



**PASEGURUHAN NG MGA NAGLILINGKOD SA PAMAHALAAN  
(GOVERNMENT SERVICE INSURANCE SYSTEM)**  
Financial Center, Pasay City, Metro Manila 1308

**NOTICE OF CONDUCT OF  
NEGOTIATED PROCUREMENT**

**PROVISION, SUPPLY AND DELIVERY OF THE CY2017  
ANNUAL MEDICAL AND PHYSICAL EXAMINATION (AMPE) FOR  
GSIS CENTRAL OFFICE, QUEZON CITY BRANCH OFFICE  
AND PASIG CITY EXTENSION OFFICE EMPLOYEES  
(SALARY GRADE 26 AND BELOW)**

The Government Service Insurance System (GSIS) is conducting Negotiated Procurement, under Two Failed Biddings, for the *Provision, Supply and Delivery of the CY2017 Annual Medical and Physical Examination (AMPE) for GSIS Central Office, Quezon City Branch Office and Pasig City Extension Office Employees (Salary Grade 26 and Below)* with an Approved Budget for the Contract (ABC) amounting to **Two Million Five Hundred Twenty Five Thousand Pesos (Php2,525,000.00)**.

In view of this, the GSIS now invites prospective bidders/service providers for a Negotiation to be conducted on **10 July 2017, 1:30PM** at the GBAC Conference Room, Level 2 Core G, GSIS Central Office, Financial Center, Pasay City. Attached is the Terms of Reference (**Annex A**) which will be discussed in the said Negotiation.

Thereafter, the GSIS will invite interested bidders to submit their Best Offers.

Best Offers must be submitted to the GBAC Secretariat, GSIS Bids and Awards Committee, Level 2 Core G, GSIS Central Office, Financial Center, Pasay City on or before **12 July 2017, 9:30AM**. Bidders/service providers must submit the following documents enclosed in a **SEALED** envelope:

- a) Letter of Conformity to be printed in the bidder's letterhead (**Annex B**)
- b) Itemized Bid Form (**Annex C**)
- c) Bid Security (**Annex D**)

The Opening of Best Offers will be held on **12 July 2017, 10:00AM**, at the GBAC Secretariat, Level 2 Core G, GSIS Building, Financial Center, Pasay City.

The bidder/service provider with the Single or Lowest Calculated Quotation shall be required to submit the additional documents stated in the Checklist of Additional Requirements (**Annex E**).

Thank you.

(Original Signed)  
**JASON C. TENG**  
*Chairperson*  
GSIS Bids and Awards Committee for Goods,  
Services, and Consultancy - Cluster I

## TERMS OF REFERENCE

### **PROVISION, SUPPLY, AND DELIVERY OF THE CY2017 ANNUAL MEDICAL AND PHYSICAL EXAMINATION (AMPE) FOR GSIS CENTRAL OFFICE, QUEZON CITY BRANCH OFFICE AND PASIG CITY EXTENSION OFFICE EMPLOYEES (SALARY GRADE 26 AND BELOW)**

#### **I. INTRODUCTION**

The Annual Medical and Physical Examination (AMPE) is a mandatory tool to monitor the health status of employees (Salary Grade of 26 and below) by providing on-site services like routine diagnostic, screening and other ancillary procedures to ensure that early detection and adequate treatment of any illnesses. The AMPE is included under the GSIS Health and Wellness Program as contained in the Policies and Procedural Guidelines No. 246-13 approved by the GSIS Board of Trustees under Resolution No. 112 dated 10 October 2013.

#### **II. COVERAGE**

A GSIS employee with a Salary Grade (SG) of 26 and below, assigned in the Central Office (CO), GSIS Quezon City Branch Office (QCBO) and GSIS Pasig City Extension Office (PCEO), holding a permanent, temporary or co-terminus appointment, and who is in the service as of the date of effectivity of the Contract shall be covered.

Newly-hired employees who already underwent the required pre-employment medical screening and examinations shall be required to undergo the AMPE on the succeeding year from the time they are appointed.

The total number of plantilla positions with SG 26 and below (CO, QCBO and PCEO) as provided by the Human Resources Administration Department is 1,564.

