January 25, 2018

ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

BID NO.: 18-15

DESCRIPTION: WELLNESS PROGRAM ADMINISTRATOR

ATTN: PURCHASING DEPT.

* original *
ROCKFORD BOARD OF EDUCATION
REQUEST FOR PROPOSAL ON SUPPLIES, MATERIALS, EQUIPMENT OR SERVICES FOR ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205
ROCKFORD, ILLINOIS

RFP No. 18-5 Wellness Program Administrator

Date: January 4, 2018

OFFERS WILL BE RECEIVED UNTIL: 2:00 PM (CDST) on Monday, January 29, 2018

FOR SUPPLIES, MATERIALS, EQUIPMENT OR SERVICES SPECIFIED HEREIN. THE DATE AND THE TIME AS STATED IS ALSO THE TIME OF THE PUBLIC BID OPENING. IF YOU DESIRE TO SUBMIT A PROPOSAL, PLEASE DO SO ON THE FORMS PROVIDED AND RETURN TO THIS OFFICE.

Addressed to: BOARD OF EDUCATION
School District No. 205
501 Seventh Street; 6th Fl.
Rockford, Illinois 61104

GENERAL CONDITIONS AND INSTRUCTIONS FOR ALL PROPOSALS

The Board of Education (hereinafter occasionally referred to as Board or District as the context may require) reserves the right to reject any or all prices or bids submitted. One copy of this RFP is enclosed for your convenience.

a.) Please return a copy of the required forms AND an electronic PDF version of the proposal (including all required forms) on a CD or flash drive in a SEALED envelope with the bid number, subject and your firm’s name and address clearly indicated on the envelope. NOTE: FAXED and LATE proposal are not acceptable and will be rejected as non-responsive. Use of the included Bid Label is recommended.

b.) Proposals to be addressed as follows: Rockford Public School District Purchasing Department
501 Seventh St., 6th Floor
Rockford, IL 61104
Attn: Purchasing Department

The Board of Education reserves the right to return any merchandise for full price credit or replacement at the District’s discretion that does not comply with the conditions and specifications. The Board of Education reserves the right to increase or decrease quantities shown on bid.

The Board of Education reserves the right to cancel purchase orders if the delivery or completion is not performed in accordance with the bidding document and the date stated on the purchase order.

The Board of Education reserves the right to have any product analyzed at a laboratory to ascertain compliance with specifications. Expense of such testing shall be by the Board of Education unless such tests prove noncompliance with specifications at which time the expense shall be the responsibility of the Contractor.

Contract will be awarded to the company whose proposal is the best fit with the District and complies with these conditions and specifications. All rights are reserved by the Board of Education to select the proposal that in its judgment is in the best interest of the District and meets the needs or purposes intended. Such decisions shall be final and not subject to recourse.

The Bidder’s signature on the following page of this Form will be construed as acceptance of and willingness to comply with all provisions of the Acts of the General Assembly of the State of Illinois including, without limitation, laws rules and regulations relating to wages of laborers, and discrimination and intimidation of employees. This RFP and the resulting Contract are specifically subject to the Equal Employment Opportunity requirements of the Illinois Human Rights Act, Federal statutes and the policies and procedures of the District. Bidder agrees to comply in all respects with Federal, State, and local laws, ordinances and regulations pertaining to this RFP and to the performance of the Contract in the event the Bidder is awarded the contract. Provisions of applicable statutes enacted by governmental bodies having jurisdiction are hereby incorporated by reference as though fully set forth herein and become a part of this RFP and specifications.

Various statutes of the state of Illinois prohibit interest of School Board members in contracts and others prohibit interest of employees in contracts of the District as do District policies. Bidder by submitting a proposal agrees to refrain from entering into any contract with the District where a Board member or employee of the District has a prohibited interest.
Complete, sign and return the following forms: General Conditions and Instructions for all Proposals, Bid-Rigging Certification, Minority and Women-Owned Business Concern Representation, Certificate Regarding Debarment, Suspension, Ineligibility and Exclusion, Certificate Regarding Lobbying, OFAC Compliance, Vendor Conflict of Interest Disclosure Form, and any other required submittals and certifications.

No proposals may be withdrawn after the official opening. All proposals submitted must be valid for a minimum period of sixty (60) days after the date set for the RFP opening. Please check the Terms and Conditions for any variation of this requirement.

All prices are F.O.B., Rockford, Illinois, which is further defined as meaning the price submitted in the proposal is the total price to this school district, including all freight and delivery charges. Under no circumstances may prepaid charges be added to the invoice.

A substitute item will be considered only if it is an item of regular manufacture as evidenced by literature, catalogs, etc. and not a pro-type or first article test item. Substitute or "as equal" items may be submitted with all supporting documents in advance of the bid due date for review and approval or rejection by the District. Such items are to be submitted to the Director of Purchasing for review. Permitted substitutions will be placed in an addendum to the RFP and issued by the District prior to the bid due date.

The successful Bidder must submit a separate invoice for each purchase order. The information on that invoice shall cover ONLY that one purchase order.

Any interested party, including all Bidders, may examine the RFP summary after proposals have been opened and awarded by the Board of Education. RFP summary will be available at the Board of Education Administration Building, Purchasing Department, 8:00 A.M., to 4:30 P.M., Monday through Friday. RFP recaps may also be reviewed by visiting www.DemandStar.Com.

Vendor’s signature on this RFP form must be an actual signature. A stamped, facsimile, or typed signature may disqualify the bid.

Please address all questions relative to any RFP in writing to the Purchasing Department, Director of Purchasing, Board of Education, 501 Seventh Street, Rockford, Illinois 61104 (via email to PurchasingDeptStaff@rps205.com). All request for information must be submitted at least five business days (Monday – Friday) prior to the RFP due date and time. Responses to questions will be reviewed by the Purchasing Department and if a response or clarification to the RFP is issued it will be issued via addendum to the bid and published on the District website and, if applicable, Demand Star. Any request for information submitted after the deadline will not receive a response. Under no circumstances may any bidder or its representative(s) contact any employee or representative of the Rockford Public Schools regarding this bid prior to the closing date, other than in writing to the Purchasing staff provided above. Any violation of this condition may result in a Vendor being considered non-compliant and ineligible for award.

This section below must be completed in full and signed. Failure to comply may result in disqualification of proposal.

The undersigned hereby certifies that he/she has read and understands the contents of this solicitation and agrees to furnish at the prices shown any or all of the items and/or services, subject to all Instructions, Terms and Conditions, Specifications and attachments hereto. Failure to have read all the provisions of this solicitation shall not be cause to alter any resulting contract or request additional compensation.

**General Conditions and Instructions for All Proposals Form:**

<table>
<thead>
<tr>
<th>Address</th>
<th>Mercy Health Occupational Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>2300 N Rockton Ave</td>
<td></td>
</tr>
<tr>
<td>Rockford, IL 61103</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Area Code</td>
<td>815</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>971-5160</td>
</tr>
<tr>
<td>Name of Firm</td>
<td></td>
</tr>
<tr>
<td>Signature of Authorized Representative</td>
<td></td>
</tr>
<tr>
<td>Social Security Number</td>
<td></td>
</tr>
</tbody>
</table>

18-15 Wellness Program Administrator 3
I, Jeni Hallatt, a duly authorized agent of Mercyhealth Occupational Health & Wellness, do hereby certify that neither Mercyhealth Occupational Health & Wellness nor any individual presently affiliated with Mercyhealth Occupational Health & Wellness have been barred from bidding on a public contract as a result of a violation of either Section 33E-3 (bid-rigging) or Section 33E-4 (bid rotating) of the Illinois Criminal Code, contained in Chapter 750, Article 5 of the Illinois Compiled Statutes.
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

MINORITY, WOMEN and DISABLED-OWNED BUSINESS CONCERN REPRESENTATION

Minority-Owned Business: a minority-owned business concern means a business concern that: (1) is at least 51 percent unconditionally owned by one or more individuals who are considered to be a member of a minority group, or a publicly owned business having at least 51 percent of its stock unconditionally owned by one or more members of a minority group; and (2) has its management and daily business controlled and operated by one or more such individuals. Individuals who certify that they are members of minority groups (African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Asian-Indian Americans, and other minorities) are to be considered minority-owned enterprises.

Women-Owned Business: a business that is at least 51 percent owned by a woman or women who also control and operate it.

Disabled Owned Business: a business that is at least 51 percent owned by a person or persons with severe physical or mental disabilities which substantially limits one or more of the person’s major life activities and which person or persons control and operate such business.

“Control” in this referenced context means exercising the power to make policy decisions. “Operate” means being actively involved in the day-to-day management of the business.

The District shall rely on written representations of concerns regarding their status as minority/women/disabled-owned businesses. Offeror agrees to submit information regarding the minority ownership of its subcontractors on request of District.

COMPLETE THE SECTION BELOW AND RETURN THIS FORM WITH BID. FAILURE TO DO SO MAY RENDER THE OFFEROR’S BID UNACCEPTABLE.

