



**REQUEST FOR QUOTATION**

**JWC-23-C-006**

**FOR**

**MEDICAL SERVICES**

## **PART I – BIDDING INSTRUCTIONS**

### **1. PURPOSE**

The purpose of this Request for Quotation (RFQ) is to award a Contract for Companies to provide Medical Services as specified in the Statement of Work (SOW).

These services will be performed on an “as ordered” basis. This RFQ includes an estimate of JWC’s requirements during the contract period.

The Bidding Instructions should enable the bidders to prepare and submit their proposals to meet the administrative requirements of this RFQ.

### **2. SCOPE OF WORK**

Joint Warfare Centre (JWC) is seeking contract support to fulfill its requirement for Medical Services for its NATO International Civilians (NIC). NICs are employed in accordance with the NATO Civilian Personnel Regulations (NCPRs). The NCPRs have been approved by all member states in the North Atlantic Council and governs personnel administration in all NATO bodies. The NCPRs provide similar provisions to those found in many of the member states’ labour regulations.

NATO International Civilians are also covered by the NATO Group Insurance Policy (Allianz Worldwide Care) which supplements participation in the health part of the Norwegian social security system.

Relevant extracts from the NCPRs and/or the NATO Group Insurance Policy will be provided by the Joint Warfare Centre (JWC) when the Medical Consultant is requested to provide medical services.

### **3. ELIGIBILITY**

This Simplified Acquisition is open to Governmental or Commercial entities that:

1. Originate and are chartered/incorporated within NATO member nations.
2. Maintain a professionally active facility (office, factory, laboratory, etc.) within NATO-member nations.
3. Provide the funding for the aforementioned requirement.
4. Have successfully performed at least one (1) contract within the last four (4) years substantially similar in scope and magnitude to the requirement described herein.
5. At the time of quoting, offeror must be legally authorized to operate this kind of business in any of the NATO-member nations

#### **4. TYPE OF CONTRACT**

Firm Fixed Price Contract

#### **5. PERIOD OF PERFORMANCE**

The contract awarded through this RFQ will be for an initial period of 1 year effective from the date of last signature, with the option to extend the contract by one (1) year at a time – for a potential total of 4 optional years. Notice of execution of the optional year(s) will be provided in writing by the Contracting Officer no later than 60 days prior to current contract expiration date.

#### **6. PARTIAL BIDDING**

Partial bidding is NOT AUTHORIZED.

#### **7. AMENDMENTS OR CANCELLATION OF THE RFQ**

JWC reserves the right to modify or delete any one or more of the terms, conditions, requirements or provisions of the RFQ prior to the date set for the bid closing. JWC reserves the right to cancel this RFQ, in its entirety, at any time. No legal liability on the part of JWC for payment of any sort shall arise and in no event will a cause of action lie with any bidders for the recovery of any costs incurred in connection with preparing or submitting a bid in response hereto. All efforts initiated or undertaken by the bidders shall be done considering and accepting this fact. JWC will inform the prospective bidders by email or fax for any changes of this original document. If this RFQ is cancelled prior to the bid opening, the bids already received will be returned unopened to the senders.

#### **8. COMPLIANCE**

Bidder's proposal must be based on a full compliance with the terms, conditions, and requirements of the RFQ and its future clarifications and/or amendments.

#### **9. CURRENCY**

Bidders may only quote in NOK.

#### **10. QUOTE SUBMITTALS**

As this procurement is executed under Simplified Acquisition procedures, you are kindly requested to submit the completed forms (Annex A, B and C) to the following email address:

Email Address: [pcs@jwc.nato.int](mailto:pcs@jwc.nato.int)

In the subject field of the e-mail, please use the following reference:

**PROPOSAL JWC-23-C-006**

## **11. QUESTIONS AND QUOTE DUE DATES**

Any questions for clarification must be submitted by 02 August 23 and quotes must be received at JWC not later than **12:00 hours, 16 August 2023.**

Late quotes will not be considered.

## **12. BID EVALUATION**

### **12.1. Basis for award**

JWC will make the evaluation of quotes solely on the basis of the requirements specified herein. Quotes will be evaluated upon the technical acceptability and the price proposals.

JWC will thoroughly evaluate the financial and technical proposal submissions. It is imperative that prospective bidders provide enough information to properly evaluate the supplier's competence, qualifications, and resources.

The evaluation of proposals shall be based as follows:

- Verification and assessment of compliance with all bidding instructions, administrative and technical requirements.
- Price proposals of technically compliant bidders, as contained and conforming to JWC Bid Forms, shall then be reviewed to determine the Best Value Bid.
- Total price will be evaluated (Base plus four (4) option years).

