

SIGNATURE PAGE

P-18-2026

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE
WITH YOUR REQUIREMENTS.**

Company Name: Summit Medical Group PA dba CityMD
(PRINT)

Preparer's Name: Robert Williams
(PRINT)

Signature: Robert Williams 10/23/2025
(DATE)

Address: 1345 Avenue of the Americas, 8th Floor
New York, NY 10105

Telephone No.: (917) 882-7967

Fax No.: n/a

E-Mail Address: cannese@summithealth.com
***** (This should be the email where Contracts would be sent) *****

Contact Person: Connor Annese

FEIN: [REDACTED]
(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Certificate)

REQUEST FOR BID

----- This Is Not An Order -----



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, 2026 THROUGH DECEMBER 31, 2026

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: 1/1/2026 - 12/31/2026

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	263 EACH	\$100.00	\$26,300.00
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	30 EACH	N/A	-
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	270 EACH	\$95.00	\$25,650.00
4	AUDIOGRAM	330 EACH	\$50.00	\$16,500.00
5	COMPREHENSIVE METABOLIC PANEL *Any visits with bloodwork include Venipuncture fee (one fee per visit)	234 EACH	\$40.00	\$9,360.00
6	COMPLETE BLOOD COUNT *Any visits with bloodwork include Venipuncture fee (one fee per visit)	234 EACH	\$40.00	\$9,360.00

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
7	URINALYSIS	248 EACH	\$25.00	\$6,200.00
8	CHEST X-RAY 2-VIEW	97 EACH	\$45.00	\$4,365.00
9	CHEST X-RAY 2-VIEW (OPTIONAL FOR EMPLOYEES OVER 40 AT 5 YEAR INTERVALS); REQUIRED AT EXIT	64 EACH	\$45.00	\$2,880.00
10	DRUG SCREEN 10-PANEL W/ MRO	249 EACH	\$46.45	\$11,566.05
11	EKG	127 EACH	\$50.00	\$6,350.00
12	EKG (OPTIONAL FOR EMPLOYEES OVER 40 AT 5 YEAR INTERVALS)	104 EACH	\$50.00	\$5,200.00
13	PULMONARY FUNCTION TEST	234 EACH	\$60.00	\$14,040.00
14	LIPID PANEL	234 EACH	\$40.00	\$9,360.00
	*Any visits with bloodwork include Venipuncture fee (one fee per visit)			
15	OSHA RESPIRATOR QUESTIONNAIRE & CLEARANCE	314 EACH	\$45.00	\$14,130.00
16	ISHIHARA TESTING (COLOR VISION)	262 EACH	\$30.00	\$7,860.00
17	DOT DRUG SCREEN 5-PANEL W/ MRO	143 EACH	\$47.45	\$6,785.35

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
18	PPD & READING	124 EACH	\$42.00	\$5,208.00
19	PPD ONSITE READING (COST PER HOUR) \$ __.00/HOUR/TEAM MEMBER FOR ONSITE PPD RELATED SERVICES	10 HOUR(S)	n/a	-
20	BLOOD GLUCOSE	64 EACH	n/a	-
21	CARDIAC TREADMILL STRESS TEST (AGE 45 AND OVER IF MEDICALLY INDICATED)	16 EACH	\$300.00	\$4,500.00
22	HEPATITIS B VACCINATION SERIES OF 3; COST PER SHOT	10 EACH	\$120.00	\$1,200.00
23	HEPATITIS B ANTIBODY TITER *Any visits with bloodwork include Venipuncture fee (one fee per visit)	100 EACH	\$40.00	\$4,000.00
24	URINE FOR CADMIUM *Only perform bloodwork	23 EACH	n/a	-
25	URINE FOR HEAVY METAL SCREENING	8 EACH	n/a	-
26	URINE FOR ARSENIC	23 EACH	n/a	-
27	URINE FOR ZINC	23 EACH	n/a	-
28	BLOOD TEST - LEAD LEVELS *Any visits with bloodwork include Venipuncture fee (one fee per visit)	15 EACH	\$40.00	\$600.00

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
29	RESPIRATOR PHYSICIAN EXAMINATION - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE	11 EACH	\$32.00	\$352.00
30	PULMONARY FUNCTION TEST - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE	11 EACH	\$60.00	\$660.00
31	CBC W/ DIFFERENTIAL - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE *Any visits with bloodwork include Venipuncture fee (one fee per visit)	11 EACH	\$40.00	\$440.00
32	CHEST X-RAY SINGLE - VIEW - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE	11 EACH	\$45.00	\$495.00
33	CHOLINESTERASE	8 EACH	n/a	-
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)		n/a	\$1,000.00
35	LYME ANTIBODY TEST	9 EACH	n/a	-
36	CONFIRMATION TESTING FOR POSITIVE LYME ANTIBODY TEST	20 EACH	n/a	-
37	INSTANT PREGNANCY TEST	4 EACH	n/a	-
38	WEST NILE VIRUS ANTIBODIES	1 ONLY	n/a	-
39	COVID-19 TEST (REQUIRED PRIOR TO CARDIAC STRESS TEST)	8 EACH	\$125.00	\$1,000.00

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
40	AUDIOGRAM - IF INDICATED PER DOT FORCED WHISPER TEST	50 EACH	\$55.00	\$2,750.00
41	TUTMUS VISION TEST	50 EACH	n/a	-
42	ADDITIONAL MISCELLANEOUS TESTS AND REVIEWS	100 NTE\$	n/a	\$100.00
43	2-DOSE HEPATITIS B VACCINE -HEPATITIS B VACCINE #1 \$120.00 -HEPATITIS B VACCINE #2 \$120.00 (2ND DOSE TO BE ADMINISTERED ONE MONTH AFTER THE FIRST DOSE)	160 EACH	\$240.00	\$38,400.00
44	POPE TEST WITH CAPACITY	100 EACH	n/a	-
45	POPE TEST - STANDARD	50 EACH	n/a	-
TOTAL:				\$235,511.40