

Bid Tabulation  
Occupational Medical Services/Drug & Alcohol Testing  
Bid No. GEN2130705B1



| #     | Items                                                             | ItemDescription                                                                                                                                                                                                                                                 | Quantity of Required Measure | Total Cost |         |                 | AFC Urgent Care<br>Hallandale Beach |                 |              | AssociatesMD    |            |                 | Concentra Medical Centers |                 |            | Demand Diagnostics Lab |            |                 |
|-------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------|---------|-----------------|-------------------------------------|-----------------|--------------|-----------------|------------|-----------------|---------------------------|-----------------|------------|------------------------|------------|-----------------|
|       |                                                                   |                                                                                                                                                                                                                                                                 |                              | Unit       | Price   | Extended Amount | Unit Price                          | Extended Amount | Unit Price   | Extended Amount | Unit Price | Extended Amount | Unit Price                | Extended Amount | Unit Price | Extended Amount        | Unit Price | Extended Amount |
| 1     | 1 (85)                                                            |                                                                                                                                                                                                                                                                 |                              |            |         |                 |                                     |                 |              |                 |            |                 |                           |                 |            |                        |            |                 |
| #1-1  | Office Worker Post-Offer Pre-Employment Evaluation (Per Exam)     | Includes: Medical history reviewed by Physician, Ht., Wt. and Vital Signs (Per Exam)                                                                                                                                                                            | 600 each                     |            | \$35    | \$21,000.00     |                                     | \$32.90         | \$19,740.00  |                 | \$64       | \$38,400.00     |                           | \$0             |            | \$0                    |            | \$0             |
| #1-2  | Non-Office Worker Post-Offer Pre-Employment Evaluation (Per Exam) | Includes: Office Worker (see above) and Hands-on by Physician to include hernia, extremities and reflexes, Vision, Audiometric Exam (Per Exam)                                                                                                                  | 1800 each                    |            | \$59.40 | \$106,920.00    |                                     | \$80            | \$144,000.00 |                 | \$111      | \$199,800.00    |                           | \$0             |            | \$0                    |            | \$0             |
| #1-3  | Non-Office Worker Post-Offer Pre-Employment Evaluation (Per Test) | Optional: Lift testing capacity (Per Test)                                                                                                                                                                                                                      | 300 each                     |            | \$29.50 | \$8,850.00      |                                     | \$14.25         | \$4,275.00   |                 | \$40       | \$12,000.00     |                           | \$0             |            | \$0                    |            | \$0             |
| #1-4  | Non-Office Worker Evaluation (Divers only) (Per Exam)             | Includes: Non-Office Worker (see above), Pulmonary Function, and Chest X-ray (2 views), Ear exam (Per Exam)                                                                                                                                                     | 30 each                      |            | \$175   | \$5,250.00      |                                     | \$217.80        | \$6,534.00   |                 | \$204      | \$6,120.00      |                           | \$0             |            | \$0                    |            | \$0             |
| #1-5  | Fit for Duty Evaluation (Per Exam)                                | The Vendor will determine the type of fit-for duty examination and/or testing based on the request and the medical history provided (Per Exam)                                                                                                                  | 300 each                     |            | \$90    | \$27,000.00     |                                     | \$110           | \$33,000.00  |                 | \$110      | \$33,000.00     |                           | \$0             |            | \$0                    |            | \$0             |
| #1-6  | Fit for Duty Psychiatric Evaluation Referral                      | Referral to Psychologist/Psychiatrist; vendor to acquire all release forms necessary authorizing the receipt of findings from the referred treating physician prior to patient visit.                                                                           | 30 each                      |            | \$30    | \$900           |                                     | \$0             | \$0          |                 | \$0        | \$0             |                           | \$0             |            | \$0                    |            | \$0             |
| #1-7  | Fit for Duty Psychiatric Evaluation Office Visit                  | Psychologist/Psychiatrist Office Visit fee to determine if employee is fit for duty. Please note the Vendor will be responsible for payment to the referred doctor for the psychiatric fit for duty exam. Broward County will pay the vendor for these charges. | 30 hour                      |            | \$200   | \$6,000.00      |                                     | \$0             | \$0          |                 | \$400      | \$12,000.00     |                           | \$0             |            | \$0                    |            | \$0             |
| #1-8  | DOT (Mass Transit) Evaluation (Per Exam)                          | Includes: Physical exam per Florida rule 14-90. Audio (whisper), Vision, Urinalysis dipstick and Vital signs; completion of the Medical Examination report and Medical Examination Certificate (Per Exam)                                                       | 3600 each                    |            | \$61.50 | \$221,400.00    |                                     | \$70            | \$252,000.00 |                 | \$78       | \$280,800.00    |                           | \$0             |            | \$0                    |            | \$0             |