#### **III. SCOPE OF WORK**

- A. The Service Provider shall provide, supply, and deliver professional unit or group who shall conduct the on-site diagnostic and other ancillary procedures/examinations within the GSIS premises. This shall include personnel (health care professionals, technicians, staff assistants, etc.), equipment, supplies, signage and appropriate garbage/disposal bins.
- B. The following required diagnostic and screening procedures/examinations shall vary depending on the specific age bracket:
  1. For 30 years of age and below (Male and Female):
    - a. Physical Examination
    - b. Routine Urinalysis
    - c. Complete Blood Count with platelet count
    - d. Chest X-Ray (Plain) : Posterior-Anterior (PA) View
    - e. 12-Lead Electrocardiogram (ECG)
    - f. Dental Examination
    - g. Blood Typing

2. For 31 to 45 years of age (Male and Female):
  - a. Physical Examination
  - b. Basic Optical Examination (Visual Acuity View)
  - c. Routine Urinalysis:
  - d. Complete Blood Count with platelet count
  - e. Chest X-ray (Plain): Posterior-Anterior (PA) View
  - f. Blood Chemistry (Fasting Blood Sugar, Total Cholesterol and Uric Acid Determination)
  - g. 12 Lead Electrocardiogram (ECG)
  - h. Dental Examination
  - i. Blood Typing
  
3. For 46 years of age and above (Male and Female):
  - a. All procedures and examinations mentioned above
  - b. Blood Chemistry to include: Liver Enzymes (SGPT and SGOT) and Lipid Profile (Triglycerides, HDL, LDL, VLDL), Blood Urea Nitrogen and Creatinine

#### **IV. TERMS AND CONDITIONS**

- A. The AMPE service provider must be a reputable laboratory/hospital/clinic based in Metro Manila.
  
- B. The AMPE service provider must have a readily available mobile x-ray machine for the entirety of the AMPE period.
  
- C. The AMPE service provider must provide the following personnel and provisions:
  1. Two (2) personnel assigned for the registration and responsible for the flow of the AMPE activity.
  2. Three (3) medical technicians assigned for blood extraction.
  3. Two (2) nurses assigned to obtain the vital signs.
  4. Two (2) physicians (one male and one female) assigned for the physical examination.
  5. One (1) Optometrist/Ophthalmologist assigned for the visual examination.
  6. Three (3) ECG machines and three (3) ECG technicians.
  7. One (1) personnel assigned for collecting urine specimens.
  8. Two (2) Dentists for the dental examination.
  9. Disposable mouth mirrors to be used individually for the employees.
  10. At least 20 newly-washed hospital gowns daily for use during the x-ray-taking.
  11. Provisions for persons with disabilities (PWDs) especially for the mobile x-ray.
  
- D. The schedule for the on-site AMPE is four (4) sessions a week except Mondays at the **GSIS CO**, Pasay City and must be able to serve at least one hundred (100) employees per session. Likewise, the AMPE of **QCBO** and **PCEO** employees shall be performed on-site for at least two (2) working days so there shall be no work flow disruption.

- E. The AMPE schedules shall be arranged by the Health Care Services Division (HCSD). The AMPE schedule for CO employees shall be based on their Functional Group/Office, The assigned HCSD Staff through the supervision of the Medical Officer II/I, HCSD, shall endorse to the Liaison Officer (LO) the list of employees who shall undergo the AMPE prior to the scheduled date.
- F. A LO shall be provided by the Service Provider to handle the concerns of the GSIS employees, endorsement of schedule/re-scheduling, submission of AMPE results, pertinent documents and payments. The LO shall regularly coordinate, endorse, and monitor progress of the AMPE with the Medical Officer II/I and designated HCSD staff.
- G. Employee/s unable to undergo the AMPE shall be re-scheduled on specific dates upon the endorsement of the designated HCSD staff through phone call/SMS and/or e-mail.
- H. Employee/s who are not scheduled and/or have yet to undergo the AMPE but reported and expressed intent to avail of the services at the on-site AMPE shall be accommodated upon the endorsement of the designated HCSD staff through phone call/SMS and/or e-mail.
- I. The examining physician shall note the presence of predisposing/risk factors in each patient in the Bracket 1 and Bracket 2 age groups (such as hypertension, obesity, and diabetes) and request the appropriate laboratory test/s (e.g. FBS, lipid profile, etc) that will be included in the required diagnostic procedures.
- J. The Service Provider shall not accommodate requests for additional or special procedure/services from employees during the on-site AMPE. Requests of such nature shall be referred by the Service Provider to the Medical Officer II/I, HCSD.
- K. The Service Provider shall provide the GSIS at least two (2) special on-site AMPE prior to end of the Contract Period for employees who failed to undergo the procedures and examinations.
- L. The Service Provider shall provide physicians who will discuss the AMPE findings to the employees on days scheduled by the MWSD. All necessary medical referrals (i.e. laboratory procedures and consultations) shall be noted down by the assigned physician and coursed through the Officer IV, MWSD and/or Medical Officer II/I.
- M. All medical records, laboratory results and other important information obtained by the Service Provider are confidential and violations of this confidentiality shall be subject to appropriate legal actions.
- N. The Service Provider shall not use or disclose such confidential information, or any part thereof, in any manner other than is necessary to perform its services under the Contract or as required by law. Relative thereto, the GSIS agrees to support and coordinate with the Service Provider, its directors and/or officers, employees, or duly authorized representatives, in their defense against any action, sum of money, liability, damages, and claims which any third party may bring against the Service Provider as a direct or indirect result of the GSIS having received and/or used the confidential information.

