

Proposal

PROVIDING MEDICAL SERVICES TO THE MONMOUTH COUNTY BOARD OF RECREATION COMMISSIONERS, LINCROFT, NJ

The undersigned hereby declares that (s)he has carefully examined the advertisement, specifications, and form of contract for furnishing the specified items and that (s)he will execute the contract according to the specifications, terms, and conditions with respect to, but not limited to, the following:

| <u>ITEM</u> | <u>DESCRIPTION</u> | <u>UNIT PRICE</u> |
|-------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| 1. | Post Offer Physical Examination and Medical Screening | \$ <u>152.00</u> |
| 2. | Post Offer Physical Examination and Medical Screening | \$ <u>203.00</u> |
| | Optional OSHA Respirator Questionnaire | \$ <u>25.00</u> |
| 3. | Return to Work Medical Clearance Examination | \$ <u>75.00</u> |
| 4. | OSHA Respirator Clearance Questionnaire | \$ <u>25.00</u> |
| | Optional Physician examination | \$ <u>75.00</u> |
| | Optional Pulmonary function test (Spirometry) | \$ <u>50.00</u> |
| | Optional Complete blood count (CBC) with differential | \$ <u>22.00</u> |
| | Optional Chest x-ray (AP Lateral) | \$ <u>45.00</u> |
| 5. | Post Offer Police Academy Physical Examination | \$ <u>357.00</u> |
| | Optional Pulmonary function test | \$ <u>50.00</u> |
| | Optional Chest x-ray/PA and lateral | \$ <u>75.00</u> |
| | Optional Cardiac stress test (required for ages 45 and over) | \$ <u>325.00</u> |
| | | <small>Must have proof of covid vaccination or negative COVID-19 test from an HMH facility prior to service.</small> |
| 6. | Department of Transportation Physical Examination | \$ <u>130.00</u> |
| 6A. | Department of Transportation Recertification Physical without Department of Transportation Drug Screen | \$ <u>80.00</u> |
| 6B. | Repeat Urine Drug Screen | \$ <u>50.00</u> |
| 7. | Cholinesterase Screening | \$ <u>120.00</u> |
| 8. | Audiometric Testing | \$ <u>26.00</u> |

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|--------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------|
| 9. | Post Offer Department of Transportation Physical Examination Optional OSHA Respirator Questionnaire | \$ <u>202.00</u> \$ <u>25.00</u> |
| 10. | Post Offer Pre-Employment Test for various titles | \$ <u>175.00</u> |
| 11. | Post Offer Pre-Employment Test with Baseiine | \$ <u>275.00</u> |
| 12. | COVID-19 Test | \$ <u>100.00</u> |
| TOTAL LUMP SUM OF UNIT PRICES 1 - 12 | | \$ <u>2662.00</u> |

When scheduled by HMHOH for cardiac stress tests only. Covid 19 testing is not available at HMHOH offices at this time.

NOTE: N.J. TAX EXEMPTION NO. #69-0220842

VARIANCE IF ANY:

The undersigned is an individual under the laws of the State of New Jersey
 a partnership
 a corporation
(please circle one)

having principle offices at: 2-12 Corbett Way, Suite 10, Eatontown, NJ 07724

CONTRACTOR: Meridian Occupational Health, P.C. dba HMH Occupational Health


MAILING ADDRESS: 2-12 Corbett Way, Suite 101, Eatontown, NJ 07724

PRINT NAME & TITLE: Jared Schulman, M.D., Vice President Chief Medical Officer

FEDERAL ID # OR SOCIAL SECURITY #: [REDACTED]

BUSINESS PHONE: 732-263-7907 FAX: 732-263-7902

E-MAIL ADDRESS: shanna.polignone@hmhn.org

SIGNATURE:  DATED: 12/28/21