| #1-9  | Out of area referral/office visit                                 | Additional fee for services outside the tri-county area.                                                                                                                                                                                                        | 60 each                      |            | \$175   | \$10,500.00     |                                     | \$120           | \$7,200.00   |                 | \$0        | \$0             |                           | \$0             |            | \$0                    |            | \$0             |
| #1-10 | Haz Mat Evaluation: Includes: (Per Exam)                          | Comprehensive physical plus Body fat, Cadmium, Heavy Metals, Hemocult, CMP, CBC, and Urine (Per Exam)                                                                                                                                                           | 30 each                      |            | \$350   | \$10,500.00     |                                     | \$432           | \$12,960.00  |                 | \$383      | \$11,490.00     |                           | \$0             |            | \$0                    |            | \$0             |

| #     | Items                                               | ItemDescription                                                                                                                                                   | Quantity of Required Measure | Unit | Total Cost |              | AFC Urgent Care<br>Hallandale Beach |                       | AssociatesMD |                       | Concentra Medical Centers |                       | Demand Diagnostics Lab |                       |
|-------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------|------------|--------------|-------------------------------------|-----------------------|--------------|-----------------------|---------------------------|-----------------------|------------------------|-----------------------|
|       |                                                     |                                                                                                                                                                   |                              |      |            |              | Unit Price                          | Total Extended Amount | Unit Price   | Total Extended Amount | Unit Price                | Total Extended Amount | Unit Price             | Total Extended Amount |
| #1-11 |                                                     |                                                                                                                                                                   |                              |      |            |              |                                     |                       |              |                       |                           |                       |                        |                       |
| #1-12 | Asbestos Physical (Per Exam)                        | Includes: OSHA history form reviewed by Physician, Ht., Wt. and Vital Signs, chest x-ray and/or pulmonary function test, b reading (billed seperately) (Per Exam) | 30 each                      |      | \$60       | \$1,800.00   | \$153                               | \$4,590.00            |              |                       |                           |                       |                        |                       |
| #1-13 | Hepatitis A antibody                                | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$35       | \$1,050.00   | \$45                                | \$1,350.00            |              | \$254                 | \$7,620.00                | \$0                   | \$0                    | \$0                   |
| #1-14 | Hepatitis B antibody                                | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$40       | \$1,200.00   | \$43                                | \$1,290.00            |              | \$48                  | \$1,440.00                | \$0                   | \$0                    | \$0                   |
| #1-15 | Hepatitis C antigen                                 | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$60       | \$1,800.00   | \$38.95                             | \$1,168.50            |              | \$49                  | \$1,470.00                | \$0                   | \$0                    | \$0                   |
| #1-16 | Acute hepatitis panel                               | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$40       | \$1,200.00   | \$90                                | \$2,700.00            |              | \$77                  | \$2,310.00                | \$0                   | \$0                    | \$0                   |
| #1-17 | Rabies antibody                                     | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$138      | \$4,140.00   | \$138.60                            | \$4,158.00            |              | \$132                 | \$3,960.00                | \$0                   | \$0                    | \$0                   |
| #1-18 | Varicella titer                                     | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$50       | \$1,500.00   | \$59.50                             | \$1,785.00            |              | \$50                  | \$1,500.00                | \$0                   | \$0                    | \$0                   |
| #1-19 | Fasting blood sugar                                 | Labs/Analytcal (Per Test)                                                                                                                                         | 240 each                     |      | \$10       | \$2,400.00   | \$16                                | \$3,840.00            |              | \$23                  | \$5,520.00                | \$0                   | \$0                    | \$0                   |
| #1-20 | Random blood sugar                                  | Labs/Analytcal (Per Test)                                                                                                                                         | 240 each                     |      | \$10       | \$2,400.00   | \$18                                | \$4,320.00            |              | \$23                  | \$5,520.00                | \$0                   | \$0                    | \$0                   |
| #1-21 | Hemoglobin A1C                                      | Labs/Analytcal (Per Test)                                                                                                                                         | 240 each                     |      | \$15       | \$3,600.00   | \$45.60                             | \$10,944.00           |              | \$45                  | \$10,800.00               | \$0                   | \$0                    | \$0                   |
| #1-22 | Hemoglobin                                          | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$15       | \$450        | \$10.80                             | \$324.00              |              | \$41                  | \$1,230.00                | \$0                   | \$0                    | \$0                   |
| #1-23 | HIV Screening                                       | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$65       | \$1,950.00   | \$42.75                             | \$1,282.50            |              | \$65                  | \$1,950.00                | \$0                   | \$0                    | \$0                   |
| #1-24 | Lead in Blood                                       | Labs/Analytcal (Per Test)                                                                                                                                         | 120 each                     |      | \$15       | \$1,800.00   | \$57.42                             | \$6,890.40            |              | \$57                  | \$6,840.00                | \$0                   | \$0                    | \$0                   |