- O. The Service Provider shall secure the written waiver of rights from the employees of the right to the confidentiality of information between the physician and patient for procedures and examinations undertaken in behalf of the GSIS. The written waiver shall include the authorization for the Service Provider to submit to the GSIS all documents for incorporation in the health profile of the employees.
- P. All documents, records, reports, receipts and information about the AMPE including those recorded in database systems of the Service Provider shall be the property of the GSIS.
- Q. The Service Provider is required to submit the following to the Medical Officer II/I, HCSD, MWSD in accordance with the prescribed period:
  - 1. Schedule of prices per procedure/examination;
  - 2. Advance copy of the AMPE results of employees with abnormal findings within seven (7) calendar days after the scheduled date including the recommendations from the examining/evaluating physicians;
  - 3. Hard copies of the AMPE results (in duplicate forms) including a consolidated report in a sealed package within two (2) weeks after the scheduled testing;
  - 4. Weekly email and written report of employees who failed to undergo and/or complete the AMPE at the end of each scheduled week; and
  - 5. A **consolidated report (Annex A-1)** detailing the physician's findings, patient's history and laboratory results must be submitted by the Service Provider in soft and printed copy after five (5) working days of the last examination date. All medical records, laboratory results and other important information obtained by the Service Provider shall be treated with confidentiality.

## V. TERMS OF PAYMENT

- A. Payment shall be made in tranches and shall be based on the actual number of employees who underwent AMPE procedures. Specifically for the 46 years of age and above (Male and Female) bracket, the total amount for all the procedures/examinations per employee shall not exceed **Two Thousand Six-Hundred Pesos (Php2,600.00)**. The Service Provider shall forward the Statement of Account and other pertinent documents for the services rendered within two (2) weeks from the last scheduled testing/screening date.
- B. The GSIS shall review and validate the above-mentioned documents within three (3) working days after the receipt of the said documents for queries and/or clarifications. In case of errors (i.e. double billing, erroneous entries, etc.) the documents shall be endorsed and returned to the Service Provider for appropriate action.
- C. The GSIS shall have a period of thirty (30) working days to process payment that shall commence after completion of the review and validation of the following documents submitted by the Service Provider:
  - 1. Statement of Account (SOA);
  - 2. Procedure/examination; and
  - 3. Transmittal list that shall contain the following information: name of employee, date of examination/procedures, types of procedures/examination and payment due for each employee.

- D. All payments shall be subject to existing accounting and auditing rules applicable to GSIS.
- E. The Service Provider agrees that any payment due and payable and/or may be due the Service Provider shall be offset against any amount due to the GSIS under the Agreement, such as but not limited to liquidated damages.

#### **VI. CONTRACT PERIOD**

- A. The Contract Period shall commence upon issuance of the Notice to Proceed to the Service Provider until 31 December 2017 or upon completion of the services and/or obligations of both parties.
- B. Notwithstanding any provisions to the contrary, the GSIS shall have the right, power and privilege to terminate the services of the Service Provider for any unjustifiable cause whatsoever without need of judicial action by giving thirty (30) calendar days Written Notice to that effect to the Service Provider, which hereby agrees to abide by the decision of the GSIS.