### **12.2. Clarification of Quotes and Discussions**

During the evaluation process, JWC reserves the right to discuss with the bidders in order to clarify what is being offered (technical capabilities, financial information, etc) and to resolve any potential areas of non-compliance. However, no change to the content of the proposal (technical, financial, etc.) shall be permitted.

## **13. POINT OF CONTACT**

Kjetil Sand, Contracting Officer

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E-mail address: [kjetil.sand@jwc.nato.int](mailto:kjetil.sand@jwc.nato.int)

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All correspondence is to be forwarded to group email box: [pcs@jwc.nato.int](mailto:pcs@jwc.nato.int)

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**PART I Annex A Bid Form – Medical Services JWC-23-C-006 – Essential Requirements**

No.	Question	Response	
		Y	N
1	Is your company licenced in accordance with Norwegian Law and are your employees suitably qualified to carry their functions in accordance with this contract?		
2	Is your medical equipment in accordance with the minimum standards as directed by appropriate Norwegian authorities?		
3	Do you have doctors who are fluent in English?		
4	Do you have medical secretaries/nurses who are fluent in English?		
5	Can you provide test results and reports in English?		
6	Do you have both male and female doctors who can be made available when requested?		
7	Can you offer privacy during conduct of medical tests and doctor consultations?		
8	Are you normally open Monday to Friday between 8:00 to 15:00?		
9	Are your facilities located within the geographical area highlighted at Appendix 4?		
10	Are you fully compliant with General Data Protection Regulations?		

**PART I Annex B Bid Form – Medical Services JWC-23-C-006 – Desirable requirements**

No.	Question	Response	
		Y	N
1	Can you provide, for the annual medical examination, a relevant health questionnaire, to be completed by the employees, which may then be used to guide the discussion with the doctor?		
2	Do you have medical staff with a background in Occupational Health?		
3	Do you have both male and female nurses/medical secretaries?		
4	Can you provide online booking of appointments?		
5	Do you have access to parking free of charge?		
6	On receipt of appendix 3 from a candidate's general practitioner, are you able to review and forward to JWC the completed appendix 2 within 5 working days unless further clarifications are required by the candidate's general practitioner?		
7	Are you able to, after completion of the annual examination, to forward the completed appendix 2 to JWC in sets or as appropriate?		
8	Are you able to forward all Test Results (ref. Appendix 1) including doctor's narrative to individual JWC employees directly?		
9	Can you provide the Eye Pressure Test (Non-contact tonometry) every 3 years?		
Bidder comments:			

**PART I Annex C Bid Form– Medical Services JWC-23-C-006**

1. Base Year: 01 September 2023 (planned) to 31 August 2024

2. Option 1: 01/09-2024 to 31/08-2025 / Option 2: 01/09-2025 to 31/08-2026 / Option 3: 01/09-2026 to 31/08-2027 / Option 4: 01/09-2027 to 31/08-2028

CLIN	Description	Fixed rate per test (per person) in NOK					Weight
		Base Year	Opt. 1	Opt. 2	Opt. 3	Opt. 4	
0001	RATE FOR ANNUAL MEDICAL SERVICES						50%
0002	RATE FOR APPROVAL OF ON-RECRUITMENT QUESTIONNAIRE						10%
							60% (Quality is 40 %)
Bidder comments:							

The prices are firm and fixed for the Contract duration.

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

Name &amp; Title: \_\_\_\_\_ Company: \_\_\_\_\_



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**PART II – NATO/JWC GENERAL TERMS AND CONDITIONS**

1. Visit the following website for JWC General Terms and Conditions (hyperlink):  
[Microsoft Word - JWC GENERAL TERMS AND CONDITIONS 2022.docx \(nato.int\)](#)

## **PART III – STATEMENT OF WORK**

### **1. INTRODUCTION**

The Statement of Work describes in detail which requirements JWC have related to this solicitation for the provision of Medical Services.

The scope of the work is to provide Medical Services as defined by NATO for its NATO international civilian (NIC) and temporary workforce, which consists of approx. 90 people.

### **2. MEDICAL SERVICES REQUIREMENTS**

There are two categories of services required, of which the first is the most significant as far as volume is concerned. The second category is for recruitment of new personnel, which happens on an infrequent basis (approx. up to 5 per year).