| #1-25 | Heavy metals panel                                  | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$80       | \$2,400.00   | \$85                                | \$2,550.00            |              | \$91                  | \$2,730.00                | \$0                   | \$0                    | \$0                   |
| #1-26 | Cadmium Standard                                    | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$60       | \$1,800.00   | \$76                                | \$2,280.00            |              | \$60                  | \$1,800.00                | \$0                   | \$0                    | \$0                   |
| #1-27 | Urinalysis                                          | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$10       | \$300        | \$18                                | \$540                 |              | \$44                  | \$1,320.00                | \$0                   | \$0                    | \$0                   |
| #1-28 | Pregnancy (serum) HCG                               | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$25       | \$750        | \$29.75                             | \$892.50              |              | \$66                  | \$1,980.00                | \$0                   | \$0                    | \$0                   |
| #1-29 | OWP                                                 | Labs/Analytcal (Per Test)                                                                                                                                         | 150 each                     |      | \$12.50    | \$1,875.00   | \$22.50                             | \$3,375.00            |              | \$44                  | \$6,600.00                | \$0                   | \$0                    | \$0                   |
| #1-30 | Lipid Panel                                         | Labs/Analytcal (Per Test)                                                                                                                                         | 150 each                     |      | \$12.50    | \$1,875.00   | \$22.50                             | \$3,375.00            |              | \$47                  | \$7,050.00                | \$0                   | \$0                    | \$0                   |
| #1-31 | CBC                                                 | Labs/Analytcal (Each)                                                                                                                                             | 150 each                     |      | \$15       | \$2,250.00   | \$17                                | \$2,550.00            |              | \$43                  | \$6,450.00                | \$0                   | \$0                    | \$0                   |
| #1-32 | ZPP                                                 | Labs/Analytcal (Each)                                                                                                                                             | 30 each                      |      | \$20       | \$600        | \$28.50                             | \$855.00              |              | \$48                  | \$1,440.00                | \$0                   | \$0                    | \$0                   |
| #1-33 | RBC Cholinestrase                                   | Labs/Analytcal (Each)                                                                                                                                             | 30 each                      |      | \$45       | \$1,350.00   | \$18                                | \$540                 |              | \$55                  | \$1,650.00                | \$0                   | \$0                    | \$0                   |
| #1-34 | Serum Cholinestrase                                 | Labs/Analytcal (Each)                                                                                                                                             | 30 each                      |      | \$85       | \$2,550.00   | \$85                                | \$2,550.00            |              | \$43                  | \$1,290.00                | \$0                   | \$0                    | \$0                   |
| #1-35 | RPR                                                 | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$20       | \$600        | \$17                                | \$510                 |              | \$45                  | \$1,350.00                | \$0                   | \$0                    | \$0                   |
| #1-36 | VDRL                                                | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$30       | \$900        | \$36                                | \$1,080.00            |              | \$73                  | \$2,190.00                | \$0                   | \$0                    | \$0                   |
| #1-37 | Blood Collection                                    | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$10       | \$300        | \$19.80                             | \$594.00              |              | \$34                  | \$1,020.00                | \$0                   | \$0                    | \$0                   |
| #1-38 | Urine Collection                                    | Labs/Analytcal (Per Test)                                                                                                                                         | 30 each                      |      | \$10       | \$300        | \$21                                | \$630                 |              | \$34                  | \$1,020.00                | \$0                   | \$0                    | \$0                   |
| #1-39 | Hepatitis A                                         | Immunization (Per Injection)                                                                                                                                      | 90 each                      |      | \$95       | \$8,550.00   | \$104.50                            | \$9,405.00            |              | \$100                 | \$9,000.00                | \$0                   | \$0                    | \$0                   |
| #1-40 | Hepatitis B                                         | Immunization (Per Injection)                                                                                                                                      | 120 each                     |      | \$65       | \$7,800.00   | \$90                                | \$10,800.00           |              | \$75                  | \$9,000.00                | \$0                   | \$0                    | \$0                   |
| #1-41 | Hepatitis A/B combo vaccine                         | Immunization (Per Injection)                                                                                                                                      | 30 each                      |      | \$100      | \$3,000.00   | \$161.50                            | \$4,845.00            |              | \$160                 | \$4,800.00                | \$0                   | \$0                    | \$0                   |
