 North MacDill Ave."/>	Requester's name and address (optional) <input type="text"/>
City, state, and ZIP code <input type="text" value="Tampa, FL 33607"/>	
List account number(s) here (optional) <input type="text"/>	

### Part I

### Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number <input type="text"/>
Employer identification number <input type="text" value="59-3530228"/>

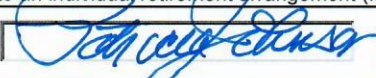
### Part II

### Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other

Sign Here	Signature of U.S. person 	Date <input type="text" value="5/25/19"/>
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May 15, 2019

City of Hollywood, Florida  
Solicitation # RFP-4615 19 PB**REFERENCE QUESTIONNAIRE**

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: Life Extension Clinics, Inc. D/B/A Life Scan Wellness Centers

Firm giving Reference: Polk County Fire Rescue

Address: 1295 Brice Blvd, Bartow, FL 33830

Phone: 863-585-8301

Fax: 863-534-0379

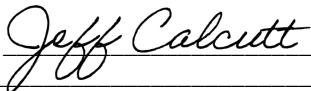
Email: jeffcalcutt@polk-county.net

1. **Q:** What was the dollar value of the contract?  
**A:** \$220,000
2. **Q:** Have there been any change orders, and if so, how many?  
**A:** No change orders
3. **Q:** Did they perform on a timely basis as required by the agreement?  
**A:** Yes
4. **Q:** Was the project manager easy to get in contact with?  
**A:** Yes
5. **Q:** Would you use them again?  
**A:** Yes
6. **Q:** Overall, what would you rate their performance? (Scale from 1-5)  
**A:**  5 Excellent  4 Good  3 Fair  2 Poor  1 Unacceptable
7. **Q:** Is there anything else we should know, that we have not asked?  
**A:** They are an excellent company to work with. Their technicians that perform the physicals are very professional and knowledgeable.

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Jeff Calcutt

Title: Operations Chief

Signature:  Date: 5/22/2019



May 15, 2019

### REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: Life Extension Clinics, Inc. D/B/A Life Scan Wellness Centers

Firm giving Reference: Broward Sheriff's Office Fire Rescue

Address: 2601 West Broward Blvd. Fort Lauderdale, Fl 33321

Phone: 954-831-8291

Fax: 954-321-4650

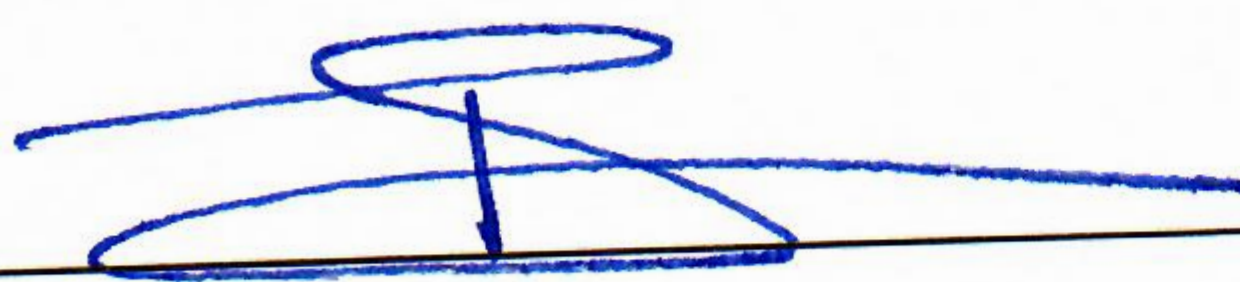
Email: Todd\_Leduc@sheriff.org

1. Q: What was the dollar value of the contract?  
A: Approx. 280,000
2. Q: Have there been any change orders, and if so, how many?  
A: NO
3. Q: Did they perform on a timely basis as required by the agreement?  
A: YES
4. Q: Was the project manager easy to get in contact with?  
A: YES
5. Q: Would you use them again?  
A: Absolutely
6. Q: Overall, what would you rate their performance? (Scale from 1-5)  
A:  5 Excellent  4 Good  3 Fair  2 Poor  1 Unacceptable
7. Q: Is there anything else we should know, that we have not asked?  
A: excellent early detection

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Todd LeDuc

Title: Assistant Chief

Signature: 

Date: 5.21.19



May 15, 2019

City of Hollywood, Florida  
Solicitation # RFP-4615 19 PB**REFERENCE QUESTIONNAIRE**

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: Life Extension Clinics, Inc. D/B/A Life Scan Wellness Centers

Firm giving Reference: Fort Lauderdale Fire Rescue

Address: 528 NW 2nd St. Fort Lauderdale, FL 33311

Phone: 954-828-6809

Fax: 954-828-6843

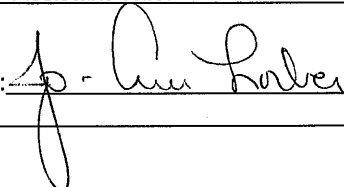
Email: JLorber@fortlauderdale.gov

1. **Q:** What was the dollar value of the contract?  
A: \$135, 000 for Fire and \$35,000 for Police
2. **Q:** Have there been any change orders, and if so, how many?  
A: No change orders have been done
3. **Q:** Did they perform on a timely basis as required by the agreement?  
A: Very timely as you set up the schedule for your department
4. **Q:** Was the project manager easy to get in contact with?  
A: The Project Manager/ARNP is easily accessible via email or phone
5. **Q:** Would you use them again?  
A: We have been using them for 3 years now. First year was via an AFG grant award and the City has now allowed Fire to budget for it
6. **Q:** Overall, what would you rate their performance? (Scale from 1-5)  
A:  5 Excellent  4 Good  3 Fair  2 Poor  1 Unacceptable
7. **Q:** Is there anything else we should know, that we have not asked?  
A: The Life Scan physicals have already found 2 firefighters with cancer and saved their lives.