A. Representation. The offeror represents that it is ( ) not ( X ) a minority-owned business concern.

B. Representation. The offeror represents that it is ( ) not ( X ) a women-owned business concern.

C. Representation. The offeror represents that it is ( ) not ( X ) a disabled-owned business concern.

Please Check Appropriate Box/Boxes

☐ African American (AFRAM) ☐ Caucasian (CAUC) ☐ Native American (NAAM)

☐ Hispanic American (HISP) ☐ Asian-Pacific American (ASIAP) ☐ Asian Indian (ASIAI) American

☐ Other, please identify: ☐ Woman Owned (W) ☐ Disabled Owned (D)

The offeror has ☐/has not ☐ used the following procedures in searching for and obtaining suppliers and subcontractors:

• Place Minority-Owned Businesses on solicitation lists.
• Ensure that Minority-Owned are solicited whenever they are potential sources.
• Consider contracting with consortia of Minority-Owned Businesses when an intended contract is too large for any one such firm to handle on its own or, if economically feasible, divide larger requirements into smaller transactions for which such organizations might compete.
• Make information on contracting opportunities available and establish delivery schedules that encourage participation by Minority-Owned Businesses.
• Use the services and assistance of the SBA and Department of Commerce Minority Business Development Agency, as appropriate.

Company Name: Mercyhealth Address: 2300 N Rockton Ave

City: Rockford State: IL Zip: 61103

Phone #: 815-971-5180 Fax #: 815-971-9574 FEIN #: [Redacted]

Signature of Company Official: [Redacted] Title: VP

Date: 11/19/19

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CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, 2 CFR part 3485, including Subpart C Responsibilities of Participants Regarding Transactions (also see federal guidance at 2 CFR part 180). Copies of the regulations may be obtained by contacting the Illinois State Board of Education.

BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW.

CERTIFICATION

The prospective lower tier participant certifies, by submission of this Certification, that:

1. Neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;

2. It will provide immediate written notice to whom this Certification is submitted if at any time the prospective lower tier participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances;

3. It shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated;

4. It will include the clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions;

5. The certifications herein are a material representation of fact upon which reliance was placed when this transaction was entered into; and

6. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this Certification.

Instructions for Certification

1. By signing and submitting this Certification, the prospective lower tier participant is providing the certifications set out herein.

2. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue all available remedies, including suspension and/or debarment.

3. Except for transactions authorized under paragraph 3 above, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue all available remedies, including suspension and/or debarment.

4. The terms covered transaction, debarred, suspended, declared ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used herein, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549 and Executive Order 12689. You may contact the person to whom this Certification is submitted for assistance in obtaining a copy of those regulations.

5. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, declared ineligible, or voluntarily excluded from the covered transaction, unless it knows the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the "GSA Government-Wide System for Award Management Exclusions" (SAM Exclusions) at http://www.sam.gov.

6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required herein. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
CERTIFICATE REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit ISBE 85-37, 'Disclosure of Lobbying Activities,' in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Mercyhealth
Organization Name

Jeni Hallatt
Name of Authorized Representative

RFP No: 18-15 wellness program
PR/Award Number or Project Name

Admin

VP
Title

1/18/18
Date
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

OFAC Compliance

BID/RFP No.: 18-15 Wellness Program Administrator

The undersigned hereby certifies and represents that products and/or services provided under any contract with the Rockford Public Schools resulting from this bid shall be in compliance with economic or trade sanctions or restrictions implemented by the United States government such as those administered by the Office of Foreign Assets Control ("OFAC") of the U.S. Department of the Treasury and shall not utilize or engage, for performance of any activities related to the products and/or services, any persons or entities that, (i) appear on OFAC's Specially Designated Nationals and Blocked Persons List ("SDN List"), as that list may be updated from time to time or any other similar list maintained by OFAC; (ii) are owned or controlled by any person or entities appearing on OFAC's SDN List, as that list may be updated from time to time or any other similar list maintained by OFAC; or (iii) are located in any country subject to U.S. economic or trade sanctions, such as those administered by OFAC.

mercyhealth
Organization Name

Jeni Hallatt
Name of Authorized Representative

Vice President
Title

Original Signature of Authorized Representative

Date 11/18/18
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205
VENDOR CONFLICT OF INTEREST DISCLOSURE FORM

DISCLOSURE STATEMENT:
All businesses ("Vendors" or "Vendor" or "Vendor's") that wish to conduct business with the Rockford Public Schools "RPS" must complete this form. Please note that all contracts with RPS are subject to RPS Code of Ethics which prohibits RPS employees and Board of Education members from having certain relationships with persons or entities conducting (or proposing to conduct) business with RPS and which limits the acceptance of gifts from Vendors. The entire Board Member Conflict of Interest Board Policy 2.100 and Board Policy 5.120 may be viewed at http://www2.rps205.com/District/BOE/Pages/GP-200.aspx. The Code and its definitions are incorporated by reference into this Disclosure Form. If a Vendor has a discloseable relationship, the Vendor should assume the relationship may pose a conflict of interest until notified to the contrary in writing by a RPS administrative staff member authorized to confirm that a determination has been made that a conflict does not exist. A principle of the Code of Ethics is to ensure that relationships do not influence any official decision or judgment of RPS employees or Board of Education members. Accordingly, disclosure also should be made for any person connected with Vendor (e.g., officer, director, partner, shareholder, employee) that is likely to: (i) materially contribute to Vendor's preparation, drafting, or presentation of a proposal or bid for services and/or supplies, (ii) materially contribute to Vendor's negotiation of a contract with RPS, or (iii) perform material services under a contract with RPS. Below, these persons are referred to as "Disclosable Persons."

CERTIFICATION:
I hereby certify that, except as disclosed below, to Vendor's knowledge, there is no conflict of interest involving the Vendor named below that would violate the RPS Code of Ethics, including that: (a) after inquiry, neither Vendor nor any Disclosable Person is involved or engaged in any private business venture or enterprise, directly or indirectly, with any RPS employee or Board of Education member or his or her family member; (b) no RPS employee or Board member or his or her family member owns or has a material personal financial interest (directly or indirectly) in Vendor or is engaged in a material personal business transaction with Vendor; and (c) no RPS employee or board of Education member or his or her family is employed by Vendor.

I further certify that neither the Vendor nor anyone acting on its behalf has requested that any RPS employee or RPS Board of Education member exert any influence to secure the award of this bid to the Vendor. Furthermore, no RPS Board of Education member, employee or agent has offered to influence to secure the award of this bid to the Vendor.

VENDOR INFORMATION:
Vendor Name: Mercy health occupational health & wellness
Vendor Address: 2300 N Rockton Ave
Rockford, IL 61103
Vendor Phone Number 815-971-5180
Vendor Email: nhuiteman@mhemail.org
Vendor FEIN: [Redacted]
DISCLOSURE STATEMENT: mercy health

I BELIEVE THE VENDOR NAMED ABOVE DOES have a potential conflict(s) of interest with a current RPS employee(s), or RPS Board of Education member(s).

☐ YES, the above statement is true.
☐ NO, the above statement is NOT true.

If you checked “YES” above, please provide the following information:

List all the Name(s) of RPS employee(s), RPS Board of Education member(s), or RPS employees’ or RPS Board of Education’s family member(s) with whom there may be a conflict of interest:

1. 
2. 
3. 

Provide a brief description of the nature of the potential conflict(s) of interest:

SIGNATURE:
By my signature below, I certify that I am the Authorized Representative of the VENDOR named above and that all of the information provided above by signor is true and complete to the best of the signor’s knowledge:

Print the Name of the Vendor’s Authorized Representative

Print the Position Title of the Vendor’s Authorized Representative

Date
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

HOLD HARMLESS AGREEMENT

The Board shall not be responsible for the acts or omissions of any Bidder and the Bidder’s employees. The term Board and District, for purposes of this Agreement, shall mean and include the Board of Education and Rockford School District No. 205 Winnebago and Boone Counties, Illinois. The undersigned Bidder agrees to defend, hold harmless and indemnify the Board of Education and every Board member, officer, agent, attorney, servant or employee of the Board from any lawsuit, action, proceeding, liability, judgment, claim, or demand which may arise out of:

a) Any injury to person or damage to property sustained by Bidder, its officers, agents, servants or employees or by any person, firm, or corporation employed directly or indirectly by them upon or in connection with their performance or failure to perform under any bid contract with the Board, except for such injury or damage wherein it is finally determined that the Board, its board members, officers, agents, attorneys, servants or employees were grossly negligent or committed willful misconduct;

b) Any injury to person or damage to property sustained by any person, firm, or corporation, caused by any negligent or intentional act, default, error or omission of Bidder, its officers, agents, representatives, servants, or employees or of any person, firm, or corporation, directly or indirectly employed by them upon or in connection with performance under any bid contract between Bidder and the Board;

c) Fines, penalties, costs and expenses which may be incurred by or levied and assessed against the Board, or any board member, officer, agent, attorney, servant or employee of the Board in connection with Bidder’s performance or failure to perform under any bid contract with the Board.

