

**SIGNATURE PAGE**

**P-9-2022**

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: Meridian Occupational Health, P.C., dba HMH Occupational Health  
(PRINT)

Preparer's Name: Shanna Polignone  
(PRINT)

Signature: Shanna Polignone  
(DATE)

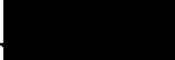
Address: 2-12 Corbett Way, Suite 101  
Eatontown, NJ 07724

Telephone No.: 732-263-7907

Fax No.: 732-263-7902

E-Mail Address: shanna.polignone@hackensackmeridian.org  
**\*\*\* (This should be the email where Contracts would be sent) \*\*\***

Contact Person: Shanna Polignone

FEIN:   
(Federal Employee ID)

(Revised 2/2017)

# County of Monmouth

RFB# P-9-2022

## 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, 2022 THROUGH DECEMBER 31, 2022**

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: 1/1/2022 - 12/31/2022

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	\$75.00	\$15,900.00
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	\$100.00	\$1,000.00
3	DOT EXAM (W/CARD) PERFORMED ACCORDING TO DOT REGULATIONS; INCLUDES ISSUANCE OF MEDICAL CERTIFICATE  NOTE: DOT EXAM INCLUDES THE FOLLOWING (8/20): 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	\$80.00	\$20,400.00
4	AUDIOGRAM	244 EACH	\$26.00	\$6344.00
5	COMPREHENSIVE METABOLIC PANEL	194 EACH	\$30.00	\$5730.00
6	COMPLETE BLOOD COUNT	194 EACH	\$22.00	\$4268.00

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
7	URINALYSIS	162 EACH	\$20.00	\$3240.00
8	CHEST X-RAY 2-VIEW	57 EACH	\$75.00	\$4275.00
9	CHEST X-RAY 2-VIEW (OPTIONAL FOR EMPLOYEES OVER 40 AT 5 YEAR INTERVALS); REQUIRED AT EXIT	64 EACH	\$75.00	\$4800.00
10	DRUG SCREEN 10-PANEL W/ MRO	163 EACH	\$50.00	\$8150.00
11	EKG	87 EACH	\$50.00	\$4350.00
12	EKG (OPTIONAL FOR EMPLOYEES OVER 40 AT 5 YEAR INTERVALS)	64 EACH	\$50.00	\$3,200.00
13	PULMONARY FUNCTION TEST	194 EACH	\$50.00	\$9,700.00
14	LIPID PANEL	194 EACH	\$32.00	\$6,208.00
15	OSHA RESPIRATOR QUESTIONNAIRE & CLEARANCE	269 EACH	\$25.00	\$6,725.00
16	ISHIHARA TESTING (COLOR VISION)	176 EACH	\$7.00	\$1,232.00
17	DOT DRUG SCREEN 5-PANEL W/ MRO	123 EACH	\$50.00	\$6150.00

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
18	PPD & READING	124 EACH	\$30.00	\$3,720.00
19	PPD ONSITE READING (COST PER HOUR) \$60.00/HOUR/TEAM MEMBER FOR ONSITE PPD RELATED SERVICES	10 EACH	\$60.00 per hour/per HMH team member on-site	\$600.00
20	BLOOD GLUCOSE	64 EACH	\$19.00	\$1,216.00
21	CARDIAC TREADMILL STRESS TEST (AGE 45 AND OVER IF MEDICALLY INDICATED)	8 EACH	\$325.00	\$2,600.00
22	HEPATITIS B VACCINATION SERIES OF 3; COST PER SHOT	84 EACH	\$65.00	\$5,460.00
23	HEPATITIS B ANTIBODY TITER	30 EACH	\$50.00	\$1,600.00
24	URINE FOR CADMIUM	23 EACH	\$45.00	\$1035.00
25	URINE FOR HEAVY METAL SCREENING	8 EACH	\$100.00	\$800.00
26	URINE FOR ARSENIC	23 EACH	\$27.00	\$621.00
27	URINE FOR ZINC	23 EACH	\$30.00	\$690.00
28	BLOOD TEST - LEAD LEVELS	15 EACH	\$45.00	\$675.00

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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	\$75.00	\$675.00
30	PULMONARY FUNCTION TEST - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE	9 EACH	\$50.00	\$450.00
31	CBC W/ DIFFERENTIAL - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE	9 EACH	\$30.00	\$270.00
32	CHEST X-RAY SINGLE - VIEW - IF INDICATED PER OSHA RESPQ REVIEW FOR CLEARANCE	9 EACH	\$45.00	\$405.00
33	CHOLINESTERASE	8 EACH	\$65.00	\$520.00
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	Pricing is dependent on testing required
35	LYME ANTIBODY TEST	9 EACH	\$45.00	\$405.00
36	CONFIRMATION TESTING FOR POSITIVE LYME ANTIBODY TEST	5 EACH	\$825.00	\$4,125.00
37	INSTANT PREGNANCY TEST	4 EACH	\$25.00	\$100.00
38	WEST NILE VIRUS ANTIBODIES	1 EACH	\$60.00	\$60.00
39	COVID-19 TEST (REQUIRED PRIOR TO CARDIAC STRESS TEST)	8 EACH	\$100.00	\$800.00

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ITEM#	DESCRIPTION	QUANTITY/UNIT	UNIT PRICE	TOTAL PRICE
40	AUDIOGRAM - IF INDICATED PER DOT FORCED WHISPER TEST	6 EACH	\$26.00	156.00
41	TUTMUS VISION TEST	1 EACH	\$25.00	\$25.00
<b>TOTAL:</b>			<b>\$138,611.00</b>	