#### **a. Annual Medical:**

In accordance with the NATO Civilian Personnel Regulations (NCPRs) employees are required to undergo a medical examination annually (normally scheduled over 2 months in the autumn). The medical tests to be conducted are listed at Appendix 1. The annual medical examination provides an assessment of the employee's ability to continue to work as well as the effect of working conditions on the employee's health. It is also an opportunity for a privileged and confidential dialogue on work problems (tempo, atmosphere and relations) and on other health-related issues.

During the annual medical examination, the Medical Consultant will adopt a neutral attitude. The Medical Consultant will, on the one hand, provide advice on the employee's fitness to JWC, but may also act as a confidant to the employee.

On completion of the annual medical examination, the Medical Consultant will provide their findings to JWC on Appendix 2. The Medical Consultant shall separately provide a confidential medical report containing a minimum of all test results and a narrative assessment containing any recommendations, directly to each employee.

#### **b. On recruitment:**

Candidates are required to pass a medical examination prior to appointment/engagement. Until an employment contract is signed, NATO has no obligation towards a candidate for a job. NATO needs to ensure that the candidate is medically fit and to guard against short-term or long-term absenteeism.

The Medical Consultant, who represents only NATO's interests, must therefore be severe, in their evaluation of the candidate's fitness for appointment.

The initial medical examination will be performed by the candidate's general practitioner who will complete a medical questionnaire, a copy of which is provided at Appendix 3, and sent to the Medical Consultant. The Medical Consultant will then evaluate the medical questionnaire alongside the relevant job description. If required, the Medical Consultant may recommend that the candidate undergo additional tests before providing a

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determination. In such cases, the Medical Consultant will first seek approval from JWC before contacting the candidate.

The Medical Consultant will provide their evaluation to JWC on Appendix 2.

### **c. Essential requirements**

The following elements have been considered essential and therefore a minimum requirement for the bidder to be compliant (in no particular order):

- (1) The Service Provider must be licenced in accordance with Norwegian Law and its employees must be suitably qualified to carry out their functions in accordance with the contract.
- (2) All medical equipment and facilities must be in accordance with the industry standards as directed by the appropriate Norwegian Authorities.
- (3) The Service Provider must provide doctors who speak English fluently.
- (4) The Service Provider must provide a nurse/medical secretary who can communicate in the English language.
- (5) The Service Provider must provide all written communication with JWC and NICs in English.
- (6) The Service Provider must have and make available when requested, both male and female doctors so that employees may be examined by a doctor with whom they are most comfortable.
- (7) All medical facilities must offer privacy during the conduct of medical tests and doctor consultations
- (8) The office facilities must be open from Monday to Friday between 08:00 – 15:00.
- (9) The office facilities of the Service Provider must be within the geographical area highlighted at Appendix 4.
- (10) The Service Provider must be fully compliant with General Data Protection Regulations

### **d. Desired requirements**

The following elements have been considered desirable and will therefore be scored when best value is decided:

- (1) For the annual medical examination, the Service Provider should offer a relevant health questionnaire, to be completed by the employees, which, may then be used to guide the discussion with the doctor.
- (2) The Service Provider should be able to provide medical staff with a background in Occupational Health
- (3) The Service Provider should have and make available when requested, both male and female nurses/medical secretaries so that employees may undergo medical tests with a nurse/medical secretary with whom they are most comfortable.
- (4) The Service Provider should offer online booking of appointments.
- (5) There should be access to parking free of charge.

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- (6) Estimated travel time between JWC and the office facilities will be taken into account.
- (7) On receipt of appendix 3 from a candidate's general practitioner, the Service Provider should review and forward to JWC the completed appendix 2 within 5 working days unless further clarifications are required by the candidate's general practitioner.
- (8) After completion, the annual medical check of the employees the Service Provider should forward to JWC completed appendix 2 in sets or as appropriate.
- (9) The Service Provider should forward all Test Results including doctor's narrative to individuals directly.

### **3. LOCATION**

The Service Provider will normally provide the Medical Services from its own office facilities. Any other requirements will be specifically requested by JWC and are subject to acceptance by the supplier.

### **4. SUMMARY**

JWC is asking for a fixed rate per annual medical test per person and one fixed rate per on-recruitment review provided. Contract will be awarded based on a Best Value determination for the entire contract (Base plus 4 option years). JWC individual financial commitments are limited to the amounts specified in the Purchase Order.

