



Argent Technologies, LLC



Flight Surgeon Wright-Patterson Air Force Base, OH

**USAFSAM/FEC
Aerospace Medicine Department
FOPR 22-22**

Introduction:

The 711th Human Performance Wing (711 HPW), headquartered at Wright-Patterson Air Force Base in Ohio, is the first human-centric warfare wing to consolidate human performance research, education and consultation under a single organization. Established under the Air Force Research Laboratory, the 711 HPW is comprised of the Airman Systems Directorate (RH), the United States Air Force School of Aerospace Medicine (USAFSAM). The Wing delivers unparalleled capability to the Air Force through a combination of world class infrastructure and expertise of its diverse workforce of military, civilian and contractor personnel encompassing 75 occupational specialties including science and engineering, occupational health and safety, medical professions, technicians, educators, and business operations and support.

Description of Services:

The contractor shall meet all requirements per the basic contract and provide professionally and technically qualified individual(s) to perform all tasks in the following paragraphs to fulfill the requirements of this task order. Support shall require contractor personnel to perform medical and/or dental screening duties for pilot and other rated aircrew applicants undergoing Initial Flying Class (IFC) physicals and/or Medical Flight Screening (MFS) evaluations to support USAFSAM Medical Flight Standards Branch (USAFSAM/FECM) of USAFSAM Aerospace Medicine Consultation Division. This position has been categorized as a health care worker (HCW) IAW AFI 44-108, Infection Prevention and Control Program and will comply with requirements as stated in this performance work statement.

This is a **personal services contract**, which is intended to create an employer-employee relationship between the Government and the individual health care providers. The performance of the individual health care providers under this task order is subject to day-to-day supervision and control by



healthcare facility personnel comparable to that exercised over military and civil service health care providers engaged in comparable work. Any personal injury claims alleging negligence by the individual health care providers within the scope of the health care providers' performance of this personal services contract shall be processed by DoD as claims alleging negligence by DoD military or civil service health care providers. This personal services contract does not create any employer-employee relationship between the Government and any corporation, partnership, business association or other party or legal entity with which the individual health care providers may be associated.

Qualifications:

- Successful completion of a minimum of 10 years active duty U.S. military Flight Surgeon experience, which must be within five years of date to hire.
- Current board certification in Aerospace Medicine, Family Medicine, Internal Medicine, Emergency Medicine, Occupational Medicine, Neurology, or Preventive Medicine is a requirement and must be maintained.
- Physicians are required to maintain clinical privileges in a qualifying board specialty through minimum performance of 32 hours per year of clinical duties at USAFSAM or 88th Medical Group (88 MDG).
- Active duty flight surgeon experience must have included: sufficient experience in Air Force medical standards to conduct aerospace and special operational evaluations, including initial certification exams for flying/special duty applicants, conduct adaptability rating assessment for military special duty applicants, and apply MSD and DAFMAN 48-123 requirements. Operational experience should also have provided a basis for expertise in training future flight surgeon and aerospace medicine specialist physicians.
- Former Army and Navy Flight Surgeons with 10 years active duty Flight Surgeon experience, and former Air Force Flight Surgeons who have been separated or retired more than 3 years, must attend the portion of the USAF Aerospace Medicine Primary (AMP) course required for active duty flight surgeons transferring to the USAF from the other Services before they will be granted Flight Medicine privileges. (Exceptions: Air National Guard [ANG] or Air Force Reserve Command [AFRC] Flight Surgeons who are currently credentialed in Flight Medicine by the ANG or AFRC may utilize their current Flight Medicine credentials in the Flight Surgeon's office while functioning in a civilian Flight Medicine physician role. The current ANG/AFRC flight medicine credentials must be maintained to allow continued function in the civilian Flight Surgeon physician role.).



Tasks:

The contractor shall:

- Conduct medical examinations of personnel and make recommendations to determine fitness for flying duties in PEPP.
- Conduct Federal Aviation Administration (FAA) examinations and submit documentation for appropriate certification.
- Identify and order consultations required to support aeromedical recommendations for all IFC/ MFS examinations.
- Analyze and apply medical standards on all physical examinations utilizing the current Medical Standards Directory (MSD), DAFMAN 48-123, USAF Aeromedical Waiver Guide, and other supporting resources as necessary.
- Be responsible for documenting and forwarding all medical examinations performed to the appropriate USAF certification and waiver authority.

Base Support:

The contractor shall be provided office/laboratory space, furniture and equipment, routine office/ laboratory supplies, computer hardware and software necessary to perform tasks described in this performance work statement. The government will also provide telephone service and access to a fax machine and a copier as required. All software and hardware, passwords/access to military Internet/ E-mail and applicable database will be available within the scope of the contract. The contractor shall comply with local, AF and DoD policies.

General Information:

Work will be accomplished at **USAFSAM Building 840 Area B**. Temporary alternate work locations may be assigned as circumstances dictate by the Contracting Officer Representative.

Work schedule is normally **M-F 0700-1600**; however there may be times when it is necessary for the contractor to work after duty hours in support of specific tasks. The schedule may have to be flexible.

Information Regarding Non-US Citizens Assigned to this effort:

- A. Contractor employees requiring access to USAF bases, AFRL facilities, and/or access to U.S. Government Information Technology (IT) networks in connection with the work on this contract must be U.S. citizens. For the purpose of base and network access, possession of a permanent resident card ("Green Card") does not equate to U.S. citizenship. This requirement does not apply to foreign nationals approved by the U.S. Department of Defense or U.S. State Department under



international personnel exchange agreements with foreign governments. Any waivers to this requirement must be granted in writing by the Contracting Officer prior to providing access. The above requirements are in addition to any other contract requirements related to obtaining a Common Access Card (CAC).