#### **VII. PENALTY CLAUSES**

- A. In case any of the on-site service provider and/or accredited clinics of the Service Provider fails or refuses, for any reason whatsoever, to render the required AMPE procedures and/or examinations as scheduled, the Service Provider shall be liable and pay in favor of the GSIS the full amount allowed for the said services and/or other expenses incurred by reason of such failure.

#### **VIII. APPROVED BUDGET**

The approved budget for the Contract is **Php2,525,000.00**.

## Annex B

*[Insert Letterhead of the Prospective Bidder here]*

### LETTER OF CONFORMITY

**Title of the Project:** *[Title]*

**To:** *GSIS Bids and Awards Committee  
Government Service Insurance System  
GSIS Central Office, Financial Center, Pasay City*

This is to inform the *GSIS Bids and Awards Committee* that our company, \_\_\_\_\_, located at \_\_\_\_\_ conforms to the Terms of Reference as enumerated and specified in the Notice of Conduct of Negotiated Procurement/Request for Submission of Best Offers and in Bid Bulletin(s)/Supplemental Notice issued (if applicable).

(Signature Over Printed Name)

\_\_\_\_\_  
Authorized Representative

## Annex C

### For Goods Offered From Within the Philippines

Name of Bidder \_\_\_\_\_ . Invitation to Bid<sup>1</sup> Number \_ . Page \_\_\_\_\_ of \_\_\_\_\_ .

1	2	3	4	5	6	7	8	9	10
Item	Description	Country of origin	Quantity	Unit price EXW per item	Cost of local labor, raw material, and component <sup>2</sup>	Total price EXW per item (cols. 4 x 5)	Unit prices per item final destination and unit price of other incidental services	Sales and other taxes payable per item if Contract is awarded	Total Price delivered Final Destination
1	AMPE	NA	1 Lot	NA	NA	NA	NA	NA	
TOTAL									

(Signature Over Printed Name)

\_\_\_\_\_

Authorized Representative

\_\_\_\_\_

<sup>1</sup> If ADB, JICA and WB funded projects, use IFB.



**BID SECURITY**

The bidder shall submit a **Bid Securing Declaration** using the form prescribed in the Notice of Conduct of Negotiated Procurement/Request for Submission of Best and Final Offers or any of the following form of Bid Security:

- a. **Php50,500.00**, equivalent to 2% of the ABC, if bid security is in cash, cashier's/manager's check, bank draft/guarantee or irrevocable letter of credit;

*Bidders who opt to submit a bid security in the form of cash and/or cashier's/manager's check shall deposit the said bid security to the GSIS Cashier, in coordination with the GBAC Secretariat, prior to the submission of bids. The Official Receipt issued by the GSIS Cashier shall be submitted as part of their Sealed Envelopes containing their Best Offers.*

- b. **Php126,250.00**, equivalent to 5% of the ABC, if bid security is in Surety Bond. A valid certification from the Insurance Commission must attached/submitted.

## Bid Securing Declaration Form

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**REPUBLIC OF THE PHILIPPINES )**  
**CITY OF \_\_\_\_\_ ) S.S.**

**X-----X**

**BID-SECURING DECLARATION**

Title of the Project: \_\_\_\_\_

To: *[Insert name and address of the Procuring Entity]*

I/We, the undersigned, declare that:

1. I/We understand that, according to your conditions, bids must be supported by a Bid Security, which may be in the form of a Bid-Securing Declaration.
  
2. I/We accept that: (a) I/we will be automatically disqualified from bidding for any contract with any procuring entity for a period of two (2) years upon receipt of your Blacklisting Order; and, (b) I/we will pay the applicable fine provided under Section 6 of the Guidelines on the Use of Bid Securing Declaration, within fifteen (15) days from receipt of the written demand by the procuring entity for the commission of acts resulting to the enforcement of the bid securing declaration under Sections 23.1 (b), 34.2, 40.1 and 69.1, except 69.1(f) of the IRR of RA 9184; without prejudice to other legal action the government may undertake.
  