| #1-42 | Gamma globulin                                      | Immunization (Per Injection)                                                                                                                                      | 30 each                      |      | \$115      | \$3,450.00   | \$176.40                            | \$5,292.00            |              | \$160                 | \$4,800.00                | \$0                   | \$0                    | \$0                   |
| #1-43 | MMR                                                 | Immunization (Per Injection)                                                                                                                                      | 30 each                      |      | \$100      | \$3,000.00   | \$104.50                            | \$3,135.00            |              | \$120                 | \$3,600.00                | \$0                   | \$0                    | \$0                   |
| #1-44 | Meningitis                                          | Immunization (Per Injection)                                                                                                                                      | 30 each                      |      | \$160      | \$4,800.00   | \$161.50                            | \$4,845.00            |              | \$240                 | \$7,200.00                | \$0                   | \$0                    | \$0                   |
| #1-45 | Pertussis                                           | Immunization (Per Injection)                                                                                                                                      | 30 each                      |      | \$55       | \$1,650.00   | \$73.50                             | \$2,205.00            |              | \$65                  | \$1,950.00                | \$0                   | \$0                    | \$0                   |
| #1-46 | Pneumonia                                           | Immunization (Per Injection)                                                                                                                                      | 30 each                      |      | \$250      | \$7,500.00   | \$264.60                            | \$7,938.00            |              | \$150                 | \$4,500.00                | \$0                   | \$0                    | \$0                   |
| #1-47 | Rabies                                              | Immunization (Per Injection)                                                                                                                                      | 120 each                     |      | \$600      | \$72,000.00  | \$400                               | \$48,000.00           |              | \$370                 | \$44,400.00               | \$0                   | \$0                    | \$0                   |
| #1-48 | Rabies immune globulin                              | Immunization (Per Injection)                                                                                                                                      | 30 each                      |      | \$365      | \$10,950.00  | \$800                               | \$24,000.00           |              | \$370                 | \$11,100.00               | \$0                   | \$0                    | \$0                   |
| #1-49 | Tetanus/Diphtheria                                  | Immunization (Per Injection)                                                                                                                                      | 60 each                      |      | \$50       | \$3,000.00   | \$45                                | \$2,700.00            |              | \$65                  | \$3,900.00                | \$0                   | \$0                    | \$0                   |
| #1-50 | Tetanus/Diphtheria/Pertussis (Tdap)                 | Immunization (Per Injection)                                                                                                                                      | 60 each                      |      | \$60       | \$3,600.00   | \$67.50                             | \$4,050.00            |              | \$65                  | \$3,900.00                | \$0                   | \$0                    | \$0                   |
| #1-51 | Typhim per injection                                | Immunization (Per Injection)                                                                                                                                      | 30 each                      |      | \$250      | \$7,500.00   | \$145                               | \$4,350.00            |              | \$124                 | \$3,720.00                | \$0                   | \$0                    | \$0                   |
| #1-52 | Varicella                                           | Immunization (Per Injection)                                                                                                                                      | 30 each                      |      | \$185      | \$5,550.00   | \$196                               | \$5,880.00            |              | \$190                 | \$5,700.00                | \$0                   | \$0                    | \$0                   |
| #1-53 | Yellow Fever                                        | Immunization (Per Injection)                                                                                                                                      | 30 each                      |      | \$300      | \$9,000.00   | \$400                               | \$12,000.00           |              | \$180                 | \$5,400.00                | \$0                   | \$0                    | \$0                   |
| #1-54 | Influenza                                           | Immunization (Per Injection)                                                                                                                                      | 30 each                      |      | \$30       | \$900        | \$29.40                             | \$882.00              |              | \$45                  | \$1,350.00                | \$0                   | \$0                    | \$0                   |
| #1-55 | NIDA 5-panel Drug Screen (including collection)     | Drug/Alcohol (per Screen)                                                                                                                                         | 7500 each                    |      | \$30       | \$225,000.00 | \$53.50                             | \$401,250.00          |              | \$40                  | \$300,000.00              | \$70                  | \$525,000.00           | \$0                   |
| #1-56 | Non-NIDA 5-panel Drug Screen (including collection) | Drug/Alcohol (per Screen)                                                                                                                                         | 2100 each                    |      | \$30       | \$63,000.00  | \$49                                | \$102,900.00          |              | \$42                  | \$88,200.00               | \$60                  | \$126,000.00           | \$0                   |

| #     | Items                                                                                                                                                                                                                                             | ItemDescription                                                                                                                                                                                                        | Quantity of Required Measure | Total Cost |         | AFC Urgent Care<br>Hallandale Beach |                 | AssociatesMD |                 | Concentra Medical Centers |                 | Demand Diagnostics Lab |                 |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------|---------|-------------------------------------|-----------------|--------------|-----------------|---------------------------|-----------------|------------------------|-----------------|
