

**SIGNATURE PAGE**

**P-16-2024**

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: Hackensack Meridian Team Health, P.C dba Hackensack Meridian Works

(PRINT)

Preparer's Name: Shanna Polignone, External Account Specialist

DocuSigned by:

(PRINT)

Signature:

*Shanna Polignone*

10/27/2023

(DATE)

Address: 2-12 Corbett Way, Suite 101

Eatontown, NJ 07724

Telephone No.: 732-263-7907

Fax No.: 732-263-7902

E-Mail Address: shanna.polignone@hmn.org

**\*\*\* (This should be the email where Contracts would be sent) \*\*\***

Contact Person: Shanna Polignone, External Account Specialist

FEIN:

(Federal Employee ID)

BRC:

(Business Registration Certificate)

(Revised 2/2017)

# County of Monmouth



RFB# P-16-2024

## 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, 2024 THROUGH DECEMBER 31, 2024

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: 1/1/2024 - 12/31/2024

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	\$77.00	\$16,324.00
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	10 EACH	\$102.00	\$1020.00
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	\$82.00	\$20,910.00
4	AUDIOGRAM	244 EACH	\$27.00	\$6588.00
5	COMPREHENSIVE METABOLIC PANEL	194 EACH	\$31.00	\$6014.00
6	COMPLETE BLOOD COUNT	194 EACH	\$23.00	\$4,462.00

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
7	URINALYSIS	162 EACH	\$21.00	\$3402.00
8	CHEST X-RAY 2-VIEW	57 EACH	\$77.00	\$4,389.00
9	CHEST X-RAY 2-VIEW (OPTIONAL FOR EMPLOYEES OVER 40 AT 5 YEAR INTERVALS); REQUIRED AT EXIT	64 EACH	\$77.00	\$4,928.00
10	DRUG SCREEN 10-PANEL W/ MRO	163 EACH	\$51.00	\$8,313.00
11	EKG	87 EACH	\$51.00	\$4,437.00
12	EKG (OPTIONAL FOR EMPLOYEES OVER 40 AT 5 YEAR INTERVALS)	64 EACH	\$51.00	\$3,264.00
13	PULMONARY FUNCTION TEST	194 EACH	\$51.00	\$9,894.00
14	LIPID PANEL	194 EACH	\$31.00	\$6,014.00
15	OSHA RESPIRATOR QUESTIONNAIRE & CLEARANCE	269 EACH	\$26.00	\$6,994.00
16	ISHIHARA TESTING (COLOR VISION)	176 EACH	\$8.00	\$1,408.00
17	DOT DRUG SCREEN 5-PANEL W/ MRO	123 EACH	\$51.00	\$6,273.00

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
18	PPD & READING	124 EACH	\$31.00	\$3,844.00
19	PPD ONSITE READING (COST PER HOUR) \$60.00/HOUR/TEAM MEMBER FOR ONSITE PPD RELATED SERVICES	10 HOUR(S)	\$62.00 per hour/per HMTH team Member on site	\$620.00
20	BLOOD GLUCOSE	64 EACH	\$20.00	\$1,280.00
21	CARDIAC TREADMILL STRESS TEST (AGE 45 AND OVER IF MEDICALLY INDICATED)	8 EACH	\$332.00	\$2,656.00
22	HEPATITIS B VACCINATION SERIES OF 3; COST PER SHOT	84 EACH	\$67.00	\$5,628.00
23	HEPATITIS B ANTIBODY TITER	32 EACH	\$51.00	\$1,632.00
24	URINE FOR CADMIUM	23 EACH	\$46.00	\$1,058.00
25	URINE FOR HEAVY METAL SCREENING	8 EACH	\$102.00	\$816.00
26	URINE FOR ARSENIC	23 EACH	\$28.00	\$644.00
27	URINE FOR ZINC	23 EACH	\$31.00	\$713.00
28	BLOOD TEST - LEAD LEVELS	15 EACH	\$46.00	\$690.00

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
29	RESPIRATOR PHYSICIAN EXAMINATION - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE	9 EACH	\$77.00	\$693.00
30	PULMONARY FUNCTION TEST - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE	9 EACH	\$51.00	\$459.00
31	CBC W/ DIFFERENTIAL - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE	9 EACH	\$31.00	\$279.00
32	CHEST X-RAY SINGLE - VIEW - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE	9 EACH	\$46.00	\$414.00
33	CHOLINESTERASE	8 EACH	\$67.00	\$536.00
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)		Pricing is dependent on testing required	\$1,000.00
35	LYME ANTIBODY TEST	9 EACH	\$46.00	\$414.00
36	CONFIRMATION TESTING FOR POSITIVE LYME ANTIBODY TEST	5 EACH	\$842.00	\$4,210.00
37	INSTANT PREGNANCY TEST	4 EACH	\$26.00	\$104.00
38	WEST NILE VIRUS ANTIBODIES	1 ONLY	\$62.00	\$62.00
39	COVID-19 TEST (REQUIRED PRIOR TO CARDIAC STRESS TEST)	8 EACH	\$102.00	\$816.00

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
40	AUDIOGRAM - IF INDICATED PER DOT FORCED WHISPER TEST	6 EACH	\$27.00	\$162.00
41	TUTMUS VISION TEST	1 ONLY	\$26.00	\$26.00
42	ADDITIONAL MISCELLANEOUS TESTS AND REVIEWS		Pricing is dependent on testing required	\$100.00
<b>TOTAL:</b>			<b>\$143,490.00</b>	