

**Proposal RFP #P-17-2025**

**Perform Pre-Employment Medical Examinations and Additional Medical Testing Services  
for Various Monmouth County Departments**

**For the Period January 1, 2025, through December 31, 2025**

**As a Professional Service**

**King Management LLC**

**Business POC: Dominic King**

**Business Phone: (609) 856-656-3322**

**Business email: Kingmanagement1@yahoo.com**

**County of Monmouth**

**REQUEST FOR BID**

— This Is Not An Order —



**RFB# P-17-2025**

**Monmouth County Purchasing**

**Hall of Records, 3rd Floor**

**1 East Main Street**

**Freehold, NJ 07728**

**(732) 431-7370 Fax (732) 431-7379**

**Contact:** Theresa Aziz  
732-431-7370 x7371

**PERFORM PRE-EMPLOYMENT MEDICAL EXAMINATIONS AND ADDITIONAL MEDICAL TESTING SERVICES FOR VARIOUS MONMOUTH COUNTY DEPARTMENTS FOR THE PERIOD OF JANUARY 1, 2025 THROUGH DECEMBER 31, 2025**

**RFB must be received no later than:**

**For Delivery to:** Human Resources/Personnel Department, Hall of Records  
1 East Main Street, First Floor, Freehold, NJ 07728

**Delivery Date:** 1/1/2025-12/31/2025

ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
1	MEDICAL EXAMINATION INCLUDING HEALTH HISTORY WITH OCCUPATIONAL FOCUS; VITALS, HEIGHT, WEIGHT, TEMP AND BLOOD PRESSURE; SNELLEN VISION	212 EACH	\$ 120	\$ 25,440
2	MEDICAL EXAMINATION PER OSHA HAZWOPER STANDARD, INCLUDING OSHA RESPIRATOR QUESTIONNAIRE AND CLEARANCE, MEDICAL HISTORY WITH EMPHASIS ON SYMPTOMS RELATED TO HANDLING HAZARDOUS SUBSTANCES AND HEALTH HAZARDS; FITNESS FOR DUTY; SNELLEN VISION; SCRIPTS FOR SELF-ADMINISTRATION OF DUO NERVE AGENT AUTO INJECTORS	10 EACH	\$ 450	\$ 4,500
3	DOT EXAM (W/CARD) PERFORMED ACCORDING TO DOT REGULATIONS; INCLUDES ISSUANCE OF MEDICAL CERTIFICATE  NOTE: DOT EXAM INCLUDES THE FOLLOWING (6/20): DOT EXAM (W/CARD), INCLUDING HEALTH HISTORY WITH OCCUPATIONAL FOCUS; VITALS, HEIGHT, WEIGHT, TEMP AND BLOOD PRESSURE; SNELLEN VISION; FORCED WHISPER; EPWORTH SLEEPINESS SCALE; URINALYSIS	255 EACH	\$ 162	\$ 41,310
4	AUDIOGRAM	244 EACH	\$ 80	\$ 19,520
5	COMPREHENSIVE METABOLIC PANEL	194 EACH	\$ 20	\$ 3,880
6	COMPLETE BLOOD COUNT	194 EACH	\$ 20	\$ 3,880

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
7	URINALYSIS	162 EACH	\$ 56	\$ 9,072
8	CHEST X-RAY 2-VIEW	57 EACH	\$ 84	\$ 4,788
9	CHEST X-RAY 2-VIEW (OPTIONAL FOR EMPLOYEES OVER 40 AT 5 YEAR INTERVALS); REQUIRED AT EXIT	64 EACH	\$ 84	\$ 5,376
10	DRUG SCREEN 10-PANEL W/ MRO	163 EACH	\$ 95	\$ 15,485
11	EKG	87 EACH	\$ 50	\$ 4,350
12	EKG (OPTIONAL FOR EMPLOYEES OVER 40 AT 5 YEAR INTERVALS)	64 EACH	\$ 50	\$ 3,200
13	PULMONARY FUNCTION TEST	194 EACH	\$ 90	\$ 17,460
14	LIPID PANEL	194 EACH	\$ 75	\$ 14,550
15	OSHA RESPIRATOR QUESTIONNAIRE & CLEARANCE	269 EACH	\$ 75	\$ 20,175
16	ISHIHARA TESTING (COLOR VISION)	176 EACH	\$ 52	\$ 9,152
17	DOT DRUG SCREEN 5-PANEL W/ MRO	123 EACH	\$ 80	\$ 9,840

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
18	PPD & READING	124 EACH	\$66	\$8,184
19	PPD ONSITE READING (COST PER HOUR) \$60.00/HOUR/TEAM MEMBER FOR ONSITE PPD RELATED SERVICES	10 HOUR(S)	\$60	\$600
20	BLOOD GLUCOSE	64 EACH	\$24	\$1,536
21	CARDIAC TREADMILL STRESS TEST (AGE 45 AND OVER IF MEDICALLY INDICATED)	8 EACH	N/A	N/A
22	HEPATITIS B VACCINATION SERIES OF 3; COST PER SHOT	84 EACH	\$138	\$11,592
23	HEPATITIS B ANTIBODY TITER	32 EACH	\$24	\$768
24	URINE FOR CADMIUM	23 EACH	\$140	\$3,220
25	URINE FOR HEAVY METAL SCREENING	8 EACH	\$265	\$2,120
26	URINE FOR ARSENIC	23 EACH	\$150	\$3,450
27	URINE FOR ZINC	23 EACH	\$40	\$920
28	BLOOD TEST - LEAD LEVELS	15 EACH	\$180	\$2,700

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
29	RESPIRATOR PHYSICIAN EXAMINATION - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE	9 EACH	\$ 78	\$ 702
30	PULMONARY FUNCTION TEST - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE	9 EACH	\$ 90	\$ 810
31	CBC W/ DIFFERENTIAL - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE	9 EACH	\$ 22	\$ 198
32	CHEST X-RAY SINGLE - VIEW - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE	9 EACH	\$ 78	\$ 702
33	CHOLINESTERASE	8 EACH	\$ 157	\$ 1,256
34	BIO-MONITORING MEASUREMENT OF SPECIFIC SUBSTANCES OR METABOLITES IN BLOOD OR URINE; TOTAL NOT TO EXCEED \$1,000 (PRICING IS DEPENDENT OF TESTING REQUIRED)			\$1,000.00
35	LYME ANTIBODY TEST	9 EACH	\$ 150	\$ 1,350
36	CONFIRMATION TESTING FOR POSITIVE LYME ANTIBODY TEST	5 EACH	\$ 150	\$ 750
37	INSTANT PREGNANCY TEST	4 EACH	\$ 45	\$ 180
38	WEST NILE VIRUS ANTIBODIES	1 ONLY	\$ 140	\$ 140
39	COVID-19 TEST (REQUIRED PRIOR TO CARDIAC STRESS TEST)	8 EACH	\$ 90	\$ 720

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
40	AUDIOGRAM - IF INDICATED PER DOT FORCED WHISPER TEST	6 EACH	\$ 80	\$ 480
41	TUTMUS VISION TEST	1 ONLY	N/A	N/A
42	ADDITIONAL MISCELLANEOUS TESTS AND REVIEWS			\$100.00
<b>TOTAL:</b>			<b>\$256,276</b>	