Bidder at its own expense and risk shall defend any legal proceedings that may be brought against the Board, or any Board member, officer, agent, attorney, servant, or employee of the Board on any such claim or demand, and shall satisfy any judgment, fine or penalty which may be rendered or assessed against the Board, its Board member(s), or any officer, agent, attorney, servant, or employee of the Board arising out of any such claim or demand. The Board has and reserves the right to disapprove any attorney or law firm selected by Bidder to defend any such legal proceeding and to select an attorney or law firm to defend any such legal proceeding. The Board shall have the right to set off against any sums due Bidder under any bid contract with the Board the amount of any indemnity cost, expense and claim under this Agreement.

This indemnification, defense and hold harmless agreement shall apply to any lawsuit, action, proceeding, liability, judgment, claim or demand, of whatever name or nature, arising from or relating to acts or omissions of Bidder and/or its employees or agents with regard to the personnel, services, materials and goods provided to the Board by Bidder under any bid contract with the Board, notwithstanding that Bidder may deem the same to be frivolous or without merit. It is intended that this indemnity be interpreted in the broadest manner possible so as to insulate all of the entities, parties and individuals named above from any liability, cost or judgment, monetary or otherwise, as the same may relate to the personnel, services, material and goods provided to the Board under any bid contract with Bidder, provided however, this indemnification, defense, and hold harmless agreement shall not apply to any lawsuit, action, proceeding, liability, judgment, claim, demand, fine or penalty to the extent and wherein it is finally determined that the Board, its Board members, officers, agents, servants or employees were grossly negligent or committed willful misconduct which caused damage.

The provisions of this Hold Harmless Agreement shall survive termination of any bid contract with the Board.

Bidder: ____________________________

Print Name of Bidder’s Authorized Representative: ____________________________

Signature of the Bidder’s Authorized Representative: ____________________________

Print Title of Bidder’s Authorized Representative: ____________________________

Date: ____________________________

This Agreement Subscribed and Sworn to before me this __________ day of January __________, 2018.

Notary Public
Commission Expires: __________
Form W-9
(Request for Taxpayer Identification Number and Certification)

Department of the Treasury
Internal Revenue Service

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Rockford Health Physicians

2. Business name disregarded entity name, if different from above.

MercyHealth Physicians

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:

☐ Individual/sole proprietor
☐ C Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company
☐ Not subject to backup withholding
☐ Single-member LLC

Note. For a single-member LLC that has disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4. Exemptions (code applies only to certain entities, not individuals; see instructions on page 4).

☐ Exempt organization code (if any)
☐ Exemption from FATCA reporting code (if any)

5. To whom the requester is required to report or pay (if any).

Non-profit 501(c)(3) Corporation

6. Address (number, street, and apt. or suite no.).

2300 N. Rockton Avenue

7. City, state, and ZIP code.

Rockford, IL 61103

Social security number

or

Employer identification number

Part I
Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally 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 instructions for line 1 and the chart on page 4 for
guidelines on whose number to enter.

Part II
Certification

Under penalties of perjury, I certify that:

1. 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

2. 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.

3. I am a U.S. citizen or other U.S. person (defined below); and

4. 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 than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person

Date

1-12-17

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

An individual or entity (Form W-9 requestor) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third-party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your correct TIN.

1. Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your correct TIN.
2. If you do not return Form W-9 to the requester with a TIN, the requester might subject you to backup withholding. See What is backup withholding? on page 2.
3. By signing the filled-out form, you:
   1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
   2. Certify that you are not subject to backup withholding, or
   3. Obtain exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
   4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from FATCA reporting is correct. See What is FATCA reporting? on page 2 for further information.
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

BIDDER'S CERTIFICATIONS

NON-COLLUSION AFFIDAVIT
The undersigned Bidder certifies that it has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by Bidder, entered into any combination, collusion, or agreement with any person relative to the price to be bid by anyone at such letting, nor to prevent any person from bidding, nor to induce anyone to refrain from bidding, and this Bid is made without reference to any other bid and without any agreement, understanding, or combination with any other person in reference to such bidding.

Jeni Hallatt
Name of Bidder (Please Print)

EQUAL OPPORTUNITY
The undersigned hereby certifies that Bidder is in compliance with the Equal Employment Opportunity Clause and the Illinois Fair Employment Practices Act.

Jeni Hallatt
Name of Bidder (Please Print)

SEXUAL HARRASSMENT
The undersigned hereby certifies that Bidder has complied and will comply with the requirement of Section 2-105 of the Illinois Human Rights Act (775 ILCS 5/2-105) with respect to sexual harassment policies. The terms of that law, as applicable, are hereby incorporated into the Contract.

Jeni Hallatt
Name of Bidder (Please Print)

NO SMOKING/NO TOBACCO
District are smoke free facilities. Bidder agrees that it and its employees will abide by the District’s no smoking/no tobacco use policy (including snuff, electronic cigarettes and e-vapor products) at all times while on District grounds.

Jeni Hallatt
Name of Bidder (Please Print)

DRUG FREE WORKPLACE
Each Bidder, if having twenty-five employees or more, does hereby certify, pursuant to Section 3 of the Illinois Drug-Free Workplace Act (30 ILCS 580/3), that it shall provide a drug-free workplace for all employees engaged in the performance of services under the Contract by complying with the requirements of the Illinois Drug-Free Workplace Act, and further certifies that it is not ineligible for award of this Contract by reason of debarment for a violation of the Illinois Drug-Free Workplace Act.

Jeni Hallatt
Name of Bidder (Please Print)
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

BIDDER'S CERTIFICATIONS

GENERAL BIDDING CERTIFICATIONS

The undersigned further certifies that:

1. Bidder has read, understands, and agrees that the District's acceptance of Bidder's offer by issuance of an award will create a binding Contract; subject to any District requirement for a formal written contract.

2. The undersigned is an authorized agent of Bidder, and is expressly authorized to execute this Certification on Bidder's behalf, to bind Bidder to the terms and conditions contained in this Bid Package, and to execute the Contract immediately upon notification by the District in the event Bidder's Bid is successful and Bidder is selected by the District to perform the Contract.

3. Bid submission is in compliance with Illinois Compiled Statutes 105 ILCS 5/10-20.21 - Contracts, and 105 ILCS 5/10-22.34c, Third Party Non-instructional Services

4. Bidder is the following type of business entity, in good standing with the State of Illinois:

   non-tax profit healthcare. Bidder is qualified to conduct business in the State of Illinois and is in good standing.

5. Bidder confirms it operates in compliance with HIPAA, FERPA and all other legal requirements.

6. Bidder has and will at all times fully comply with the requirements of 105 ILCS 5/10-20.21(b) pertaining to the Illinois Use Tax Act.

7. All figures and responses submitted on this Bid Form are true, complete, and accurate. All documents attached to and submitted with this Bid Form are true, complete, and authentic.

8. Bidder's current financial statement is attached, which has been certified by a Certified Public Accountant or is authenticated by Bidders signature on this form as true, complete and accurate.

9. Bidder hereby offers and agrees to furnish the services and equipment specified in this Bid Package, during the term specified in the Bid Package, at the rates stated in the bid, and subject to the attached General Instructions, General Terms and Conditions, Supplemental Terms and Conditions, Specifications, and the other requirements of the Bid Package, including Addenda, if any.

10. This Bid is firm and irrevocable for a period of sixty (60) days after Bid Opening, as detailed in the attached Instructions for Bidders.

[Signature]
Name of Bidder (Please Print)  

Bidder or authorized agent (Signature)/Date
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

CERTIFIED CLEARED EMPLOYEE LIST*

The undersigned, Mercy Health Occupational Health & Wellness, a vendor, supplier, professional services firm or contractor, hereby certifies under oath as follows:

1- a criminal history records check, a Statewide Sex Offender Database check and a Statewide Child Murderer and Violent Offender Against Youth Database check has been conducted for all employees as indicated by a check mark in the appropriate box in accordance with 105 ILCS 5/10-21.9 (the Act); and
2- that such employees have not been convicted of any of the enumerated criminal or drug offenses listed in the Act and their name does not appear on the noted Databases; and
3- the undersigned is an owner (if sole proprietor) or officer, member or partner of the undersigned authorized to execute this document binding the undersigned.

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By: Holly Burtman

*the employee information will be form coming before we start this project.*

This certificate Subscribed and Sworn to before me this _day of_ ________.

*notarized list will be made available at that time.*

Notary Public
Commission Expires: ___________
Vendor Cert. Employee List No. ___________

* □ check if not applicable. See Supplemental Terms and Conditions section 36.
Wellness Request for Proposal

This section includes questions about your organization, customer service, technology, programs, education and promotion abilities, reporting, Health Risk Assessment "HRA", outcomes, implementation, financials, and performance guarantees.

1) State the type of company and the location of your home office as well as a brief history of your company including mergers and succession.