|       |                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                        |                              | Unit       | Price   | Unit Price                          | Extended Amount | Unit Price   | Extended Amount | Unit Price                | Extended Amount | Unit Price             | Extended Amount |
| #1-56 | EBT Alcohol Screen                                                                                                                                                                                                                                | Drug/Alcohol (per Screen)                                                                                                                                                                                              | 1800 each                    |            | \$30    | \$30                                | \$54,000.00     | \$30         | \$54,000.00     | \$28                      | \$50,400.00     | \$60                   | \$108,000.00    |
| #1-57 | NIDA 10-panel Drug Screen (including collection)                                                                                                                                                                                                  | Drug/Alcohol (per Screen)                                                                                                                                                                                              | 30 each                      |            | \$30    | \$30                                | \$900           | \$54         | \$1,620.00      | \$40                      | \$1,200.00      | \$75                   | \$2,250.00      |
| #1-58 | Non- NIDA 10-panel Drug Screen (including collection)                                                                                                                                                                                             | Drug/Alcohol (per Screen)                                                                                                                                                                                              | 30 each                      |            | \$30    | \$30                                | \$900           | \$54         | \$1,620.00      | \$42                      | \$1,260.00      | \$65                   | \$1,950.00      |
| #1-59 | Saliva 4-panel Drug Screen (including collection)                                                                                                                                                                                                 | Drug/Alcohol (per Screen)                                                                                                                                                                                              | 30 each                      |            | \$30    | \$30                                | \$900           | \$20.25      | \$607.50        | \$50                      | \$1,500.00      | \$65                   | \$1,950.00      |
| #1-60 | Saliva 5-panel Drug Screen (including collection)                                                                                                                                                                                                 | Drug/Alcohol (per Screen)                                                                                                                                                                                              | 30 each                      |            | \$30    | \$30                                | \$900           | \$20.25      | \$607.50        | \$50                      | \$1,500.00      | \$70                   | \$2,100.00      |
| #1-61 | Saliva 6-panel Drug Screen (including collection)                                                                                                                                                                                                 | Drug/Alcohol (per Screen)                                                                                                                                                                                              | 30 each                      |            | \$30    | \$30                                | \$900           | \$20.25      | \$607.50        | \$50                      | \$1,500.00      | \$75                   | \$2,250.00      |
| #1-62 | Saliva 10-panel Drug Screen (including collection)                                                                                                                                                                                                | Drug/Alcohol (per Screen)                                                                                                                                                                                              | 30 each                      |            | \$47    | \$47                                | \$1,410.00      | \$20.25      | \$607.50        | \$50                      | \$1,500.00      | \$85                   | \$2,550.00      |
| #1-63 | NIDA Urine 14-panel Drug Screen (including collection)                                                                                                                                                                                            | Drug/Alcohol (per Screen)                                                                                                                                                                                              | 30 each                      |            | \$45    | \$45                                | \$1,350.00      | \$125        | \$3,750.00      | \$60                      | \$1,800.00      | \$80                   | \$2,400.00      |
| #1-64 | Non-NIDA Urine 14-panel Drug Screen (including collection)                                                                                                                                                                                        | Drug/Alcohol (per Screen)                                                                                                                                                                                              | 30 each                      |            | \$45    | \$45                                | \$1,350.00      | \$125        | \$3,750.00      | \$60                      | \$1,800.00      | \$70                   | \$2,100.00      |
| #1-65 | Shy bladder exam                                                                                                                                                                                                                                  | Medical evaluation to determine cause when donor unable to provide sufficient urine specimen                                                                                                                           | 15 each                      |            | \$45    | \$45                                | \$675           | \$71.25      | \$1,068.75      | \$43                      | \$645           | \$35                   | \$525           |