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Jo-Ann Lorber, MPA, EFO, CFO, CEM, MIFireE

Title: Assistant Chief

Signature:  Date: 5/22/19

May 15, 2019

City of Hollywood, Florida  
Solicitation # RFP-4615 19 PB

**REFERENCE QUESTIONNAIRE**

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: Life Extension Clinics, Inc. D/B/A Life Scan Wellness Centers

Firm giving Reference: Jacksonville Sheriff's Office

Address: 501 E. Bay St Jacksonville, Fl 32202

Phone: 904-630-2442

Fax: \_\_\_\_\_


Email: Lawrence.Schmitt@jaxsheriff.org

- 1. **Q:** What was the dollar value of the contract?  
**A:** \$550,000.
- 2. **Q:** Have there been any change orders, and if so, how many?  
**A:** No.
- 3. **Q:** Did they perform on a timely basis as required by the agreement?  
**A:** Yes – above and beyond what is required.
- 4. **Q:** Was the project manager easy to get in contact with?  
**A:** Yes – if not immediately available, always returned calls in a timely manner.
- 5. **Q:** Would you use them again?  
**A:** Yes.
- 6. **Q:** Overall, what would you rate their performance? (Scale from 1-5)  
**A:**     5 Excellent     4 Good     3 Fair     2 Poor     1 Unacceptable
- 7. **Q:** Is there anything else we should know, that we have not asked?  
**A:** They have been consistently very easy to work with and exceeded our expectations.

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Lawrence Schmitt

Title Chief

Signature: 

Date: 05/22/19

May 15, 2019

City of Hollywood, Florida  
Solicitation # RFP-4615 19 PB

**REFERENCE QUESTIONNAIRE**

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: Life Extension Clinics, Inc. D/B/A Life Scan Wellness Centers

Firm giving Reference: City of Homestead Florida

Address: 100 Civic Court Homestead, FL 33030

Phone: 786-877-8097

Fax: 305-224-4479

Email: umedero@cityofhomestead.com

1. Q: What was the dollar value of the contract?

A: \$30,000

2. Q: Have there been any change orders, and if so, how many?

A: NO

3. Q: Did they perform on a timely basis as required by the agreement?

A: Yes.

4. Q: Was the project manager easy to get in contact with?

A: Yes, very easy

5. Q: Would you use them again?

A: yes, have been using them since 2004

6. Q: Overall, what would you rate their performance? (Scale from 1-5)

A:  5 Excellent  4 Good  3 Fair  2 Poor  1 Unacceptable

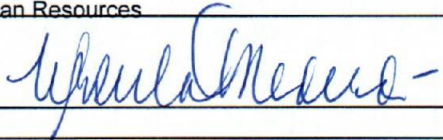
7. Q: Is there anything else we should know, that we have not asked?

A: NO

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Ursula Medero

Title: Human Resources

Signature: 

Date: 5/21/19



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**05/14/2019**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>O. E. Wilson Insurance, Inc.</b> <b>1475 Belcher Rd S</b> <b>Largo FL 33771</b>		<b>CONTACT NAME:</b> <b>PHONE (A/C No., Ext): (727) 535-0524</b> <b>FAX (A/C No.): (727) 536-9828</b> <b>E-MAIL ADDRESS: cinda@oewilson.com</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A : Auto-Owners Insurance Company</b>	
		<b>INSURER B : Admiral Insurance Company</b>	
		<b>INSURER C : Transportation Insurance Company</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

<b>INSURED</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	20690745	11/10/2018	11/10/2019	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		4159162800	09/18/2018	09/18/2019	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC 6 56600287	11/29/2018	11/29/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
B	<b>Medical Professional Liability</b> <b>Retroactive Date: 5/31/2001</b>			EO000037691-03	05/31/2019	05/31/2020	<b>2,000,000</b> <b>2,000,000</b> <b>Aggregate</b> <b>Each Claim</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured on the general liability and auto policies with respect to work performed by the insured.

Medical Professional Liability Additional Coverages:

Sexual Abuse \$1,000,000 Each Claim/\$1,000,000 Aggregate

Network Security & Data Privacy Liability \$1,000,000 Each Claim/\$1,000,000 Aggregate

CERTIFICATE HOLDER

CANCELLATION

<b>City of Hollywood</b> <b>2600 Hollywood Blvd.</b>  <b>Hollywood, FL 33022</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Amy I Wilson</i> <SK>
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# LIFE SCAN WELLNESS CENTERS

*Saving the Lives of America's Heroes*

<b>2018 LIFE SCAN AGGREGATE DATA AND SIGNIFICANT FINDINGS</b>	
<b>MASSES/SUSPICIOUS CANCER (ULTRASOUND FINDINGS)</b>	
Gallbladder	8
Liver	50
Kidney	28
Spleen- enlarged	87
Bladder	0
Prostate	12
Prostate Antigen Level increase over 1 Year with Enlarged Prostate	86
Testicular	15
Ovarian	1
Uterine	8
Pancreas	1
Thyroid	218
Thyroid Nodules > 1 cm, monitoring for increase over 1 Year	300
<b>TOTAL</b>	<b>814</b>
<b>CARDIOVASCULAR DISEASE</b>	
Elevated LDL/HDL ratio (Heart Disease Risk)	674
*Stage 2 Hypertension (Stroke Risk)	41
*Abnormal ECG/Stress Test (Abnormal Rhythm)	253
<b>TOTAL</b>	<b>968</b>
<b>CARDIOVASCULAR DISEASE (ULTRASOUND FINDINGS)</b>	
*Carotid Stenosis >50% (Stroke Risk)	3
Hypertrophy (Thickening/enlargement of the Heart)	160
*Severe Heart Valve Disfunction	46
*Bicuspid Aortic Valve	0
*Pericardial Effusion	0
*Abdominal Aorta Aneurysm (>4)	98
*Decreased Heart Function (low EF)	14
<b>TOTAL</b>	<b>321</b>
<b>PULMONARY FUNCTION</b>	
*Abnormal Pulmonary Function Test (Spirometry)	282
<b>TOTAL</b>	<b>282</b>
<b>CRITICAL ABNORMAL BLOODWORK</b>	
HAZMAT (Heavy Metals and Cholinesterase)	75
Positive Hepatitis C	7
*Diabetes, Elevated A1c >8.1 (Diabetes)	229
Decreased WBC (At risk for viral infections and Leukemia)	56
Chronic Kidney Disease/ Renal Failure (low eGFR)	263
<b>TOTAL</b>	<b>630</b>
<b>TOTAL CRITICAL ABNORMAL FINDINGS:</b>	<b>3015</b>
<b>NUMBER OF FIRST RESPONDER PATIENTS</b>	<b>7392</b>

Cross-section of Life Scan patients from Career and Volunteer Fire Departments located in 12 States.



## Life Scan 2017 AGGREGATE DATA 11,967 FIRST RESPONDERS

The following Aggregate Data represents significant findings from a cross-section of Life Scan's thirty thousand public safety patients from departments located in twelve states during 2017. These significant findings are potentially catastrophic diseases that were identified early through the Life Scan's integrated approach that includes a comprehensive physical, laboratory blood work, ultrasound imaging, and cardiopulmonary testing.