Mercyhealth is a non-profit health care provider and hospital system based in Janesville, Wisconsin. On October 23, 2014, the boards of Rockford Health System and Mercy Health System unanimously signed off on a merger of the two systems. It is a vertically integrated health care system with over 70 facilities serving a total of 26 communities throughout southern Wisconsin and northern Illinois. As part of its diversified, vertically integrated system, Mercy Health operates over four core service areas: hospital-based service, clinic service, post-acute care, and retail. MercyHealth’s mission is to provide exceptional health care services with a passion for making lives better. Each day, our 8,000+ employee partners and 650+ employed physician partners take this mission to heart.

Mercy Occupational Health & Wellness has a home office at 2300 N Rockton Ave, Rockford, IL. We also have a Mobile Clinic that is able to come to each school as necessary for biometric screens and other health and wellness events.

2) If you are submitting this with or as part of an alliance company or strategic partnership, what is the name of that partner? If you have partner alliances to perform duties per your programs, please list them.

Mercyhealth partners with Weisource for use of their Health Risk Assessment and other wellness tools they provide. We are also recently partnering with HealthyWage to help implement challenges for our wellness initiatives.

3) Please outline the service model and team members that will be working with the District. (Customer Service Team/Implementation Team/Account Management Team/Others)

We have a staff of RN's and LPN's, a program assistant, and the program manager. We also have a float pool of nursing staff that we utilize if we need additional help with certain clients. We continue to add staff as our program grows. We also believe in having core nurses develop rapport with clients. This allows employees to develop rapport with the nurse, which then creates an atmosphere of trust. Our staff enjoy that they not only help their patients with blood pressure education, but knows about their families and other health issues they have shared.

All staff are dedicated and involved in the customer service and implementation of our services.
4) Do you have experience providing wellness programs for municipalities or other units of government? Please describe, e.g. how many clients, years of operation, case studies, # of employees served, average ROI.

Yes, we have provided a wellness program to the community and to businesses for over 6 years. We work with the HR Department and Administrators of these groups to insure that we are following any guidelines set by the union or within any contracts.

We currently provide biometric screens and flu shots for the City of Rockford employees annually, this past year totaling 1,030 screens performed in only a few weeks times. We have been performing this service for the City employees for over five years.

5) How many employer groups are you currently serving in the size category of the District (2,500-4,000+ employees)?

Although we do not have recent experience providing wellness programs for such large corporations or municipalities of your size, Mercyhealth has been providing wellness services for over a decade.

WELLNESS

6) Do you offer a Health Risk Assessment (HRA)? If Yes,

   a) In what format is your HRA offered? Electronic and Paper

   b) Can you import biometric screening data obtained? Yes

   c) Will you provide an aggregate report to the District? Yes

7) Do you have a system for reminding participants when their yearly and age appropriate screenings are due? If yes, please outline in detail.

   Only Patients of Mercyhealth who use MyChart will receive these reminders.

8) Regarding Health Risk Assessments, please attach a copy of one we might utilize.

   Included.

9) What are your quality assurance policies? Who in your organization is responsible for oversight of the programs? Will that person be accessible to the District?

   One of the four pillars of service excellence at Mercyhealth is Quality. Holly Bultman, Director of Occupational Health & Wellness is responsible for the oversight of the Wellness Programs we provide to our employer groups, including the Rockford School District.

   We follow the quality assurance policies outlined by the manufactures of the equipment we use including calibrations and maintenance as necessary.
10) Do you have the ability to perform an audit if requested, and if so, what cost if any?

As part of our quality assurance we automatically do audits for services provided. These audits
include verifying the calibration of equipment. We have the ability to perform other

COMMUNICATION

11) What is your overall communication strategy?

Communication is essential for having any program work well. To implement the program we
will start with face to face meetings to assure understanding by all parties and formulate a plan.
Part of this plan will be gathering Wellness Champion employees from the company to be our
"go-to" people for communication. Going forward, email will often be used between small
groups. The webpage will be updated with greater announcements to the entire group. Our
team is flexible with our mode of communication to whatever the company we're working with
needs.

12) Please describe how you will assist the District in communicating the Wellness Program to its
employees.

We will provide flyers to be posted around all schools for wellness events and upcoming news.
We will also email out monthly newsletters (and any other relevant information) to the Wellness
Champions to distribute appropriately. All updates will be made on the webpage for employees
to access at any time.

13) How do you address communication and language barriers?

We use a language telephone line for interpretation when a face-to-face Interpreter is not
available onsite. When we know the need ahead of time, we also have medical Spanish
interpreters that are trained to also perform some of our wellness screens that can be scheduled
for specific events.

14) Please provide the mediums used to disseminate information, such as website, direct mail,
television, etc.

We would primarily use the Mercyhealth website for all information. Links off of the website will
include, but not be limited to, the Wellsource Website for the HRA completion. We will also
communicate information via email when it needs to be in writing. If flyers need to be printed
for use, we can drop those off onsite to be distributed interoffice at the district or use direct mail.
When a telephone call is appropriate for providing information, we will use that.

15) Do you have a toll free number for customer use?

We do have a toll free number for healthcare needs at 1-888-39-MERCY (63729). This number
provides physician referrals, health information, community education information, information
about Mercy support-groups and symptom-based triage to Mercy patients. Patients can also be
transferred to our Wellness department through this number.
16) Do you have a website? Is it interactive for employees’ use and do you build websites for employer groups? Do you have a mobile app?

Yes, we have a website www.mercyhealthsystem.org. We can build a specific website that will be interactive for each employee to use. No, we do not have a mobile app, however the website for Mercyhealth and Wellsource (HRA completion) are both mobile friendly.

17) Please describe how your company coordinates communication among health plan vendors. Detail any specific alliances, contacts, ownership relationships or strategic partnerships with

- PBM
- Networks
- Utilization Management
- Third Party Administrator
- EAP

We can communicate with any third party health plan vendors as necessary.

18) Please provide information on your HRA tracking, sample newsletters, and other health promotion and education.

Wellsource provides our HRA tracking, monthly newsletter and monthly health challenges (self-reported). Please see attached.

Lunch & learns, biometric screens with one-on-one RN consultation, flu shot clinics & bone density screening/heel ultrasound are all provided by Mercyhealth employees.

Mercyhealth has EAP services to offer employees and can set up a program that works with your company, if requested.

19) Can you provide educational materials, seminars such as lunch and learns, health risk assessments, and team building wellness initiatives like weight loss coordination, smoking cessation and other wellness initiatives? Please give details of all programs offered.

We have an unlimited resource of educational materials via Wellsource and our own Mercyhealth team including over one hundred specialties. We have a great network of providers willing to deliver seminars or lunch and learns promoting their specialty, based on the interest/need of your employees. Wellsource provides monthly challenges we can implement and deliver to your employees as frequently as necessary. We will also be able to provide weight loss challenges with the help of HealthyWage.

20) Please indicate any program accreditation you have or will have earned, and the agency giving the accreditation such as NCQA, URAC, JCAHO.

Mercyhealth is accredited by both JCAHO (Gold Seal) & NCQA. In addition to these agencies, Mercyhealth has achieved numerous other accreditations including but not limited to: Wisconsin Medical Society Council on Medical Education, American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc, National Accreditation Program for Breast Centers and received the Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN).
The Beacon Award recognizes caregivers who successfully improve patient outcomes and align practices AACN’s six Healthy Work Environment Standards. Mercyhealth was also awarded Platinum level from the American heart Associate as a fit-friendly workplace.

21) How do you track and monitor complaints regarding service issues? How are those reported back to the District?

If complaints happen, those would be reported back to the director, Holly Bultman. Holly would report back to the appropriate person(s) at the school district. This line of communication would be set up at the initial face-to-face meeting once awarded the program. Customer concerns will be tracked and monitored through our internal customer relations department.

22) Does your firm have the ability to assist in the following activities: web casts, seminars, health summits, organizational competitions, and teleconferences?

Yes, we have the ability to assist with all of the above activities.

TECHNOLOGY:

23) What is the current system platform used to support your wellness promotion? Do you anticipate changing your current system in the near future? When was your last system change or upgrade?

Mercyhealth and Wellsourc use a secure web base platform. These systems our managed by our Information Systems team specific to Mercyhealth and get updated on a regular basis. I do not anticipate any major change in the future.

24) What are your preferred methods of data delivery and receipt?

Secure email is the preferred method.

25) Please provide a list of all programs related to wellness promotion. Please also include programs you think would benefit the District, why they would be beneficial and the ROI attached to the program.

Our wellness program starts with a health screen. All health screens include blood pressure, pulse, height and weight. Either a finger stick or venipuncture biometric screen can be performed based on your request. The finger stick will give immediate results including total cholesterol, HDL, LDL, triglycerides and glucose. These results will be discussed immediately with the qualified staff member providing the service. Any results outside of the thresholds will be advised for follow up care, including referral to immediate care as necessary. A copy of the results will be provided to the employee. The venipuncture can include an extensive list of blood tests. This list is included in Appendix A along with the costs of each test.