3. I/We understand that this Bid-Securing Declaration shall cease to be valid on the following circumstances:
  - (a) Upon expiration of the bid validity period, or any extension thereof pursuant to your request;
  
  - (b) I am/we are declared ineligible or post-disqualified upon receipt of your notice to such effect, and (i) I/we failed to timely file a request for reconsideration or (ii) I/we filed a waiver to avail of said right;
  
  - (c) I am/we are declared as the bidder with the Lowest Calculated and Responsive Bid/Highest Rated and Responsive Bid, and I/we have furnished the performance security and signed the Contract.

**IN WITNESS WHEREOF**, I/We have hereunto set my/our hand/s this \_\_\_\_ day of *[month]* *[year]* at *[place of execution]*.

***[Insert NAME OF BIDDER'S  
AUTHORIZED REPRESENTATIVE]  
[Insert signatory's legal capacity]  
Affiant***

**SUBSCRIBED AND SWORN** to before me this \_\_\_ day of [month] [year] at [place of execution], Philippines. Affiant/s is/are personally known to me and was/were identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant/s exhibited to me his/her [insert type of government identification card used], with his/her photograph and signature appearing thereon, with no. \_\_\_\_\_ and his/her Community Tax Certificate No. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_.  
Witness my hand and seal this \_\_\_ day of [month] [year].

**NAME OF NOTARY PUBLIC**

Serial No. of Commission \_\_\_\_\_

Notary Public for \_\_\_\_\_ until \_\_\_\_\_

Roll of Attorneys No. \_\_\_\_\_

PTR No. \_\_, [date issued],[place issued]

IBP No. \_\_, [date issued], [place issued]

Doc. No. \_\_\_\_

Page No. \_\_\_\_

Book No. \_\_\_\_

Series of \_\_\_\_

## CHECKLIST OF ADDITIONAL REQUIREMENTS

### ***CLASS “A” DOCUMENTS***

#### ***Legal Documents***

1. Appropriate Registration Certificate from the:
  - Securities and Exchange Commission  
For Corporation  
  
Certificate of Registration; or Certificate of Incorporation; or Certificate of Filing of Amended Articles of Incorporation.  
  
For Partnership:  
  
Certificate of Registration; or Certificate of Partnership; or Certificate of Filing of Amended Articles of Partnership.
  - Department of Trade and Industry (DTI), for sole proprietorship
  - Cooperative Development Authority (CDA), for cooperatives
2. Business Permit/Mayor’s Permit for CY 2017 issued by the city or municipality where the principal place of business of the prospective bidder is located
3. Valid Tax Clearance per Executive Order 398 (s. 2005), as finally reviewed and approved by the BIR

In case of Joint Venture, all parties to the Joint Venture shall submit the above-cited documents.

#### ***Technical Documents***

4. Valid PhilGEPS Registration Certificate. In case of Joint Venture, all parties to the Joint Venture shall submit the said document.
5. Statement of **Completed** Government and/or Private Contract or Contracts similar to the contract to be bid, within the past three (3) years prior to the deadline for the submission and receipt of bids.

#### ***Financial Documents***

6. Audited financial statements for CY 2015, stamped “received” by the Bureau of Internal Revenue (BIR) or its duly accredited and authorized institutions.

### ***CLASS “B” DOCUMENT***

7. Valid joint venture agreement, if there’s any, or notarized statements from all the potential joint venture partners that they will enter into and abide by the provisions of the JVA.

#### ***OTHER TECHNICAL DOCUMENTS***

8. Omnibus Sworn Statement in accordance with Section 25.2 of the RIRR of RA 9184 and using the form prescribed in the Notice of Conduct of Negotiated Procurement/Request for Submission of Best Offers. Submit a Notarized

Secretary's Certificate, *if required/applicable*. In case of sole proprietorship, submit a special power of attorney if the proprietor/owner has assigned/appointed a person to, on his/her behalf, represent the company in the bidding/Negotiated Procurement of GSIS and sign all documents pertaining to the project to be bid.

## Omnibus Sworn Statement

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REPUBLIC OF THE PHILIPPINES )  
CITY/MUNICIPALITY OF \_\_\_\_\_ ) S.S.