<b>2017 AGGREGATE DATA SIGNIFICANT FINDINGS</b>	
<b>Number of First Responder Patients</b>	<b>11967</b>
<b>MASSES/SUSPICIOUS CANCER</b>	
Gallbladder	33
Liver	44
Kidney	92
Spleen	40
Bladder	11
Prostate	14
PSA (Prostate Specific Antigen) increase over 1 Year	122
Testicular	34
Ovarian	28
Uterine	92
Pancreas	22
Thyroid	193
Thyroid Suspicious Nodules being monitored	679
<b>TOTAL</b>	<b>1404</b>
<b>CARDIOVASCULAR DISEASE</b>	
Elevated LDL/HDL ratio (Heart Disease Risk)	511
*Stage 2 Hypertension (Stroke Risk)	187
*Abnormal ECG/Stress Test (Abnormal Rhythm)	495
*Carotid Stenosis >50% (Stroke Risk)	54
Hypertrophy (Thickening/enlargement of the Heart)	120
*Severe Heart Valve Disfunction	90
*Bicuspid Aortic Valve	16
*Pericardial Effusion	3
*Abdominal Aorta Aneurysm (>4)	8
*Decreased heart function (low EF)	16
<b>TOTAL</b>	<b>1500</b>
<b>PULMONARY FUNCTION</b>	
*Abnormal Pulmonary Function Test (Spirometry)	<b>228</b>
<b>TOTAL</b>	<b>228</b>
<b>CRITICAL ABNORMAL BLOODWORK</b>	
HAZMAT (Heavy Metals and Cholinesterase)	36
Positive Hepatitis C	7
*Diabetes, Elevated A1c >8.1 (Diabetes)	148
Decreased WBC (At risk for viral infections and Leukemia)	290
Chronic Kidney Disease/ Renal Failure (low eGFR)	168
<b>TOTAL</b>	<b>649</b>
<b>TOTAL CRITICAL ABNORMAL FINDINGS:</b>	<b>3863</b>
	<b>11967</b>

\*IN NFPA 1582 Guidelines



ABNORMAL TEST FINDINGS	City of Hollywood			
	2019	2020	2021	2022
<b>ULTRASOUND STUDIES</b>				
<b>Cardiovascular</b>				
Carotid Stenosis > 50%				
MVP (Mitral Valve Prolapse)				
Low Ejection Fraction (Heart Function)				
LVH (Left Ventricular Hypertrophy)				
Bicuspid Aortic Valve				
Dilated Aortic Root				
Aortic Insufficiency				
Aortic Stenosis				
Aortic Aneurysm (AAA)				
<b>Internal Organs</b>				
<b>Liver</b>				
Mass				
Cyst				
Fatty liver				
<b>Kidneys/Renal</b>				
Mass				
Cyst				
Kidney Stones				
<b>Gall Bladder</b>				
Gall Stones				
Mass				
Polyp(s)				
<b>Spleen</b>				
Enlargement				
<b>Pancreas</b>				
Mass				
<b>Pelvic</b>				
Ovarian Mass				
Uterine Mass				
Prostate Enlargement				
Prostate Mass				
Testicular Mass				
BladderMass				
<b>Thyroid</b>				
Mass				
Nodules- Monitor				
Nodules- Follow-up				
Heterogenous/Cystic				

<b>ARNP PHYSICAL EXAM</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Hemocult				
Complete Blood Count (CBC)				
Elevated Renal Function (Kidney)				
Elevated Liver Function				
LDL/HDL Ratio (Cholesterol)				
Triglycerides				
Blood Glucose (Diabetes test)				
Hemoglobin A1C (Diabetes test)				
Thyroid Function (Blood Test)				
Heavy Metals				
Cholinesterase				
Hearing				
Vision				
Chest X-ray				
CA 125				
Testosterone				
Hazmat Heavy Metals				
<b>CLINICAL EXERCISE PHYSIOLOGY</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
Blood Pressure (Pre-hypertension)				
Blood Pressure (Hypertension)				
Electrocardiogram (EKG)				
Cardiac Stress Test				
V02 Max Calc (Aerobic Capacity)				
Body Fat Percentage/Obesity				
Pulmonary Function Test				
<b>ANNUAL FINDINGS</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>TOTAL</b>				



**LIFE SCAN**  
Wellness Centers

**EMPLOYEE MEDICAL QUALIFICATION  
AND OSHA RESPIRATOR CLEARANCE**

Department: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Patient last 4 digits SS#: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**EMPLOYEE MEDICAL QUALIFICATION:** The examination of this employee must include a complete physical examination at a level of specificity to determine whether there is any medical or physiological reason that may impair the employee's ability to perform the essential functions of his or her job. Disabilities, impairment, or limitations identified by the examination, which would prevent the employee from performing the essential functions of the position, will be reported to their employer. The reviewing medical personnel should note all abnormalities which might predispose the employee to injury or aggravation of the condition due to the nature of the duties and tasks required of the employee.

**MEDICALLY QUALIFIED**

**MEDICALLY QUALIFIED WITH THE FOLLOWING RECOMMENDATIONS:**

\_\_\_\_\_  
\_\_\_\_\_

**NOT MEDICALLY QUALIFIED. This patient must be examined by a medical specialist for follow up evaluation and final clearance. The evaluation should include confirmation, diagnosis, and/or treatment of the following:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OSHA RESPIRATOR CLEARANCE:** This medical evaluation determines any limitations on respirator use related to the medical condition of the employee or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use a respirator.

**MEDICALLY QUALIFIED TO WEAR A RESPIRATOR.**

**There are no restrictions on respirator use related to the medical condition of the employee.**

**NOT MEDICALLY QUALIFIED TO WEAR A RESPIRATOR.**

**A follow up examination is needed to make a final determination for respirator clearance.**

\_\_\_\_\_  
\_\_\_\_\_

**Medical Practitioner Information:**

Print Name: \_\_\_\_\_

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



**CITY OF HOLLYWOOD  
Employee Wellness  
Program**

**Patient Packet**

Life Scan Wellness Centers  
1011 North MacDill Avenue  
Tampa, FL 33607  
LifeScan@lifescanwellness.com  
(813) 876-0625

*Please complete your patient packet and  
bring it with you to your Life Scan physical.*

# LIFE SCAN WELLNESS CENTERS

## LIFE SCAN WELLNESS PROGRAM

### Comprehensive Medical Exam NFPA 1582 Compliant

- *Firefighter Physical Exam*
- *Vital Signs*
- *Vision and Hearing*
- *Behavioral Health Assessments*
- *Sleep Disorder Assessments*
- *Skin Cancer Screening*
- *Consultation with review of results, recommendations, and a personalized health plan*