Prior to venipuncture blood test results being mailed to your employee, a physician reviews each laboratory result. In the event an employee’s results trigger a critical laboratory value, a Mercyhealth medical staff will contact the employee immediately after receiving the result. When a venipuncture biometric screen is completed, our medical staff will return to the site, usually two weeks after the health screen, to provide coaching to employees based on their
results. These coaching sessions usually take thirty minutes. (Attendance to coaching meetings can be tracked for a point on an incentive program).

Following the health screen the HRA should be completed by employees.

After receiving the aggregate results of the HRA, the program manager, will review the results with the district contacts set up in our initial meeting. At that time; lunch and learns/seminars, programs and activities will be discussed and planned out, based on the needs and interests of the employee’s results of the HRA.

25) If you use web based technology or offer to build a website in your delivery of programs, please indicate below where appropriate:

Health Risk Assessment and the ability to provide comparative data Included in Package

Health education and information Included in Package

Health promotion outreach; health newsletters, screening reminders Included in Package

Health coaching Additional Cost

Healthy recipes Included in Package

Self care data and medical or symptom dictionary Included in Package (Mercyhealth Library)

Modules for disease management or healthy lifestyle Additional Cost

Rx information and education Additional Cost

Other online tools Additional Cost

Hot links available for employee use Included in Package

E-newsletters available Included in Package

27) Are you willing to brand a website for our employees use with our logos and materials?

Yes. It will also include Mercyhealth branding.

28) Does your technology solution include:

a. Online personal medical records for participants? Yes, for Mercy Patients.

   If yes, please describe. EPIC medical record will be utilized.

   If yes, will HRA and Biometric data be integrated? Biometric data is integrated into the EPIC medical record. HRA information is not.

b. Web-based consumer educational portals?

   Yes, Wellsource provides these.
c. Reporting access for District management?

No, the district managers will have to receive reports from the Mercyhealth team.

d. Smart Phone application(s) solution for iOS, Android, or other?

Only Mercyhealth Patients with MyChart will have access to the smart phone app for MyChart.

29) Please describe any plan for technology updates or new services.

We always welcome new service requests. Mercyhealth is continually expanding which includes our new Mobile Health Unit to perform Occupational Health & Wellness Services. We are currently working with HealthyWage to also expand our Wellness Services.

30) Are you willing to feed data to a third party?

Yes, through secure encryption.

31) What practices do you have in place to protect the confidentiality of individual information when electronic storing or transferring information?

Mercyhealth has all of the proper practices in place to protect confidentiality of all patients and partners. We have a specific department for patient privacy and rights to keep us all in check and to verify all modes of electronic communication, transfer and data remains confidential and safe.

32) Do you have any predictive modeling capabilities?

We would like to be able to utilize more predictive modeling. We do have some things in place, however not for Wellness Programming specifically. One example is our LACE+ score which helps us identify patients who are at higher risk of readmission or death within 30 days depending on several different factors.

Our Quality Improvement group continues to work on other predictive modeling.

33) What is the maximum number of users for your website?

Unlimited

34) Chart attached.

35) How will you evaluate the effectiveness of your outreach efforts?

We will use WellSource HRA reports and data to determine effectiveness of programs, focusing on participation, goals, and outcomes. We will also use surveys following each program.

36) How do you store data? Please give brief highlights of your data disaster recovery plan.

Data is stored electronically. Our Information Technology Group keeps the data disaster recovery plan.
37) Describe required elements of our other vendors such as third party claims administrator to provide efficient transfer of data and links. Please indicate if there are any legal issues, data transfer processes, or other specific data elements.

We are able to use encrypted email to transfer data, this would have to be set up first, with a test run, to verify our system is compatible with your other vendors.

38) Does your firm have alliance with local health clubs or fitness facilities? If so, please name them and indicate whether or not you could contract with a facility of our choice?

We have an alliance with Anytime Fitness of Rockford. After 30 days of membership, people are able to utilize any of the Anytime Fitness locations in the nation. The enrollment fee and key fee are both waived, and there is a discount on the monthly/annual fee.

We would look at forming a relationship with other area health clubs if necessary to meet your needs.

39) What methods of data are used to indicate or identify individual risks or conditions?

We use the guidelines established by the American Diabetes Association and the American Institute of Health for our biometric screens. Once the HRA is completed and risks are identified, then our nursing staff can begin coaching and setting goals with employees as well as formulating programs to help educate your employees and ultimately reduce the risks. Employees are encouraged to share their results with their primary care provider.

40) What incentives do you offer or suggest for member participation on your programs?

Incentives remain important for greater participation. For example, holding participants accountable by collecting money and they can only win the money back (plus more) if they lose a certain percent of their total weight in a said amount of time. Also, providing smaller incentives to all participants to encourage the healthy lifestyle (per the program) works well. For example, Mercyhealth would provide infusion water bottles, for a water challenge, to encourage participants to drink more water. There are numerous other suggestions we can come up with as we create the program for you.

41) Please attach a list of reports that are available and any add hoc reports that may or may not have a cost. Please include a report cost schedule.

The aggregate data report is free of charge from WellSource. This report includes participation as well health risks for your company, areas of improvement and areas of interest.

42) What is the report frequency and will the District be able to generate reports independently?

We will pull and review this report after the close of each HRA session. No, the district will not be able to generate reports independently.

43) Does your firm have an ROI analysis on the services you are suggesting for us?

We do not have our own ROI analysis of the services. However, according to the Centers for Disease Control and Prevention (CDC), approximately half of all American adults have a chronic
disease, and we spend more than eight out of every ten dollars treating people with chronic conditions — many of them preventable. With the assistance of Mercyhealth and Doctors Board Certified in Preventive Medicine, and the hundreds of other specialist available to you by partnering with Mercyhealth, we know we can help reduce your healthcare costs.

44) Currently a majority of the employees in the District have their payroll contribution toward their health insurance indexed to their participation in wellness events. If they participate, then the employee pays less for his or her benefits. Identify wellness events and activities that can serve as a trigger for employee participation by which the District can credit the employee. What programs or services do you offer by which the District can measure the employees’ participation? How are you HIPAA compliant – what procedures are in place to comply with this statute?

There are numerous programs that employees can participate in, to receive credit or points, to reduce their healthcare cost. One way of configuring is giving points to activities. For example, each employee receives one point each for completing the biometric screen, HRA, receiving their flu shot. Two points awarded for attending a Lunch and Learn/Seminar or Wellness Fair. Three points awarded for participating and 4 points for achieving goal for Wellness Activity. Your company can determine how many points are needed to achieve to receive credit on insurance. We would only provide information to your third party or HR regarding participation. We would not include any health results. Dates of participation and Yes/No for goal achieved would be documented and shared.

When we provide health data to employers it is in aggregate form. This keeps us HIPAA compliant while still providing valuable information to the employer, which helps them identify potential areas of risk and focus for their wellness efforts.

45) Would you be able to provide services that could track employee participation in wellness activities? Be able to create a reporting mechanism to Human Resources on a regular basis (e.g. quarterly, monthly, etc.)? Please explain in detail how you can deliver this service.

*We are looking for a partner who will assist with a points accumulation tracking system, pursuant to our labor negotiations. We will require an administrative tracking system.

The basic way to track employee participation is via an Excel spreadsheet. Following biometric screens, flu shots, etc., those dates would be applied by our clerical staff. Wellsource will create a report for HRA participation. Our Wellness Staff would track/input dates and completion for Wellness activities. This information can be provided to your administration team on a regular basis, as requested by you at the initial meeting.

46) Describe the cost associated with those programs split out by a per employee per month schedule, per member per month schedule and an annual cost.

- Please identify any pass-through costs
- Please estimate potential savings

Cost worksheets are attached.

47) Please describe any and all performance guarantees that are available.
With the help of Wellness Champions from your company, success is probable. Participation is key for having a successful program, and the Wellness Champions are vital in the success of participation. Mercyhealth cannot guarantee success of these programs alone. Leadership at each company has to also buy into the Wellness Initiatives, offer encouragement/incentives for participation and support each Wellness Campaign. As a team we will have success.

48) Please indicate if your firm is willing to place fees at risk if performance guarantees are not met?

Because this is a team effort we will not place fees at risk.

49) Please outline for the District what sets your company apart and makes your service offering more effective than other wellness vendors.

Mercyhealth Wellness services are backed by a board certified Preventive Medicine Medical Provider. We have an extensive list of specialties at our fingertips to meet the needs of any requests your employees have.