### AFFIDAVIT

I, *[Name of Affiant]*, of legal age, *[Civil Status]*, *[Nationality]*, and residing at *[Address of Affiant]*, after having been duly sworn in accordance with law, do hereby depose and state that:

1. **Select one, delete the other:**

*If a sole proprietorship:* I am the sole proprietor of *[Name of Bidder]* with office address at *[address of Bidder]*;

*If a partnership, corporation, cooperative, or joint venture:* I am the duly authorized and designated representative of *[Name of Bidder]* with office address at *[address of Bidder]*;

2. **Select one, delete the other:**

*If a sole proprietorship:* As the owner and sole proprietor of *[Name of Bidder]*, I have full power and authority to do, execute and perform any and all acts necessary to represent it in the bidding/Negotiated Procurement for *[Name of the Project]* of the *[Name of the Procuring Entity]*;

*If a partnership, corporation, cooperative, or joint venture:* I am granted full power and authority to do, execute and perform any and all acts necessary and/or to represent the *[Name of Bidder]* in the bidding/Negotiated Procurement as shown in the attached *[state title of attached document showing proof of authorization (e.g., duly notarized Secretary's Certificate issued by the corporation or the members of the joint venture)]*;

3. *[Name of Bidder]* is not "blacklisted" or barred from bidding by the Government of the Philippines or any of its agencies, offices, corporations, or Local Government Units, foreign government/foreign or international financing institution whose blacklisting rules have been recognized by the Government Procurement Policy Board;
4. Each of the documents submitted in satisfaction of the bidding/Negotiated Procurement requirements is an authentic copy of the original, complete, and all statements and information provided therein are true and correct;
5. *[Name of Bidder]* is authorizing the Head of the Procuring Entity or its duly authorized representative(s) to verify all the documents submitted;

6. **Select one, delete the rest:**

*If a sole proprietorship:* I am not related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

*If a partnership or cooperative:* None of the officers and members of [Name of Bidder] is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

*If a corporation or joint venture:* None of the officers, directors, and controlling stockholders of [Name of Bidder] is related to the Head of the Procuring Entity, members of the Bids and Awards Committee (BAC), the Technical Working Group, and the BAC Secretariat, the head of the Project Management Office or the end-user unit, and the project consultants by consanguinity or affinity up to the third civil degree;

7. [Name of Bidder] complies with existing labor laws and standards;

8. [Name of Bidder] is aware of and has undertaken the following responsibilities as a Bidder:

- a) Carefully examine all of the Bidding Documents/documents for Negotiated Procurement;
- b) Acknowledge all conditions, local or otherwise, affecting the implementation of the Contract;
- c) Made an estimate of the facilities available and needed for the contract to be bid, if any; and
- d) Inquire or secure Supplemental/Bid Bulletin(s) issued for the [Name of the Project]; and

9. [Name of Bidder] did not give or pay directly or indirectly, any commission, amount, fee, or any form of consideration, pecuniary or otherwise, to any person or official, personnel or representative of the government in relation to any procurement project or activity.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_ day of \_\_\_, 20\_\_ at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
[Bidder's Representative/Authorized Signatory]

[JURAT / To be Notarized]

**SAMPLE FORM**

**STATEMENT OF COMPLETED GOVERNMENT AND/OR PRIVATE CONTRACT  
OR CONTRACTS SIMILAR TO THE CONTRACT TO BE BID, WITHIN THE  
PAST THREE (3) YEARS PRIOR TO THE DEADLINE FOR THE SUBMISSION  
AND RECEIPT OF BIDS.**

Name of the contract  (including the name/s and contact number of the customer's authorized representative/s)	Date of the contract	Nature of Work / Kinds of Goods	Amount of contract and value of outstanding contracts	Date of Completion	Copy of end user's acceptance or official receipt(s) issued for the contract, if completed
<b>SINGLE LARGEST COMPLETED SIMILAR CONTRACT</b> <i>(Cite the largest among the contracts to be listed in this Statement)</i>					
<b>OTHER COMPLETED SIMILAR CONTRACTS</b>					