### Life Scan Ultrasound Imaging

- *Echocardiogram (Heart with function)*
- *Carotid Arteries*
- *Aorta and Aortic Valve*
- *Liver, Pancreas, Gall Bladder, Kidneys, and Spleen (Internal Organs)*
- *Ovaries/Uterus*
- *Testicular/Prostate*
- *Bladder*
- *Thyroid*

### Cardiopulmonary

- *Bruce Protocol Treadmill Exercise Stress Test with EKG and VO2 Max Calc*
- *Resting EKG*
- *Pulmonary Function Test*
- *Calcification Scoring and Lung CT*

### Laboratory Analysis:

- *Comprehensive Metabolic Panel*
- *Complete Blood Count*
- *Lipid Panel (cholesterol)*
- *Thyroid Panel*
- *Hemoglobin A1C and Glucose*
- *Urinalysis*
- *Occult Blood Study*
- *Men: PSA Prostate Cancer Marker*
- *Men: Testosterone Blood Test*
- *Women: CA-125 Ovarian Cancer Marker*
- *Hepatitis Screening*

### Fitness Analysis (WFI/NFPA 1583)

- *Metabolic Analysis and Body Comp*
- *Aerobic Endurance with VO2 Max Calc*
- *Muscular Strength Testing*
- *Muscular Endurance Evaluation*
- *Flexibility Test*
- *Diet and Nutritional Recommendations*
- *Personal Exercise Prescription*

## PROTECT YOUR HEALTH!

The Life Scan Wellness Program is an integrated medical approach that combines a comprehensive Medical Evaluation and Fitness Evaluations with our Life Scan model of early detection and prevention of the major diseases such as heart disease, stroke, cancer, diabetes, and aneurysms before they reach a catastrophic level. It provides your employees with a thorough assessment of their health as well as recommendations for achieving and maintaining long term health and managing medical risks.

Each physical exam has the added value benefit of ultrasound imaging assessments of the internal organs and cardiovascular system as well as cardio-pulmonary testing, extensive laboratory blood profiles, diet and nutritional analysis, a state-of-the-art fitness analysis, and a personalized wellness plan.

Life Scan's sophisticated wellness program is proven to identify and analyze specific markers that are the foundation of virtually every disease, visualizes the health of the internal organs and heart, and evaluates the function of the vascular system. The Life Scan fitness evaluation with a clinical exercise physiologist will put your employees on the right track to an improved physical condition.

**Early detection is the Key to Prevention**

**To your Health!**

**Patricia Johnson, CEO & Founder**  
**Michael Terrana, CFO & Founder**  
**Pamela Desmarais, ARNP-BC, Clinical Director**

***Celebrating our 22<sup>nd</sup> Year***  
***Dedicated to Saving Lives***

# LIFE SCAN

## Wellness Centers

Our confidential Life Scan Wellness Program is designed to provide you with a tool to be proactive with your own health. It is a valuable health and fitness assessment concept that is proven to identify major medical conditions before the onset of catastrophic consequences. It is our experience that heart attacks, strokes, cancer, and other equally devastating diseases can be prevented through early detection! Our early detection program gives you and your family the opportunity for medical intervention before it is too late!

### **LIFE SCAN WELLNESS PROGRAM**

There are three parts to your Life Scan appointment that include Ultrasound Imaging, Physical Exam, and Cardiopulmonary/Fitness Evaluation.

1. **ULTRASOUND:** Life Scan uses ultrasound, an extremely safe way to take “pictures” of arteries and organs. Ultrasound uses sound waves to produce images of the body. Ultrasound does not use any form of radiation. The ultrasound specialists will thoroughly discuss the results of each test with you. The exam will evaluate the different organs for tumors, masses, cysts, enlargements, organ failure, and other critical conditions. The organs include the thyroid, heart, liver, pancreas, gall bladder, spleen, kidneys, bladder, and reproductive organs. The exam will also evaluate overall heart and valve function, efficiency, size, motion, and for potential carotid artery blockages and the aorta for aneurysms.
2. **CARDIOPULMONARY/FITNESS EVALUATION:** Our exercise physiologist will perform a pulmonary function test to assess your lung capacity for respiratory health. This test helps determine if you are able to wear a respirator for job-related duties, it also is critical in the analysis of lung-related health conditions such as asthmas, bronchial conditions, and pulmonary diseases. They will also evaluate your heart activity with a resting electrocardiogram and cardiac stress test. Your functional capacity levels such as muscular strength, endurance, and flexibility and discuss your diet and nutritional habits will then be assessed. They will then propose a personal “Fitness Prescription” based upon your fitness, diet, cardiovascular, and exercise needs.
3. **PHYSICAL EXAM:** The Life Scan comprehensive physical combines the results from the Ultrasound and Cardio-Pulmonary testing to evaluate your total health status. You will receive an extensive “head-to-toe” physical exam that focuses on an in-depth assessment of medical conditions, blood work analysis, blood pressure, vision, and hearing. You will receive education on existing and potential medical problems, health risks, stress factors, diet, and overall recommendations for medical interventions and/or healthy lifestyle changes.

The cornerstone of the Life Scan Wellness Program is based upon the premise that “Knowledge is Power.” Understanding your own health and knowing the steps you can take to get healthy and stay healthy will change the course of your health legacy. The Life Scan medical team can give you this knowledge and provide you critical medical advice. However, your health depends on what you do with this knowledge. We encourage you to follow the advice and recommendations of Life Scan’s medical team. **Take charge of your own health. Make it your priority...it could save your life!**

Sincerely,

*Patricia Johnson*

Patricia Johnson  
CEO and Founder  
Life Scan Wellness Centers

# **LIFE SCAN**

## **Wellness Centers**

### **PATIENT INSTRUCTIONS:**

Welcome to the Life Scan Wellness Program!

In an effort to provide you with the most extensive wellness program to you there are several requirements that must be met prior to your visit.

❖ **Blood Draws: Please have your blood drawn at least 5 days prior to your Life Scan appointment.**

- Bring your LabCorp requisition form to the draw station, which is provided in your packet. Fill out Name, Birth Date, Department name in the ID box and Phone Number **BEFORE GOING TO THE LABCORP.**
- You may use any LabCorp Patient Service Center.
- Fasting Required: Minimum 8 hour
  - ✓ You may drink water
  - ✓ Take your medications as normal.