If your employee does not have a current Primary Care Physician, we can offer a long list of doctors accepting new patients at many convenient locations.
**Wellness Request for Proposal**

34) Please indicate if you provide information or programs regarding:

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<td>Stress Management</td>
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<td>Behavior Change Programs</td>
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<tr>
<td>Health Related Incentive Programs</td>
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<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td>WellsSource Challenges</td>
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</table>

*All available Lunch and Learn topics that can be scheduled onsite.*

- Information also available on the website we created regarding these topics.
## Cost Proposal

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
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<tr>
<td>Implementation Fee</td>
<td>$3,000 one-time fee</td>
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<tr>
<td>Administrative Fee</td>
<td>$2,000 annual fee</td>
</tr>
<tr>
<td>Health Risk Assessment</td>
<td>$5 per member, per use</td>
</tr>
<tr>
<td>Biometric Screen (finger stick)</td>
<td>$38 each</td>
</tr>
<tr>
<td>Biometric Screen (venipuncture)</td>
<td>See attached list of lab costs</td>
</tr>
<tr>
<td>Website Establishment</td>
<td>Free</td>
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<tr>
<td>Lunch and Learn/Seminar</td>
<td>Two Free annually. $50 each additional.</td>
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<tr>
<td>Health Coach</td>
<td>$20 per 30 minute appointment</td>
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<tr>
<td>Wellness Newsletter (monthly)</td>
<td>Free</td>
</tr>
<tr>
<td>Wellness Challenge Set up</td>
<td>Free</td>
</tr>
<tr>
<td>Wellness Challenge Implementation</td>
<td>Staff time onsite $40/hour</td>
</tr>
<tr>
<td>EAP Newsletter (monthly)</td>
<td>Free</td>
</tr>
<tr>
<td>Modules for disease management or healthy lifestyle</td>
<td>$50 annual fee</td>
</tr>
<tr>
<td>Rx information and education</td>
<td>$50 annual fee</td>
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<tr>
<td>Healthy Living Guidelines (online videos)</td>
<td>$75 annual fee</td>
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Estimated annual cost includes biometric finger stick fees, HRA (1 time per year), 4 lunch and learns, 10 hours of wellness challenge implementation, and 2 health coach appointments per patient.

Year 1 estimated annual cost per person = $84.77

Year 2 and 3 estimated annual cost per person = $83.81
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<td>Basic Chemistry (gluc, bun, creat, calcium, sodium, potassium, chloride, CO2, anion gap, EGFR)</td>
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<tr>
<td>Lipid Panel (HDL, LDL, TC, Trg)</td>
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<td>Alkaline Phosphatase</td>
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<td>TSH</td>
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<tr>
<td>Free T4</td>
<td>$23.00</td>
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</table>

*other labs and panels can be drawn and prices discussed.*
Lather Up to Avoid Getting Sick

It's National Handwashing Awareness Week

Everybody knows what happens when someone comes to the office sick. Or when someone comes down with a cold at home. There's a chain reaction. Coughing, sneezing, and the Kleenex supply become daily discussion topics.

But doing a better job at washing your hands can be a great defense against germs, and help you stay well.

It's why you should lather up for National Handwashing Awareness Week (Dec. 4 - 10)." Hand hygiene rules to avoid germs

"Imagine how great it would be if you or your family were never sick again from a respiratory infection," says National Handwashing Awareness Week founder Dr. Will Sawyer.

It's possible if you follow a few simple rules:

1. Lather up with soap and wash your hands for at least 20 seconds. Do this when they're dirty, and always before eating.
2. Do not cough or sneeze into your hands. Cover your mouth or nose with your elbow, or use a tissue.
3. Do not put your fingers in your eyes, nose, or mouth.

Follow these hand hygiene rules, and you'll avoid getting sick from shaking hands or touching germy surfaces.

Germs travel fast

Researchers at the University of Arizona wanted to show how fast germs can spread. They placed water droplets on the hands of about 80 employees in an office. But one person actually received drops of a fake virus.

How fast did the fake virus spread? In just four hours, it was on half of the surfaces in the office. And it had spread to half of all employees.

The Nutty Way to Prevent Heart Disease

Eating nuts a few times a week good for your heart

When the nut supply runs low in the fictional town of Oakton City, an unlikely team of thieves, con-artists, and scavengers, come up with a plan. Organize the biggest nut heist in history called The Nut Job.

And it works. After a series of twists and turns, mistakes, and a plan to outsmart nut-hoarding mobsters in this movie, the crew manages to stock up on nuts for the winter.

A handful of nuts for heart health

You don't need a truckload of nuts to survive the winter. But eating a handful of nuts a couple times a week may be good for your heart, according to a recent study.

Harvard researchers followed 210,000 adults for 32 years. They looked at heart health for people who ate nuts at least once a week to those who didn't eat any nuts.

Here's what they found. People who ate:

✓ Walnuts at least once a week had a 20 percent lower risk of heart disease.
✓ Peanuts two or more times a week had a 14 percent lower risk of heart disease.
✓ Tree nuts (almonds, cashews, pistachios, or macadamia nuts) two or more times a week had a 15 to 23 percent lower risk of heart disease.

It's possible other habits helped reduce the risk of heart disease. Like being active each
Don't Let Old Man Winter Stop You From Being Active

Aim for 30 minutes of physical activity a day.

You don’t have to let cold weather stop you from exercising. But it happens.

A recent Gallup survey found that only 49 percent of adults are active 30 minutes a day on at least three days a week during cold-weather months.

Too cold to exercise outside? Probably not. It's possible that a winter storm could force you inside. But if it's just cold, you can still be active outdoors if you bundle up.

Need proof? There's a 26.2-mile marathon at the North Pole where temperatures are usually a chilly -4 to -40°F and the chance of polar bear attacks is real. But that doesn't deter dozens of runners from dressing in layers to go the distance.

Ways to stay active indoors

But what if you're not a fan of the cold? Stay active indoors. Here's how:

• Take a brisk walk through your local mall.
• Find an indoor pool where you can go swimming or walk laps.
• Go to the gym.
• Play an indoor game with your kids like hide-and-seek.
• Find an exercise video, and follow along in your living room.
• Take an exercise class like yoga, aerobics, or kickboxing.
• Walk, jog or run on a treadmill. Or use a stationary bike.

The goal: Be active at least 30 minutes a day, even when it's cold outside.

The Nutty Way to Prevent Heart Disease (continued from page 1)

day and having a plant-based diet. But nuts are high in fiber, nutrients, antioxidants, and healthy fats that can help lower heart disease risk.

There's no need to go nuts. A small handful once or twice a day may be just enough to help keep your heart healthy.

References


Take the December Health Challenge!

Practice Mindfulness: Develop a daily habit to improve your life

Ask the Wellness Doctor:

This Dr. Joe Raphael answers the question:

Should I take a Vitamin D supplement?
Requirements to complete this HEALTH CHALLENGE™

1. Read "Practice Mindfulness."
2. Make a plan to practice mindfulness that fits your life today, two weeks from now, in a month.
3. Keep a record of your completed challenge in case your organization requires documentation.

When Conor McGregor was a plumber, he wasn’t happy. It was a typical career path in Ireland, but it wasn’t for him. He struggled to make a living. But instead of giving up, he started thinking about how to change his situation.

At first, it was simple things like keeping a journal. Or spending a few focused minutes a day thinking about what he really wanted to do. He created a mindfulness practice.

And then it happened. He won a series of mixed-martial arts fights. He landed a contract with the Ultimate Fighting Championship. And he found himself grappling with some of the toughest fighters in the world looking for a way to land a punch or escape a submission hold.

“It’s experience,” says McGregor. “It’s repetition. The more you experience in training, the more you compete, you just become comfortable in it. You’re able to be more relaxed. And you realize being able to slow your mind down in a situation like that is a skill.”

Today, McGregor still uses the mindfulness practices he began years ago. He writes in a journal. He takes time to think about his training sessions and fights. And he reflects on what went right, what went wrong, and where he can improve.

The Definition of Mindfulness

Even though more than 30 million people in the United States meditate every day, it’s still a bit of a misunderstood activity.

- Do you sit cross-legged on a pillow and hum quietly to yourself?
- When you meditate, do you try and solve all your problems?
- Is it just for people who have an interest in spirituality?
- Does it require long periods of silence for hours a day?
- If you do it once to try it out, will it work?

The answer to all of these questions: No.

“It’s about paying attention in a systematic way,” says mindfulness expert Dr. Jon Kabat-Zinn.

Mindfulness is a way of paying attention to your thoughts, feelings, sensations, and environment. But instead of trying to problem-solve, mindfulness is simply being aware of what’s happening in the present moment.
Are you in control of your thoughts?

Mindfulness can help you learn to focus your thoughts and be more aware of what's really happening. It takes consistent effort. But anyone can learn to practice mindfulness. It doesn't cost anything. And you can tap into the benefits of mindfulness in just a few minutes a day.

Create Your Mindfulness Practice

Want to tap into the benefits of mindfulness? It takes practice. But you can do it, even if you're busy. This mindfulness practice only takes a total of 5 minutes a day. Here's what you'll need to know:

**Where?** A quiet place where you can be alone without distractions

**When?** Morning, afternoon, and before bed.

**How long?** 3 to 5 minutes

**Be Mindful – Week 1**

1. Set a timer for 3-5 minutes.
2. Close your eyes.
3. Pay attention to all the thoughts in your head about work, family, and other things. Notice how you’re feeling.
4. Focus on your breath as you inhale and exhale.

**Be Mindful – Week 2**

1. Set a timer for 3-5 minutes.
2. Close your eyes. Try not to think about anything for the first minute.
3. After a minute, think about your day, what you have planned, or what you accomplished for the day.
4. After two minutes, focus on your breathing.
5. Breathe in deeply through your nose. Hold the breath for 5 seconds. Exhale slowly through your mouth for 7 seconds.