- B. For purposes of paragraph (a) above, if an IT network/system does not require AFRL to endorse a contractor's application in order to gain access, the organization operating the IT network/system is responsible for controlling access to its system. If an IT network/system requires a U.S. Government sponsor to endorse the application in order for access to the IT network/system; AFRL will only endorse the following types of applications; consistent with the requirements above:
1. Contractor employees who are U.S. citizens performing work under this contract.
 2. Contractor employees who are non-U.S. citizens and who have been granted a waiver. Any additional access restrictions established by the IT network/system owner apply.

Vaccination Requirements for Health Care Workers (HCW):

- A. **HCW Health Requirements:** The Contractor shall comply with all health requirements in the contract. Prior to physical performance of services by the HCW, but no earlier than 60 days prior to physical performance of services by the HCW, the Contractor shall provide documentation certifying CDC-recommended health requirements for HCWs such as immunizations, annual vaccinations and medical testing at the time of initial placement and annually thereafter, as required IAW AFI 44-108, Infection Prevention and Control Program. The expense for all health requirements, to include monitoring and tracking annual requirements, shall be borne by the Contractor at no additional cost to the Government. The CDC and AFI 44-108 categorize administrative staff in medical settings as health care workers.
- B. **Annual Vaccination Requirements:** The contractor will be immunized annually with vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control (CDC) for HCWs IAW AFI 44-108, Infection Prevention and Control Program. Some annual vaccinations may be provided by the Government, if available, as determined by the local MTF. If the contractor chooses to be immunized by the Government, the contractor shall sign a waiver releasing the Government from the legal liability IAW local procedures and policies. Alternately, the contractor may obtain vaccinations at another facility, at no cost to the Government, and provide proof of vaccination to the Government.



C. **Immunization Tracking:** The Contractor shall maintain their own process and system of tracking the currency of health immunizations and shall not rely on the Government for ensuring the HCWs are in compliance.

Training Requirements:

The contractor shall maintain all required qualifications, licenses, certifications, and training (to include training needed for compliance with healthcare facility clinical quality accreditation standards).

Other Direct Costs And Travel:

Contractor will be required to travel when authorized to participate in customer business line related travel, to include meetings and conferences, to fulfill respective mission goals. Such travel will only be as directed and coordinated through the COR two weeks in advance of all contractor travel in order to obtain proper authorizations. The specific travel locations, duration, and number of trips will be upon direction of the Contracting Officer and/or Contracting Officer Representative without modification to the task order, as long as adequate travel funding is available in accordance with the resulting task order. Contractor shall bill the government as reimbursable expense in accordance with the Joint Travel Regulation (JTR) applicable for the appropriate geographical area for non-local travel costs incurred as a result of a request by the government to execute the task requirements. When travel is identified, the contractor shall provide an estimate of all travel costs by location, broken out by item, to the Program Manager and COR for review prior to travel.

SECURITY:

Position of Trust. All contractor personnel require a minimum of a Tier 1 background check (T1)/SF85 for any position that requires access to the internet, use of automated information systems to cover standalone computers or unescorted entry into restricted or controlled areas prior to reporting for duty in support of any requirement. The investigation is not for a security clearance; it is for a position of trust. This is a mandatory requirement set forth in DoDM 5200.02_AFMAN 16-1405, Air Force Personnel Security Program. All documentation required for security certification shall be the responsibility of the contractor. No foreign nationals shall be employed for any requirement issued under this contract without prior approval of the Government.

The contractor shall provide OPSEC protection for all sensitive/critical information and indicators involved in execution of this contract/Task Order, as defined by AFI 10-701 (Operations Security). 711 HPW Critical Information and Indicators are protected under the 711 HPW Operations Security Program and the 711 HPW Critical Information and Indicators List (CIIL). Contractor employees granted access to critical information and indicators shall be provided initial OPSEC training by the 711 HPW OPSEC Coordinator upon in-processing and prior to being granted access to CIIL items related to the contract/Task Order. The contractor shall also participate in 711 HPW's annual OPSEC



training and education programs, which includes periodic updates and refresher training on CIIL items applicable to the contract/Task Order. The 711 HPW OPSEC coordinator shall evaluate the OPSEC posture of AF contract activities and operations.

APPLICABLE DOCUMENTS:

The contractor shall comply with all applicable operating procedures, standard methods, best management practices, management plans, and existing requirement analysis, laboratory processes and analytical procedures. The contractor shall comply with all regulations identified in the basic contract as well as:

Public Laws and Statutes - The contractor shall comply with the latest issue or version (including all changes and amendments) of federal, state and local statutes or other regulations in effect on the date of issuance of the individual task orders unless otherwise noted.

Guidance to include but not limited to AFI 41-200, Health Insurance Portability and Accountability Act (HIPAA), AFI 44-108, and all DHA regulations.

CONTINUATION OF ESSENTIAL DoD CONTRACTOR SERVICES DURING A CRISIS:

The performance of these services is considered to be mission essential during time of crisis. Should a crisis be declared, the Contracting Officer or his/her representative will verbally advise the Contractor or the revised requirements, followed by written direction. I have read and fully understand the minimum qualifications and duties and will comply with all requirements under this contract service.

(Print Name)

(Signature)

(Date)