❖ **Life Scan appointment requirements:**

- Wear athletic clothes and shoes.
- Women: Sports bra is recommended.
- Complete all forms provided in your packet prior to your Life Scan appointment.
- Please fast for your Life Scan appointment.
  - ✓ If your Life Scan appointment is before 12:00 pm please **DO NOT** eat anything after midnight.
  - ✓ If your Life Scan appointment is after 12:00 pm you may eat a small, light breakfast and any non-carbonated beverage **BEFORE 8:00 am.**
  - ✓ You must have a full urinary bladder to visualize certain areas of the body. Please drink 20+ ounces of water prior to your appointment time.

❖ **No Tobacco use 4 hours prior to your Life Scan appointment.**

In order to provide you with the most comprehensive health-assessment program available, we ask that you follow the directions provided in your packet completely. If there is any reason why you cannot complete the indicated requirements, health or otherwise, please notify our staff by phone as soon as possible.

Thank you very much. We look forward to seeing you!

*Pamela Desmarais, ARNP-BC*  
Director Life Scan Wellness Centers

Please read all included material. If you any questions, call our administrative office.  
c[Pam.Desmarais@lifescanwellness.com](mailto:Pam.Desmarais@lifescanwellness.com) or (813) 876-0625

# **LIFE SCAN**

**Wellness Centers**

## **PATIENT INFORMATION**

**Patient Name:** \_\_\_\_\_  
Last First Middle Initial

**Last 4 digits of SS#:** \_\_\_\_\_ **or Employee ID#:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Position or Title:** \_\_\_\_\_

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

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Primary Care Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Physician** \_\_\_\_\_ **Specialty** \_\_\_\_\_

**Physician** \_\_\_\_\_ **Specialty** \_\_\_\_\_

*I authorize Life Scan to release my medical records to my personal email address and/or medical provider upon my personal request only.  YES  NO*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# LIFE SCAN

Wellness Centers

## CONFIDENTIAL HISTORY & HEALTH RISK APPRAISAL

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Allergies (food, drug etc.) \_\_\_\_\_

**Symptoms** Check symptoms you currently have or have had in the past year.

**GENERAL**

- Chills
- Dizziness
- Fainting
- Fevers
- Forgetfulness
- Frequent Headaches
- Weight loss > 10lbs
- Nervousness
- Numbness
- Sweats
- Weight gain > 10 lbs.

**MUSCLE/JOINT/BONE**

**Pain, Weakness, Numbness**

- Arms  Hips
- Back  Legs/Knees
- Feet  Neck
- Hands  Shoulders

**SKIN**

- Bruise easily
- Rash/Hives
- Itching
- Change in moles
- Sore that won't heal

**GASTROINTESTINAL**

- Appetite poor
- Bowel changes
- Frequent constipation
- Frequent Diarrhea
- Excessive hunger
- Excessive thirst
- Excessive gas
- Hemorrhoids
- Indigestion
- Nausea
- Rectal bleeding
- Stomach pain
- Vomiting blood
- Severe heartburn

**CARDIOVASCULAR**

- Chest pain
- High blood pressure
- Irregular heart beat
- Low blood pressure
- Poor circulation
- Rapid heart beat
- Swelling of ankles
- Varicose veins

**EYE, EAR, NOSE, THROAT**

- Bleeding gums
- Blurred vision
- Crossed eyes
- Difficulty swallowing
- Double vision
- Earache
- Ear discharge
- Hay fever
- Hoarseness
- Loss of hearing
- Nosebleeds
- Persistent Cough
- Ringing in ears
- Sinus problems
- Vision - Flashes
- Vision - Halos

**GENITO-URINARY**

- Blood in urine
- Frequent urination
- Lack of bladder control
- Painful urination
- Sexual Concerns

**MEN**

- Breast lump
- Erection difficulties
- Lump in Testicles
- Penis discharge
- Sore on penis

**WOMEN**

- Abnormal Pap Smear
  - Bleeding between periods
  - Breast lump
  - Endometriosis
  - Extreme menstrual pain
  - Hot flashes
  - Infertility
  - Nipple discharge
  - Painful intercourse
  - PMS
  - Abnormal Vaginal discharge
- Date of last Menstrual period \_\_\_\_\_
- Are you pregnant? \_\_\_\_\_
- Number of Children: \_\_\_\_\_

**Other Concerns:**

**Conditions (Currently have or have had in your lifetime)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> PAIDS               | <input type="checkbox"/> Chicken Pox         | <input type="checkbox"/> HIV Positive       |
| <input type="checkbox"/> Alcoholism          | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Kidney Disease     |
| <input type="checkbox"/> Anemia              | <input type="checkbox"/> Depression          | <input type="checkbox"/> Liver Disease      |
| <input type="checkbox"/> Anorexia            | <input type="checkbox"/> Emphysema           | <input type="checkbox"/> Measles            |
| <input type="checkbox"/> Anxiety             | <input type="checkbox"/> Epilepsy            | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Appendicitis        | <input type="checkbox"/> Glaucoma            | <input type="checkbox"/> Miscarriage        |
| <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Goiter              | <input type="checkbox"/> Mononucleosis      |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Gonorrhea           | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Bleeding Disorders  | <input type="checkbox"/> Gout                | <input type="checkbox"/> Mumps              |
| <input type="checkbox"/> Breast Lump         | <input type="checkbox"/> Heart Disease       | <input type="checkbox"/> Neuromyalgia       |
| <input type="checkbox"/> Bronchitis          | <input type="checkbox"/> Hepatitis           | <input type="checkbox"/> Pacemaker          |
| <input type="checkbox"/> Bulimia             | <input type="checkbox"/> Hernia              | <input type="checkbox"/> Panic-disorder     |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Herpes              | <input type="checkbox"/> Pneumonia          |
| <input type="checkbox"/> Cataracts           | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Polio              |
| <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> High Cholesterol    | <input type="checkbox"/> Polymyalgia        |

**Tests and Procedures**

(Please indicate most recent approximate date/year.)

Test	Date
<input type="checkbox"/> Physical Exam	
<input type="checkbox"/>	
<input type="checkbox"/> Dental Exam	
<input type="checkbox"/> Exercise Stress Test	
<input type="checkbox"/> Colonoscopy/Flexible Sigmoidoscopy	
<input type="checkbox"/> Stool Test (for blood)	
<input type="checkbox"/> Digital Rectal Exam (prostate check) - Male	
<input type="checkbox"/> Chest X ray	
<input type="checkbox"/> TB Test	
<input type="checkbox"/> Mammogram	
<input type="checkbox"/> Pap Smear -Female	

## FAMILY HISTORY

Have your parents, siblings, and/or grandparents had any of the following? If adopted and history unknown, check here \_\_\_\_\_.