**Be Mindful – Week 3**

1. Set a timer for 3-5 minutes.
2. Close your eyes. Sit in silence, and try not to think about anything for the first minute.
3. Place a hand on your stomach. Breathe in through your nose for 5 seconds. Exhale through your mouth for 7 seconds. Repeat.
4. Focus your thoughts on your breathing, and feel the rise and fall of your stomach.
5. Pay attention to your thoughts and feelings. Think about what you have planned, or what you accomplished for the day.

**Be Mindful – Week 4**

1. Set a timer for 3-5 minutes.
2. Close your eyes. Sit in silence, and try not to think about anything for the first minute.
3. Breathe in through your nose for 5 seconds. Exhale through your mouth for 7 seconds.
4. Place a hand on your stomach. *Now breathe in through your mouth, and exhale through your nose.*
5. Focus your thoughts on your breath. Feel the rise and fall of your stomach. And notice how it's different.
6. Pay attention to your thoughts and feelings. Think about what you have planned, or what you accomplished for the day.

*Video: 12-minute mindfulness exercise for beginners tinyurl.com/y7iwany**

Health Benefits of Mindfulness

Think you're too busy to set aside a few minutes a day to practice mindfulness? It's easy to think that when you've got a million things on your mind. But you don't want to miss out on the health benefits of mindfulness. Research shows daily meditation or mindfulness habits can help:

- Reduce stress
- Support heart health
- Lower blood pressure
- Develop healthier relationships
- Improve digestion
- Support memory and learning
- Treat depression and anxiety
- Promote positive thinking
- Improve sleep quality

References

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**Practice Mindfulness**

**Instructions**

1. Post this calendar where you will see it daily (bathroom, kitchen, bedroom, or add to your digital calendar).
2. Take action to practice mindfulness that fits your life today, in a week, in a month.
3. Use the calendar to record your actions and choices to practice mindfulness and make it a regular part of your life.
4. Review your progress at the end of each day, each week, and at the end of the month. Then keep up the practice for a lifetime of best health.

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<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
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_____ Number of days this month I practiced mindfulness

_____ Number of days this month I exercised at least 30 minutes

Other wellness projects completed this month:

-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name ___________________________________________________________ Date ____________________________________________

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Q. Should I take a vitamin D supplement?

A. Probably. If you spend a lot of time indoors, there's a good chance you're low on vitamin D.

Why? A little time in the sun (15 to 20 minutes a day) helps the body make vitamin D. But most people spend a lot more time inside, at home, at work, or in the car than they used to.

Is your vitamin D level low?

If you read the magazine headlines in the checkout lane, you might think everybody should take vitamin D. For years, it's been touted as a kind of cure-all for a long list of health problems.

About 1 billion people have low vitamin D levels. That's about 13 percent of the world's population. But some parts of the world, and some groups of people, have an even higher percentage.

If your doctor thinks your vitamin D level is too low, a basic blood test can find out.

Vitamin D health claims

Can getting enough vitamin D improve your health?

Past studies suggest that people with higher levels of vitamin D may have a lower risk for disease. Diseases like diabetes, high blood pressure, obesity, cancer, and heart disease. But these studies don't prove vitamin D is the reason, just that there is a link between the two.

In the last four years, nearly 16,000 scientific articles were published on vitamin D. This new research suggests vitamin D may not be as good at preventing disease as we once thought. But marketers don't want you to know that.

Vitamin D sales bring in around $713 million a year in revenue.3

"Just because low D levels and disease seem to be correlated, doesn't mean that vitamin D deficiency is the cause," says lifestyle medicine expert Dr. Michael Greger. "In only a handful of conditions have interventional studies proven vitamin D to be effective."

If you are going to take vitamin D...

It may help reduce fatigue and improve bone health. And having enough D in your blood may help you live longer. But it's not a cure-all for chronic disease and won't erase the impacts of poor food and lifestyle choices.

How much vitamin D should you take? Research suggests most people would benefit from taking 1,000 to 2,000 international units (IUs) of Vitamin D3.

You'll also find vitamin D in mushrooms, eggs, and fortified foods like orange juice, cereal, and cheese. But your best source of vitamin D for better health? Sunshine and a brisk walk.

References


PERSONAL WELLNESS PROFILE™
Advantage

PRINT NAME AND ADDRESS CLEARLY
Name (Last, First)
Address
City State Zip
Email
Home Phone Work Phone
Company Name
Physician Name Today’s Date

MARKING INSTRUCTIONS
• Use a No. 2 pencil only.
• Do not use ink, ballpoint, or felt-tip pens.
• Make solid marks that fill the oval completely.
• Erase cleanly any marks you wish to change.
• Make no stray marks on this form.
CORRECT: ○ INCORRECT: ☒ ☒ ☐

HEIGHT WEIGHT AGE BIRTHDATE
ft in lbs years month day year

1. Gender. ○ male ○ female ○ pregnant

2. Race/Ethnicity.
   ○ White/Caucasian ○ Asian
   ○ African American ○ Native American
   ○ Hispanic/Latino ○ Other

  Question #3 on family health history has been removed.
  Good health is your greatest asset!
  This questionnaire will take approximately 20 minutes to complete.

HEALTH HISTORY
4. Personal health history. Mark any health condition your doctor has told you that you have.
   a. ○ allergies
   b. ○ asthma
   c. ○ arthritis
   d. ○ chronic back pain
   e. ○ chronic lung disease (COPD)
   f. ○ chronic sinus problem
   g. ○ broken bones/stress fractures in last 10 years
   h. ○ coronary heart disease, angina (with or without coronary by-pass surgery or angioplasty)
   i. ○ cancer (other than skin cancer)
   j. ○ diabetes (high blood sugar)
   k. ○ stroke or restricted blood flow to head or legs

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5. Overall health. In general would you say it is:
  1) excellent  2) very good  3) good
  4) fair  5) poor

6. Preventive health tests. Have you had the following recommended preventive exams?
  1 - yes
  2 - no (skip if not applicable to your age & gender)
  a. 1) physical exam within last 1-2 years
  b. 1) blood pressure check within last 1-2 years
  c. 1) cholesterol check within last 2-5 years
  d. 1) dental exam within last year
  e. 1) prostate exam within last 1-2 years (men age 50+)
  f. 1) bowel exam within last 5-10 years (age 50+)
  g. 1) annual flu immunization (age 65+)
  h. 1) pneumonia immunization in last 10 yrs. (age 65+)
  i. 1) PAP test in last 1-3 years (women)
  j. 1) mammogram in last 1-2 years (women age 40+)

7. Common health tests. Mark your usual values.
  1 - normal
  2 - moderately elevated (between normal and high)
  3 - high
  4 - don't know

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<tr>
<td>1. 1) glucose fasting</td>
<td>(&lt;100)</td>
<td>(126+)</td>
</tr>
<tr>
<td>2. 1) blood pressure</td>
<td>(&lt;120/80)</td>
<td>(140/90+)</td>
</tr>
<tr>
<td>3. 1) cholesterol</td>
<td>(&lt;200)</td>
<td>(240+)</td>
</tr>
</tbody>
</table>

  1. 1) blood pressure lowering
  2. 1) cholesterol lowering
  3. 1) medication for diabetes / high blood sugar

9. Sick days. How many days did you miss from work (or school) due to illness or injury in the past 12 months?
  0 1) 2 2) 3 3) 4 4) 5 5) 6 6) 7 7) 8 8) 9+

10. Exercise days. How many days each week do you get at least 30 minutes of moderate to vigorous physical activity? (e.g., brisk walking, cycling, aerobics, hard physical labor)
  0 1) 2 2) 3 3) 4 4) 5 5) 6 6) 7

11. Strength exercises. How many days each week do you do strength-building exercises for 15-30 minutes? (e.g., weight lifting, pushups, crunches)
  0 1) 2 2) 3 3) 4 4) 5 5) 6 6) 7

12. Stretching exercises. How many days each week do you do stretching exercises? (e.g., yoga, pilates)
  0 1) 2 2) 3 3) 4

13. Breakfast. How often do you eat a healthy breakfast?
  1) seldom 2) occasionally 3) daily or most days

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14. Whole grains. How many servings of whole-grain breads and cereals do you eat daily?
  1 serving = 1 slice whole-wheat bread; 1/2 C cooked oatmeal, brown rice, or other whole-grain cereal; 2/3 C ready-to-eat whole-grain cereal
  0 1) 2 2) 3 3) 4 4) 5 5) 6+

15. Fruits. How many cups do you eat daily?
  1 cup equivalences: 1 medium apple, orange, banana; 1 C berries or cut fresh fruit; 1/2 C cooked fruit; 3/4 C (6 oz) 100% fruit juice
  0 1) 1/2 1) 2 2) 1 2/2 3 3) 3 1/2 4+