| #1-66 | Shy lung exam                                                                                                                                                                                                                                     | Medical evaluation to determine cause when donor is unable to provide sufficient breath specimen                                                                                                                       | 15 each                      |            | \$45    | \$45                                | \$675           | \$71.25      | \$1,068.75      | \$43                      | \$645           | \$0                    | \$0             |
| #1-67 | Audiometric (booth)                                                                                                                                                                                                                               | Additional Testing (Per Exam)                                                                                                                                                                                          | 330 each                     |            | \$300   | \$300                               | \$99,000.00     | \$19.60      | \$6,468.00      | \$32                      | \$10,560.00     | \$0                    | \$0             |
| #1-68 | Technician On-Site on County Facilities (except for drug and alcohol testing)                                                                                                                                                                     | Additional Testing (Per Hour)                                                                                                                                                                                          | 30 hour                      |            | \$45    | \$45                                | \$1,350.00      | \$80         | \$2,400.00      | \$300                     | \$9,000.00      | \$0                    | \$0             |
| #1-69 | Audiometric Evaluation by Physician (Per Evaluation)                                                                                                                                                                                              | Additional Testing (Per Evaluation)                                                                                                                                                                                    | 30 each                      |            | \$50    | \$50                                | \$1,500.00      | \$49         | \$1,470.00      | \$32                      | \$960           | \$0                    | \$0             |
| #1-70 | PPD                                                                                                                                                                                                                                               | Additional Testing (Per Test)                                                                                                                                                                                          | 450 each                     |            | \$20    | \$20                                | \$9,000.00      | \$18         | \$8,100.00      | \$32                      | \$14,400.00     | \$0                    | \$0             |
| #1-71 | EKG                                                                                                                                                                                                                                               | Additional Testing (Per Test)                                                                                                                                                                                          | 300 each                     |            | \$45    | \$45                                | \$13,500.00     | \$31.50      | \$9,450.00      | \$39                      | \$11,700.00     | \$0                    | \$0             |
| #1-72 | Chest x-ray (baseline and every 5 years with Respiratory/Asbestos exam)                                                                                                                                                                           | Additional Testing (Per Test)                                                                                                                                                                                          | 300 each                     |            | \$55    | \$55                                | \$16,500.00     | \$53.25      | \$15,975.00     | \$50                      | \$15,000.00     | \$0                    | \$0             |
| #1-73 | B- Reading (chest x-ray radiology report)                                                                                                                                                                                                         | Additional Testing (Per Test)                                                                                                                                                                                          | 30 each                      |            | \$100   | \$100                               | \$3,000.00      | \$78.40      | \$2,352.00      | \$54                      | \$1,620.00      | \$0                    | \$0             |
| #1-74 | Range of Motion                                                                                                                                                                                                                                   | Additional Testing (Per Test)                                                                                                                                                                                          | 1500 each                    |            | \$12.50 | \$12.50                             | \$18,750.00     | \$19.80      | \$29,700.00     | \$15                      | \$22,500.00     | \$0                    | \$0             |
| #1-75 | Vision                                                                                                                                                                                                                                            | Additional Testing (Per Test)                                                                                                                                                                                          | 240 each                     |            | \$15    | \$15                                | \$3,600.00      | \$19.60      | \$4,704.00      | \$15                      | \$3,600.00      | \$0                    | \$0             |
| #1-76 | Repirator Clearance (per Exam)                                                                                                                                                                                                                    | Includes: Medical history/Respirator Medical Evaluation Questionnaire reviewed by Physician, Ht., Wt. Vital Signs, and Pulmonary function. If deemed necessary by physician chest x-ray (billed seperately) (Per Exam) | 60 each                      |            | \$35    | \$35                                | \$2,100.00      | \$180        | \$10,800.00     | \$109                     | \$6,540.00      | \$0                    | \$0             |