	Yes	No	Relationship		Yes	No	Relationship
Arthritis/Gout				High Blood Pressure			
Asthma				High Cholesterol			
Cancer (type)				Kidney Disease			
Chemical Dependency				Liver Disease			
Diabetes				Mental Illness			
Heart Disease				Tuberculosis			
Heart attack before 55				Other			

**Do you feel pain in your chest when you do physical activity?**  Yes  No (if yes, please explain): \_\_\_\_\_

### Hospitalizations, Surgeries, Major Illnesses, and Injuries

Year	Hospital/ Injury/Surgery	Reason for Hospitalization and Outcomes	WOMEN: Pregnancies		Number of Pregnancies: _____
			Year of Birth:	Gender:	Complications, if any:

Weeks of gestation: \_\_\_\_\_

### Health Habits

	Y	N	
Have you ever smoked?			Chew? Yes / No
Number of years you smoked?			Number of years chewed?

### Occupational

Occupation:	Do you currently smoke?			
Numbers of years at current position?	Number of packs per day			
Number of years with current occupation?	When did you stop smoking?			

### Medications (state reason for taking medication)

Do you drink beer, hard liquor, or wine?			Number of years
Beer _____ cans/ounces/glasses per day/week (circle which ever applies)			
Liquor _____ cans/ounces/glasses per day/week (circle which ever applies)			
Wine _____ cans/ounces/glasses per day/week (circle which ever applies)			
How many oz/glasses/bottles of water do you drink per day? _____			

### Vitamins and Supplements

Do you consume Caffeine beverages?			(specify amount below)
Coffee?			Soda/soft drinks?
Tea?			Energy Drinks?
Do you exercise?			How often?

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

Reviewed by Nurse Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_



# PATIENT HEART HEALTH, DIET, AND FITNESS QUESTIONNAIRE

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs. Goal Weight: \_\_\_\_\_ lbs.

## Stage 1: Known Diseases (Medical Conditions)

- List the medications you take on a regular basis. \_\_\_\_\_
- Do you have diabetes?..... No Yes  
 a) if yes, please indicate if it is insulin-dependent diabetes mellitus (IDDM) or non-insulin-dependent diabetes mellitus (NIDDM) IDDM NIDDM  
 b) if yes, for how many years? \_\_\_\_\_ years
- Have you had a stroke? ..... No Yes
- Has your doctor ever said you have heart trouble? ..... No Yes
- Do you take asthma medication? ..... No Yes
- Are you or do you have reason to believe you may be pregnant? ..... No Yes
- Is there any other physical reason that prevents you from participating in an exercise program (e.g. cancer; severe arthritis, kidney or liver disease)? ..... No Yes

I typically have:

\_\_\_\_\_ Breakfast

\_\_\_\_\_ Mid-morning Snack

\_\_\_\_\_ Lunch

\_\_\_\_\_ Mid-day Snack

\_\_\_\_\_ Dinner

\_\_\_\_\_ Evening Snack

Typical **Work Day** diet

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Typical **Work Day** drinks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Typical **Off Day** diet

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Typical **Off Day** drinks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Stage 2: Medical Signs and Symptoms

- Do you often have pains in your heart, chest, or surrounding areas, especially during exercise?..... No Yes
- Do you often feel faint or have spells of severe dizziness during exercise? ..... No Yes
- Do you experience unusual fatigue or shortness of breath at rest or with mild exertion?..... No Yes
- Have you had an attack of shortness of breath that came on suddenly after you stopped exercising? ..... No Yes
- Have you been awakened at night by an attack of shortness of breath?..... No Yes
- Do you experience swelling or accumulation of fluid in or around your ankles? No Yes
- Do you often get the feeling that your heart is beating faster, racing, or skipping beats, either at rest or during exercise? ..... No Yes
- Do you regularly get pains in your calves and lower legs during exercise which are not due to soreness or stiffness?..... No Yes
- Has your doctor ever told you that you have a heart murmur?..... No Yes

## Stage 3: Cardiac Risk Factors

- Do you smoke cigarettes daily, or have you quit smoking within the past two years? No Yes  
 If yes, how many cigarettes per day?
- Has your doctor ever told you that you have high blood pressure..... No Yes
- Has your father, mother, brother, or sister had a heart attack or suffered from cardiovascular disease before the age of 55?..... No Yes  
 a) If yes, was your relative a MALE \_\_\_\_\_ or a FEMALE \_\_\_\_\_?  
 b) At what age did he or she have the stroke or heart attack? \_\_\_\_\_  
 c) Did this person die suddenly because of the stroke or heart attack? .... No Yes
- Have you experienced menopause before the age of 45 ..... No Yes  
 If yes, do you take hormone replacement medication?..... No Yes

## Stage 4 - Exercise Intentions

- Does your job involve sitting for a large part of the day?..... No Yes
- What are your current activity patterns?
- a) Frequency: \_\_\_\_\_ Exercise sessions per week
- b) Intensity: Sedentary Moderate Vigorous
- c) History: <3 months 3-12 months >12 months
- d) Duration: \_\_\_\_\_ Minutes per session

Typical exercise program: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reviewed by Clinical Exercise Physiologist: \_\_\_\_\_ Date: \_\_\_\_\_

# PATIENT BEHAVIORAL HEALTH QUESTIONNAIRE - PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(circle 0 - 3 to indicate your answer)

	Not at all	Several Days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
ADD COLUMNS				

TOTAL OF ALL COLUMNS \_\_\_\_\_  
(add all columns)

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

(Circle answer below)

Not Difficult at all

Somewhat Difficult

Very Difficult

Extremely Difficult

Reviewed by Nurse Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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# OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

(Only required for certain employees based on respirator use)

Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

**This form is for OSHA respirator clearance. All employees must fill this form out completely and bring it to your Life Scan appointment. If you use a Scott Air Pack, you must also fill you the additional information as stated.**

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator

Today's date: \_\_\_\_\_ Name: \_\_\_\_\_ ID# \_\_\_\_\_

Age (to nearest year): \_\_\_\_\_ Sex (circle one): Male/Female Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

Job Position: \_\_\_\_\_ Phone Number \_\_\_\_\_

Check the type of respirator you will use (you can check more than one category):

- a. \_\_\_\_\_ N, R, or P disposable respirator (filter-mask, non- cartridge type only).
- b. \_\_\_\_\_ Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self- contained breathing apparatus).

Have you worn a respirator (circle one): Yes/No If "yes," what type (s): \_\_\_\_\_

**Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "YES " or NO").**

1. Do you **currently** smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you **ever had** any of the following conditions?