#### **APPENDIXES:**

- Appendix 1 – Standard Annual Medical Examinations
- Appendix 2 – Medical Examination Certificate for Personnel
- Appendix 3 – On-recruitment Medical Questionnaire
- Appendix 4 – Distance Map

### Standard Annual Medical Examinations

- General health check-up by the doctor
  - Review of health questionnaire; discussions around (lifestyle e.g. exercise, sleep, stress, healthy eating, smoking, alcohol consumption)
  - Basic eyesight test
  - Blood Oxygen
  - Blood Pressure
  - Physical examination of:
    - Head – to include mouth and ears
    - Eyes
    - Chest
    - Abdomen
    - Musculoskeletal system
    - Nervous system
- Blood Test
  - Red blood cells, MCV, MCHB
  - Hematocrite
  - Haemoglobin
  - White blood cells, formula
  - Thrombocytes
  - Iron, Ferritine
  - CRP
  - Urea, creatinine, uric acid
  - Total cholesterol, HDL, LDL, TG
  - Glycemia
  - Gamma GT, GOT, GPT
  - TSH
  - PSA above 45 years of age
  - Vitamin D
- Urine Test
  - Strips (protein, glucosuria, nitrites)
  - Sedimentation

Electrocardiogram at rest 1x/3 years

Spirometry 1x/3 years

Eye Pressure Test (Non-contact tonometry) 1x/3 years (Desirable)

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APPENDIX 2

JOINT WARFARE CENTRE  
MEDICAL EXAMINATION CERTIFICATE FOR PERSONNEL

<b>PERSONAL INFORMATION</b> (To be completed by the employee)	
Surname:	First Name:
Job Title:	Date of Medical:
<b>MEDICAL EXAMINATION</b> (To be completed by Medical Consultant)	
<p>I, the undersigned Medical Consultant for JWC, certify that I have carried out a medical examination for the following reason:</p> <p>Pre-employment Medical Evaluation <span style="float: right;"><input type="checkbox"/></span></p> <p>Annual Medical Examination <span style="float: right;"><input type="checkbox"/></span></p> <p style="text-align: center;">*****</p> <p>I find the above mentioned person to be:</p> <p>1. Fit to carry out the assigned duties without restriction. <span style="float: right;"><input type="checkbox"/></span></p> <p>2. Temporarily unfit to carry out the assigned duties (please provide further information in the remarks section). <span style="float: right;"><input type="checkbox"/></span></p> <p>3. Permanently unfit to carry out the assigned duties (please provide further information in the remarks section). <span style="float: right;"><input type="checkbox"/></span></p> <p>Remarks:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
Date:	Signature and Official Stamp:

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## MEDICAL QUESTIONNAIRE



### Candidate

**Last name – First name:**

**Date of birth (dd-mm-yy):**

**Language:** ☐ English ☐ Français

**Sex:** ☐ Male ☐ Female

	Yes	No
1. Does the person suffer from one of the following health problems or pathological dispositions:		
A. Disorders of the respiratory system: e.g. pneumonia or pleurisy, bronchitis, asthma, allergies?	<input type="checkbox"/>	<input type="checkbox"/>
B. Disorders of the heart or blood vessels: e.g. constriction, hyper-tension, varicose veins, haemorrhoids?	<input type="checkbox"/>	<input type="checkbox"/>
C. Disorders of the digestive system: e.g. ulcers, icterus, disease of the liver?	<input type="checkbox"/>	<input type="checkbox"/>
D. Disorders of the urine and sexual organs: e.g. the presence of albumin or blood in the urine, prostate, stones?	<input type="checkbox"/>	<input type="checkbox"/>
E. Disorders of the nervous system: e.g. paralysis, psychological disturbances, depressions, epilepsy, regular migraines, vertigo, vegetative problems?	<input type="checkbox"/>	<input type="checkbox"/>
F. Disorders of the sensory organs: e.g. greatly impaired sight or hearing?	<input type="checkbox"/>	<input type="checkbox"/>
G. Disorders of the bones or the joints: e.g. back problems, lumbago, arthritis or rheumatism?	<input type="checkbox"/>	<input type="checkbox"/>
H. Metabolic or gland disorders: e.g. diabetes, ...?	<input type="checkbox"/>	<input type="checkbox"/>
I. Addiction (medicines, drugs, alcohol?)	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the person suffer from consequences of an accident?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the person suffer from a disability?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there a stay foreseen in a Sanatorium or a medical establishment?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the person being medically treated at the moment?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the person regularly take medicines?	<input type="checkbox"/>	<input type="checkbox"/>
7. What is the person's height?		cm
8. What is the person's weight?		kg
9. What is the person's waist circumference?		cm

**Please give additional details on the back of this form in case the answer to any of these questions is affirmative.**

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Date

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Place

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Signature and stamp of the physician

**Physician's contact details:**

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