16. Vegetables. How many cups do you eat daily?
  1 C raw or cooked veggies, 1 C (8 oz) veg. juice
  0 1) 1/2 1) 1 1/2 2 2) 1/2 3 3) 3 1/2 4+

17. Protein. How many servings do you eat daily?
  1 serving = 2 oz lean meat, fish, or poultry; small hamburger, 1 hot dog, 1 beef taco, 2 luncheon meat slices, 2 eggs; plant proteins: 1/2 C beans or tofu, 1 vegetarian burger or other meat alternatives
  0 1) 1/2 2) 1 1/2 3 3) 3 1/2 4+

18. What kind of protein foods do you eat most often?
  1) high-fat meats 2) low-fat meats 3) plant proteins

19. Fats. What kind do you usually use?
  1) butter, stick margarine, shortening, meat drippings
  2) trans-fat-free margarine, veg. oils, or no added fats
  3) use both about the same

20. Dairy. How many servings do you eat daily?
  1 serving = 1 C milk or yogurt, 1 slice (1 oz) cheese, 1/2 C cottage cheese, 1 C fortified soy milk
  1) 1 2) 1 3 3) 4 4) 5 5) 6+

  1 serving = 1/2-1 oz nuts (e.g., almonds, cashews, peanuts) or seeds (e.g., sunflower, pumpkin) or 2 T nut butter
  0 1) 1/2 2) 3 3) 4 4) 5 5) 6+

22. Sweets. How many servings do you eat daily?
  1 serving = 3-4 T sugar, 2 T syrup or jelly, 8 oz soft drink, or desserts (e.g., candy, cookie, 1/2 C ice cream, 1 sm. piece cake or pie)
  0 1) 1 2) 1 3 3) 4 4) 5 5) 6+

23. Water. How many cups do you drink daily?
  0 1) 1 2) 1 3 3) 4 4) 5 5) 6 6) 7+

24. Salt. How much salt do you use?
  1) use salt sparingly and limit salty foods
  2) don't think about limiting salt or salty foods
  3) like salt - often salt foods or eat salty foods

  1) Calcium 2) Vitamin B12 3) Vitamin D 4) Multivitamin/mineral

  1) never smoked 2) quit smoking 3) presently smoke

SUBSTANCE USE
27. Secondhand smoke. Are you often exposed to other people’s smoke at home or work?
   ● yes  ○ no

28. Alcohol. How many drinks do you have a week?
   1 drink = 12 oz beer, 5 oz wine, or 1.5 oz liquor
   ○ none  ○ 1-3  ○ 4-7  ○ 8-14  ○ 15-21  ○ 22+

29. Drugs. How often do you use drugs (including prescriptions) that affect your mood or help you relax?
   ○ rarely or never  ○ occasionally  ○ almost every day

30. How many kinds of drugs (including prescription and over-the-counter) did you take in the past month?
   ○ 0  ○ 1  ○ 2  ○ 3  ○ 4  ○ 5  ○ 6  ○ 7  ○ 8+

31. How often do you have feelings of stress at work?
   ○ never  ○ sometimes  ○ permanent or continual stress

32. How often do you have feelings of stress at home?
   ○ never  ○ sometimes  ○ permanent or continual stress

33. How much stress do you feel over finances?
   ○ little or none  ○ moderate  ○ high or severe

34. Traumatic life events. How many traumatic life events have you experienced in the last year, such as loss of a loved one, divorce, loss of job, financial crisis, severe conflict, violence, major illness, or other event?
   ○ 0  ○ 1  ○ 2  ○ 3+

35. Outlook. How do you see your years ahead?
   ○ I do not look forward to what lies ahead of me  ○ I’m not sure what the future holds for me  ○ I’m hopeful and expect things to work out well for me

36. Control. What happens in my life is controlled by:
   ○ my choices  ○ mostly outside influences  ○ partly my choices  ○ I have no control, feel trapped

37. Happiness. All in all, how happy are you?
   ○ unhappy  ○ pretty happy  ○ very happy

38. Mood. Have you felt down, depressed, hopeless, or have little interest or pleasure in doing things for 2 or more weeks in the past month?
   ○ yes  ○ no

39. Functioning. Have your feelings caused you significant distress or impaired your ability to function socially at work or school, or within your circle of friends?
   ○ yes  ○ no

40. Relax. Do you take time to relax/have fun daily?
   ○ seldom  ○ sometimes  ○ most of the time

41. Energy. How much energy do you have during a typical day?
   ○ high energy  ○ adequate energy  ○ often tired

42. Satisfaction. In general, how satisfied are you with your life?
   ○ very satisfied and happy  ○ not very satisfied  ○ mostly satisfied  ○ dissatisfied/unhappy

43. Social support. Mark ALL that apply to you.
   ○ I’m married or have a significant other  ○ I make frequent contacts with family and friends  ○ I regularly participate in a faith group  ○ I regularly participate in a social club

44. Sleep. How many hours of sleep do you usually get daily?
   ○ less than 6  ○ 6 - 6.9  ○ 7 - 8  ○ more than 8

45. Seat belts. When riding in a car, what percentage of the time do you wear a seat belt?
   ○ 0  ○ 25%  ○ 50%  ○ 70%  ○ 90%  ○ 100%

46. Child safety seats. When children ride in your car, are they always buckled into an approved child safety or booster seat?
   ○ yes  ○ no  ○ does not apply

47. Drinking and driving. How many times in the past 6 months did you drive within an hour of having 2+ drinks, or ride with another driver who had?
   ○ 0  ○ 1  ○ 2  ○ 3  ○ 4  ○ 5  ○ 6  ○ 7  ○ 8+

48. Smoke alarm. Does your home have a working smoke alarm near your sleeping area(s)?
   ○ yes  ○ no

49. Driving. How many miles per week do you usually drive or ride with others (average is 225 miles/week)?
   ○ high mileage  ○ average mileage  ○ low mileage (more than 225 miles/week) (below 225 miles/week)

50. Lifting. When lifting heavy objects, do you use correct lifting technique (keep object close to body, bend at the hips and knees, keep back upright, maintain normal curve of back, lift with legs)?
   ○ always  ○ sometimes  ○ seldom or unsure

51. Sun. Are you careful to limit excess sun exposure and avoid sunburns?
   ○ always  ○ sometimes  ○ seldom or unsure

52. Helmets. Do you always wear a helmet when riding a motorcycle, cycling, skiing, inline skating, etc.?
   ○ yes  ○ no  ○ does not apply
53. (Optional question). Are you careful to use safe sexual practices to prevent unintended pregnancies and STDs (no sexual contact, always use condoms, or relations with only one uninfected, mutually faithful partner)?
   - always
   - most of the time
   - seldom or never

**JOB SATISFACTION**

54. Work life. How satisfied are you with your work life?
   - very satisfied
   - somewhat dissatisfied
   - mostly satisfied
   - very dissatisfied/unhappy

55. Productivity. During the past 4 weeks at work, how many days did poor physical or mental health result in decreased productivity?
   - 0
   - 1-2
   - 3-4
   - 5-6
   - 7-8
   - 9+

56. Limitations. By how much was your work output (productivity) generally impaired/decreased?
   - none
   - a little, 5%
   - moderately, 15%
   - a lot, 30%

57. Health culture. Rate your organization's interest in employee health and in creating a healthy work place.
   - excellent
   - good
   - fair
   - poor

**READINESS TO CHANGE**

58. Are you planning to make lifestyle changes in the following areas?
   1. no present interest in making a change
   2. plan a change in the next 6 months
   3. plan to change this month
   4. recently started doing this
   5. already do this regularly (for past 6 mos.)

   a. ( ) ( ) ( ) ( ) ( ) be physically active
   b. ( ) ( ) ( ) ( ) ( ) practice good eating habits
   c. ( ) ( ) ( ) ( ) ( ) avoid smoking or using tobacco
   d. ( ) ( ) ( ) ( ) ( ) lose weight or maintain a healthy weight
   e. ( ) ( ) ( ) ( ) ( ) cope better with stress
   f. ( ) ( ) ( ) ( ) ( ) lower or maintain healthy cholesterol level
   g. ( ) ( ) ( ) ( ) ( ) lower or maintain healthy blood pressure
   h. ( ) ( ) ( ) ( ) ( ) avoid alcohol or drink in moderation
   i. ( ) ( ) ( ) ( ) ( ) live an overall healthy lifestyle

**HEALTH INTERESTS**

59. ( ) Do NOT notify me of health promotion opportunities.

60. Mark any of the following health improvement opportunities you would like to know about - if available.
   - nutrition/healthy eating
   - weight management
   - group fitness class
   - walking group
   - cholesterol reduction
   - blood pressure reduction
   - reducing diabetes risk
   - men's health issues

61. Notification. What is your preferred contact method?
   - email
   - phone
   - mailing address

**Health Tests (staff use only - optional)**

**FITNESS TESTING**

**ONE MILE WALK**

**BLOOD TESTS**

Additional Questions

62. Contact time. When is the best time to contact you?
   - morning
   - afternoon
   - evening

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PLEASE DO NOT WRITE IN THIS AREA