- a. Seizures (fits): Yes/No
- b. Diabetes (sugar disease): Yes/No
- c. Allergic reactions that interfere with your breathing: Yes/No
- d. Claustrophobia (fear of closed-in places): Yes/No
- e. Trouble smelling odors: Yes/No

3. Have you **ever had** any of the following pulmonary or lung problems?

- a. Asbestosis: Yes/No
- b. Asthma: Yes/No
- c. Chronic bronchitis: Yes/No
- d. Emphysema: Yes/No
- e. Pneumonia: Yes/No
- f. Tuberculosis: Yes/No
- g. Silicosis: Yes/No
- h. Pneumothorax (collapsed lung): Yes/No
- i. Lung cancer: Yes/No
- j. Broken ribs: Yes/No
- k. Any chest injuries or surgeries: Yes/No
- l. Any other lung problem that you've been told about: Yes/No

4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?

- a. Shortness of breath: Yes/No
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
- c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
- d. Have to stop for breath when walking at your own pace on level ground: Yes/No
- e. Shortness of breath when washing or dressing yourself: Yes/No
- f. Shortness of breath that interferes with your job: Yes/No
- g. Coughing that produces phlegm (thick sputum): Yes/No
- h. Coughing that wakes you early in the morning: Yes/No
- i. Coughing that occurs mostly when you are lying down: Yes/No
- j. Coughing up blood in the last month: Yes/No
- k. Wheezing: Yes/No
- l. Wheezing that interferes with your job: Yes/No
- m. Chest pain when you breathe deeply: Yes/No
- n. Any other symptoms that you think may be related to lung problems: Yes/No

5. Have you **ever had** any of the following cardiovascular or heart problems?

- a. Heart attack: Yes/No
- b. Stroke: Yes/No
- c. Angina: Yes/No
- d. Heart failure: Yes/No
- e. Swelling in your legs or feet (not caused by walking): Yes/No
- f. Heart arrhythmia (heart beating irregularly): Yes/No
- g. High blood pressure: Yes/No
- h. Any other heart problem that you've been told about: Yes/No

6. Have you **ever had** any of the following cardiovascular or heart symptoms?

- a. Frequent pain or tightness in your chest: Yes/No
- a. Pain or tightness in your chest during physical activity: Yes/No
- b. Pain or tightness in your chest that interferes with your job: Yes/No
- c. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
- d. Heartburn or indigestion that is not related to eating: Yes/ No
- e. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you **currently** take medication for any of the following problems?

- b. Breathing or lung problems: Yes/No
- c. Heart trouble: Yes/No
- d. Blood pressure: Yes/No
- e. Seizures (fits): Yes/No

8. If you've used a respirator, have you **ever had** any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)

- a. Eye irritation: Yes/No
- b. Skin allergies or rashes: Yes/No
- c. Anxiety: Yes/No
- d. General weakness or fatigue: Yes/No
- e. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

**Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-face piece respirator or a self-contained breathing apparatus (SCBA).**

10. Have you **ever-lost** vision in either eye (temporarily or permanently): Yes/No

11. Do you **currently** have any of the following vision problems?

- a. Wear contact lenses: Yes/No
- b. Wear glasses: Yes/No
- c. Color blind: Yes/No
- d. Any other eye or vision problem: Yes/No

12. Have you **ever had** an injury to your ears, including a broken eardrum: Yes/No

13. Do you **currently** have any of the following hearing problems?

- a. Difficulty hearing: Yes/No
- b. Wear a hearing aid: Yes/No
- c. Any other hearing or ear problem: Yes/No

14. Have you **ever had** a back injury: Yes/No

15. Do you **currently** have any of the following musculoskeletal problems?

- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
- b. Back pain: Yes/No
- c. Difficulty fully moving your arms and legs: Yes/No
- d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
- e. Difficulty fully moving your head up or down: Yes/No
- f. Difficulty fully moving your head side to side: Yes/No
- g. Difficulty bending at your knees: Yes/No
- h. Difficulty squatting to the ground: Yes/No
- i. Climbing a flight of stairs or a ladder carrying more than 25 pounds: Yes/No
- j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

# **LIFE SCAN**

**Wellness Centers**

## **INSTRUCTIONS FOR BLOOD WORK**

**(attached in separate file)**

**Please complete the following information PRIOR to having your blood drawn. Please print the following information on the copied requisition form in the spaces provided.**

**Fill in the following information  
on your LabCorp requisition:**

- **PATIENT LAST NAME**
- **PATIENT FIRST NAME**
- **DOB**
- **GENDER**
- **PATIENT PHONE NUMBER**

**DO NOT EAT 8-10 hours prior to having your blood drawn.** Fasting is necessary to have an accurate cholesterol and glucose reading. You may drink water only. No lemon, sugar or any other additives. If you are currently taking any type of medications, please take them at the prescribed times. If you are unable to fast due to any type of medical condition or medication you are currently taking, please notify Life Scan.

You do not need an appointment with LabCorp to have your blood drawn.

**You may make an online appointment with LabCorp:**  
**<https://www.labcorp.com/wps/portal/patient/appointment>**  
**Enter in your zip code. You will be prompted to select reason for testing:**  
Routine clinical laboratory collections

You can find LabCorp locations near you:  
<https://www.labcorp.com/wps/portal/patient/findalab>

# **LIFE SCAN**

## **Wellness Centers**

### **CONFIDENTIALITY, CONSENT, RELEASE, AND WAIVER OF LIABILITY**

1. I understand that the Life Scan Wellness Program assessments are screening tests and do not in any way constitute a medical diagnosis or treatment. I authorize Life Scan to perform the tests in accordance with their standard protocol and procedures.
2. I agree that the responsibility for initiating a follow-up exam with my own physician or medical provider to confirm the results of these assessments and to obtain a medical diagnosis and treatment is mine alone and not the responsibility of Life Scan, its employees, or any organization associated with Life Scan.
3. I hereby release Life Scan as well as any other organizations associated with this Wellness Program and their agents, employees, and principals from all liabilities, medical claims, or expenses, which may arise from my participation.
4. I hereby authorize Life Scan and its agents and employees to provide me with information related to the Life Scan Wellness Program in either a printed or electronic format.
5. I hereby authorize Life Scan Wellness Centers to contact me for a follow up consultation. I authorize Life Scan Wellness Centers to contact me at either the phone number and or email address that I have provided. I understand that this follow up may contain my personal medical records.

IN WITNESS WHEREOF, the undersigned agrees to, acknowledges, and accepts those provisions of this Confidentiality, Consent, Release, and Waiver of Liability.