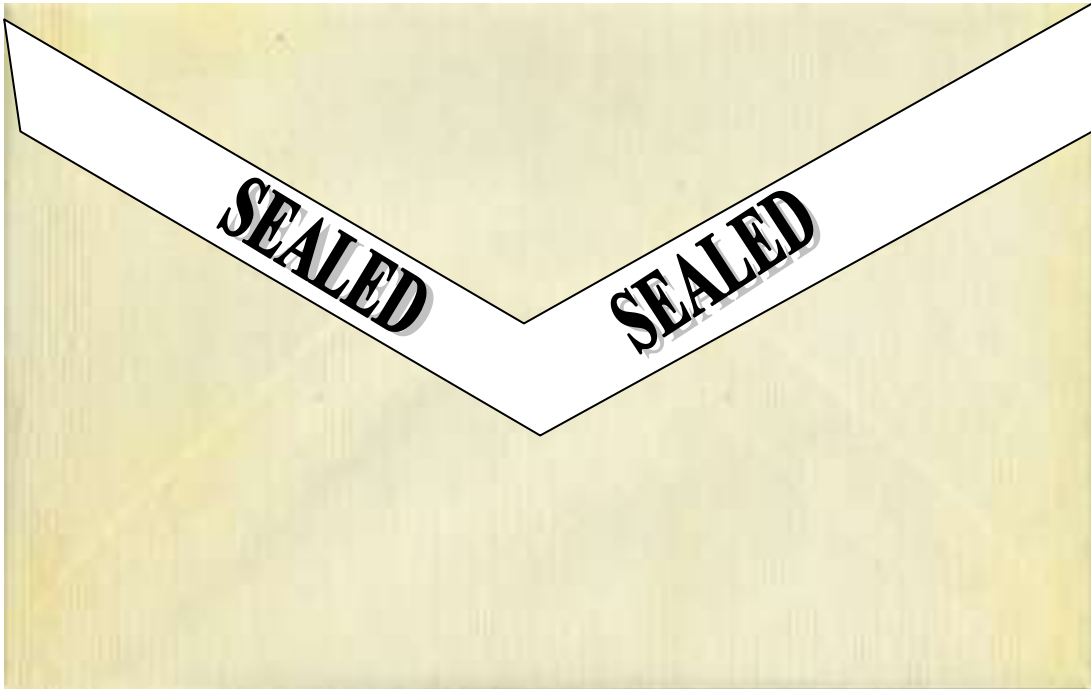
(Signature over Printed Name)

\_\_\_\_\_

Authorized Representative



**SEALING AND MARKING**



**Name of the Project:** PROVISION, SUPPLY AND DELIVERY OF THE  
CY2017 ANNUAL MEDICAL AND PHYSICAL  
EXAMINATION (AMPE) FOR GSIS CENTRAL  
OFFICE, QUEZON CITY BRANCH OFFICE AND  
PASIG CITY EXTENSION OFFICE EMPLOYEES  
(SALARY GRADE 26 AND BELOW)

**Name, Address &  
Contact Details  
of the Bidder:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Place of Submission:** GBAC Secretariat, GSIS Bids and Awards Committee  
Level 2 Core G, GSIS Central Office, Financial Center  
Pasay City

**Date of Submission:** \_\_\_\_\_

*Note: The bidder's envelope containing the required documents must be properly SEALED.*

*The bidder is also requested to submit another sealed envelope containing the required documents.*

**CY 2016 Annual Medical Physical Examination Consolidated Report**  
as of \_\_\_\_\_

Physical Examinations

Laboratory and Diagnostic Examinations

	Name	General Information				Personal History			Anthropometric measurements and Vital Signs			Present Illness* (example: HPN)	Family Hx*	Past Medical Hx (i.e. operations, respiratory problems like PTB)	Hematology	Blood Chem	Urinalysis	ECG	CXR	Drug test	Dental		
		Birthday (M/D/Y)	Age	Gender (M/F)	Civil Status	Smoker/Non Smoker (Y/N)	Alcoholic Beverage Drinker/Non drinker (Y/N)	Visual Acuity	Height (cm)	Weight (kg)	Body Mass Index (BMI)												
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							

\* LEGENDS:

- HPN : Hypertension
- CVA : Cerebro Vascular Accident
- CAD : Coronary Artery Disease
- DM : Diabetes Mellitus
- PTB : Pulmonary Turberculosis
- UTI : Urinary Tract Infection
- CA : Cancer (please specify)

Laboratory and Diagnostic Examinations:

If : wth normal findings indicate (N). If its high or low, indicate the numerical results and place high (H) or low (L)

Body Mass Index computation:  $BMI (kg/m^2) = \frac{\text{weight in kilograms}}{\text{height in meters}^2}$

Dental:

Kindly indicate findings and recommendation