

Attachment A

Table of Proposed Services & Price List (Completed Form Must Be Submitted with the Proposal)

Please utilize the table below to “check “ the services you propose to offer and the cost and/or rates of the services.

SERVICES	SERVICES OFFERED	COST/RATES	COMMENTS
Post Offer Pre-employment Medical Evaluations		\$	
Audiometry (Hearing Conservation/Audio Testing)		\$	
B-Reader		\$	
Basic Physical (Regular &CDL)		\$	
Blood Profile/CBC		\$	
Breath Alcohol Test (BAT)		\$	
Breath Alcohol Test (BAT) at ER		\$	
Cardiac Exercise Stress Test		\$	
Chest X-Ray (I-view)		\$	
Chest X-Ray (2-views)		\$	
Chest X-Ray B read		\$	
Consultations and Prescriptions for Smoking Cessation Purposes		\$	
Consultation and Research Services		\$	
DOT Physical		\$	
DOT Random Selection Process		\$	
DOT Third Party Administrator		\$	
Drug Screen Federal		\$	
Drug Screen Non-Federal		\$	
EKG		\$	
Fitness for Duty Medical and Psychological Evaluations		\$	
Hazmat/Asbestos Medical Evaluations		\$	
Hepatitis B Titer		\$	
Hepatitis B Vaccine (per dose-3 doses)		\$	
HIV/Hepatitis Panel (H757) Bloodwork		\$	
Lead Blood Panel		\$	
Medical Advisory/Testimony Physician		\$	
Medical Advisory/Testimony Non-Physician		\$	
Meet All Requirements of 49 CFR Part 40		\$	
MMR Titer		\$	
MMR Vaccine		\$	
PPD/Tuberculosis (TB)		\$	
Psychological Testing		\$	
Pulmonary Function Test (PFT)		\$	
Respirator Evaluation		\$	
Questionnaire & PFT only		\$	
Physician; Questionnaire & PFT		\$	
**Respirator Questionnaire Only		\$	
**Respirator Fit Test (Qualitative)		\$	

School Bus Physical		\$	
Spirometry (PFT)		\$	
Tetanus/TDAP		\$	
Urinalysis Micro		\$	
Urine Drug Screen School Bus		\$	
Urine Drug Screen (UDS) at ER		\$	
Urine Drug Screen (UDS) Split Test		\$	
Varicella Titer		\$	
Varicella Vaccine		\$	
VO2 Max Testing (Oxygen)		\$	
Update Medical Standards in accordance with DOT and OSHA guidelines		\$	
Initial Random Set Up fee/admin fee		\$	
Per Person Registration		\$	
Monthly Management		\$	
Other:		\$	