**PATIENT:**

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LIFE SCAN REPRESENTATIVE:**

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# LIFE SCAN

## Wellness Centers

### BACK HEALTH HISTORY

Patient Name: \_\_\_\_\_

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

PLEASE ANSWER THE FOLLOWING QUESTIONS (IF YES, GIVE DATES & EXPLANATION)

<b>Back Health History</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you pregnant?	If Yes, EDD: _____	Last Menstrual Period: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degenerative Joint Disease?	Date(s): _____	Explain: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fractures?	Date(s): _____	Explain: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mobility Limitations?	Date(s): _____	Explain: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Osteoarthritis?	Date(s): _____	Explain: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you wake up stiff?	Date(s): _____	Explain: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you exercise regularly?	What Kind: _____		
<b>Back Injuries</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had back injuries?	Explain: _____		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was it a workers' compensation?	Explain: _____		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was hospitalization required?	Explain: _____		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was surgery required?	Explain: _____		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did it result in lost work?	Explain: _____		
	What relieved your pain following this injury?		<input type="checkbox"/> Medication	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Other
	Explain: _____				
	What was the location of the pain?		<input type="checkbox"/> Back and Hips	<input type="checkbox"/> Radiated to Legs	<input type="checkbox"/> Radiated to Arms
	Explain: _____				
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a medical condition that resulted in an impairment rating or permanent restriction?			
	Explain: _____				
Signature: _____		Date: _____			

Life Scan Clinicians' Use Only- DO NOT WRITE BELOW THIS LINE

### Back Health History

<b>Exercise</b>	<b>BOUNCE TEST</b> Have patient lean over and bounce to touch toes several times <input type="checkbox"/> Yes <input type="checkbox"/> No Grimace or other signs of pain <input type="checkbox"/> Yes <input type="checkbox"/> No Hamstring tightness (unable to reach to at least mid-calf region) <input type="checkbox"/> Yes <input type="checkbox"/> No Unable to stand up or pushes on knees to stand up	<b>MUSCLE STRENGTH (LYING ON MAT)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Weakness in arms (push me, pull me is unequal) <input type="checkbox"/> Yes <input type="checkbox"/> No Weak abdominals (unable to do 5 sit ups with knees bent) <input type="checkbox"/> Yes <input type="checkbox"/> No Weak back extensors (unable to raise straight arms and legs when on stomach)
	<b>BODY MECHANICS</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Able to lift and carry 30lbs minimum, or company specified _____ lbs.	<b>MUSCLE FLEXIBILITY (LYING ON MAT)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Knee-to-Chest (unable to bring both knees to chest easily) <input type="checkbox"/> Yes <input type="checkbox"/> No Positive straight leg raises (lying flat, legs extended, unable to raise legs at least 75 degrees)
<b>Physical Exam</b>	<b>POSTURAL EVALUATION</b> <input type="checkbox"/> All Normal <input type="checkbox"/> Kyphosis (round back) <input type="checkbox"/> Leg Length discrepancy (check iliac crests) <input type="checkbox"/> Lordosis (sway back) <input type="checkbox"/> Obesity <input type="checkbox"/> Scoliosis (check shoulder level, palpate spinous processes)	<b>GAIT ANALYSIS</b> <input type="checkbox"/> All Normal <input type="checkbox"/> Abnormal Gait pattern (shuffles, drags toes, uneven steps, etc.) <input type="checkbox"/> Unable to semi-squat for several seconds <input type="checkbox"/> Unable to stand on one leg (other hip drops, leans over to maintain balance) <input type="checkbox"/> Unable to walk on heels (holds toes on one foot higher than the other) <input type="checkbox"/> Unable to walk on toes (rises higher on one foot than the other)
	Initials of Exercise Physiologist: _____ Comments: _____	
Life Scan Practitioner: _____ Date: _____		

## The Epworth Sleepiness Scale

The Epworth Sleepiness Scale is widely used in the field of sleep medicine as a subjective measure of a patient's sleepiness. The test is a list of eight situations in which you rate your tendency to become sleepy on a scale of 0, no chance of dozing, to 3, high chance of dozing. When you finish the test, add up the values of your responses. Your total score is based on a scale of 0 to 24. The scale estimates whether you are experiencing excessive sleepiness that possibly requires medical attention.

### How Sleepy Are You?

How likely are you to doze off or fall asleep in the following situations? You should rate your chances of dozing off, not just feeling tired. Even if you have not done some of these things recently try to determine how they would have affected you. For each situation, decide whether you would have:

- No chance of dozing =0
- Slight chance of dozing =1
- Moderate chance of dozing =2
- High chance of dozing =3

Write down the number corresponding to your choice in the right-hand column. Total your score below.

Situation	Chance of Dozing
Sitting and reading	
Watching TV	
Sitting inactive in a public place (e.g., a theater or a meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	

Total Score = \_\_\_\_\_

### Analyze Your Score:

- 0-7:** It is unlikely that you are abnormally sleepy.
- 8-9:** You have an average amount of daytime sleepiness.
- 10-15:** You may be excessively sleepy depending on the situation. You may want to consider seeking medical attention.
- 16-24:** You are excessively sleepy and should consider seeking medical attention.

Reference: Johns MW. A new method for measuring daytime sleepiness: The Epworth Sleepiness Scale. *Sleep* 1991; 14(6):540-5.





**BILL TO ACCOUNT #:**

✓ 09343765 – Tampa

**PATIENT LAST NAME:**  \* required field

**PATIENT FIRST NAME:**  \* required field

**DOB:**  / / \* required field

**GENDER:**  MALE  FEMALE

**PATIENT ID/DEPARTMENT:**  \* required field

**PATIENT PHONE NUMBER:**  \* required field

---

**TEST CODES AND DESCRIPTIONS**

**ALL TEST CODES BELOW SHOULD BE COLLECTED FOR THIS PATIENT:**

- ✓ 005009 CBC With Differential/Platelet
- ✓ 001453 Hemoglobin A1C
- ✓ 010322 Prostate Specific Ag
- ✓ 235010 Lipid Panel With LDL/HDL Ratio
- ✓ 322000 Comp. Metabolic Panel (14)
- ✓ 004259 TSH
- ✓ 004226 Testosterone, serum
- ✓ 140659 HCV Antibody
- ✓ 006395 Hep B Surface Ab
- ✓ 182873 QuantiFERON TB Gold
- ✓ 998085 Venipuncture

▪ **TOTAL TEST ORDERED: 11**

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✓ *Electronically signed by Anthony Capasso, M.D.*

NPI 1932105434

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**X FASTING**

**NON FASTING**

**COLLECTION DATE:**

**TIME:**