| #1-77 | Pulmonary Function                                                                                                                                                                                                                                | Respiratory Protection (Per Test)                                                                                                                                                                                      | 30 each                      |            | \$40    | \$40                                | \$1,200.00      | \$38         | \$1,140.00      | \$45                      | \$1,350.00      | \$0                    | \$0             |
| #1-78 | Respiratory add-on. Includes: Non-Office Worker Post-offer Pre-employment evaluation, Respirator Medical Evaluation Questionnaire reviewed by physician, and Pulmonary function. If deemed necessary by physician chest x-ray (billed seperately) | Respiratory Protection (Per Exam)                                                                                                                                                                                      | 30 each                      |            | \$30    | \$30                                | \$900           | \$200        | \$6,000.00      | \$109                     | \$3,270.00      | \$0                    | \$0             |
| #1-79 | Respirator Fit Tests up to 2 masks                                                                                                                                                                                                                | Respiratory Protection (Per Test)                                                                                                                                                                                      | 30 each                      |            | \$260   | \$260                               | \$7,800.00      | \$70         | \$2,100.00      | \$57                      | \$1,710.00      | \$0                    | \$0             |

| #                                     | Items                                                                                                                                                                   | ItemDescription                     | Quantity of Required | Unit Measure | Total Cost |                | AFC Urgent Care<br>Hallandale Beach |                 | AssociatesMD |                 | Concentra Medical Centers |                 | Demand Diagnostics Lab |                 |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------|--------------|------------|----------------|-------------------------------------|-----------------|--------------|-----------------|---------------------------|-----------------|------------------------|-----------------|
|                                       |                                                                                                                                                                         |                                     |                      |              | Unit       | Amount         | Unit Price                          | Extended Amount | Unit Price   | Extended Amount | Unit Price                | Extended Amount | Unit Price             | Extended Amount |
| #1-80                                 | Respirator Fit Test each additional mask                                                                                                                                | Respiratory Protection (Per Test)   | 30                   | each         |            | \$900          | \$30                                |                 | \$28.50      | \$855.00        | \$57                      | \$1,710.00      | \$0                    | \$0             |
| #1-81                                 | Annual review (Respirator Medical Evaluation Questionnaire)                                                                                                             | Respiratory Protection (Per Review) | 30                   | each         |            | \$750          | \$25                                |                 | \$27         | \$810           | \$27                      | \$810           | \$0                    | \$0             |
| #1-82                                 | Consulting (ad hoc Safety and Occupational Health Section; special projects, including physician On-Site on County Facilities)                                          | Support Services (Per Hour)         | 30                   | hour         |            | \$5,100.00     | \$170                               |                 | \$180.50     | \$5,415.00      | \$300                     | \$9,000.00      | \$0                    | \$0             |
| #1-83                                 | MRO legal activities deposition, court appearance, etc. Medical Assistant On-Site on County Facilities (lab, immunizations, PPDs) (except for drug and alcohol testing) | Support Services (Per Hour)         | 30                   | hour         |            | \$7,500.00     | \$250                               |                 | \$295        | \$8,850.00      | \$300                     | \$9,000.00      | \$150                  | \$4,500.00      |
| #1-84                                 | Witness signage of Swimmer's Certification form for Parks and Port Everglades                                                                                           | Support Services (Per Hour)         | 30                   | hour         |            | \$2,250.00     | \$75                                |                 | \$237.50     | \$7,125.00      | \$85                      | \$2,550.00      | \$0                    | \$0             |
| #1-85                                 | Onsite Fees for services                                                                                                                                                | Support Services (per form)         | 450                  | each         |            | \$11,250.00    | \$25                                |                 | \$23.75      | \$10,687.50     | \$0                       | \$0             | \$0                    | \$0             |
| #1-86                                 |                                                                                                                                                                         | Support Services (Per Visit)        | 60                   | each         |            | \$3,000.00     | \$50                                |                 | \$100        | \$6,000.00      | \$85                      | \$5,100.00      | \$0                    | \$0             |
| Total Initial Three-Year Award Amount |                                                                                                                                                                         |                                     |                      |              |            | \$1,174,620.00 |                                     |                 |              | \$1,410,858.90  |                           | \$1,389,810.00  |                        | \$781,575       |
| Potential Five-Year Award Amount      |                                                                                                                                                                         |                                     |                      |              |            | \$1,957,700.00 |                                     |                 |              | \$2,351,431.50  |                           | \$2,316,350.00  |                        | \$1,302,625     |