

# WESTERN MEDICAL GROUP

21081 South Western Avenue, Suite 150 • Torrance, CA 90501

(310) 782-3333 • (310) 212-6234 (fax)

RFP NO. P16-06

## LENGTH OF CONTRACT

The contract awarded shall be for an initial three-year period and two additional one year options for renewal at the city's discretion. Actual dates are subject to changes based upon when the actual contract award is made.

## DETAILED PHYSICAL EXAMINATIONS

For each service shown, vendors are asked to quote a price on a unit cost basis.

### Department of Motor Vehicles Examination:

|   |               |
|---|---------------|
| Basic Physical Examination, including:      | Cost \$ 30.00 |
| Medical/Occupational Histories              |               |
| Height                                      |               |
| Weight                                      |               |
| Temperature                                 |               |
| Pulse                                       |               |
| Respiration                                 |               |
| Blood Pressure                              |               |
| Visual Acuity                               |               |
| Color Vision                                |               |
| Peripheral Vision                           |               |
| Urinalysis                                  |               |
| Completion of all required forms by the DMV |               |
| Drug Screening (panel 10)                   | Cost \$ 15.00 |

### Maintenance Physical Examination:

|  |                |
|--|----------------|
| Basic Physical Examination – Pre-Employment, including:              | Cost \$ 140.00 |
| Medical/Occupational Histories                                       |                |
| Height   |                |
| Weight   |                |
| Temperature  |                |
| Pulse  |                |
| Respiration  |                |
| Blood Pressure   |                |
| Visual Acuity  |                |
| Urinalysis   |                |
| Pulmonary Function Test  |                |
| CBC  |                |
| Chest X-ray – 2 views  |                |
| Back Assessment Lift Test performed by Registered Physical Therapist |                |
| Audiogram  |                |
| Drug Screening (panel 10)  | Cost \$ 15.00  |

**Office Personnel:**

Basic Physical Examination – Pre-Employment, including: Cost \$ 50.00  
 Medical/Occupational Histories

Weight

Height

Temperature

Pulse

Respiration

Visual Acuity

Blood Pressure

Urinalysis - Dipstick

CBC

Drug Screening (panel 10) Cost \$ 15.00

**Custom Executive Physical:**

Basic Physical Examination, including: Cost \$ 180.00  
 Medical/Occupational Histories

Height

Weight

Temperature

Pulse

Respiration

Blood Pressure

Visual Acuity

Urinalysis – Dipstick

CBC

SMA – 23 (Chem Panel)

Chest X-ray – 2 views

Pulmonary Function Test

EKG with interpretation and report

Hemocult

Drug Screening (panel 10) Cost \$ 15.00

**Early Childhood/Day Care Physical:**

Basic Physical Examination – Pre-Employment, including: Cost \$ 115.00  
 Medical/Occupational Histories

Weight

Height

Temperature

Pulse

Respiration

Blood Pressure

Visual Acuity

Urinalysis – Dipstick

CBC

Back Assessment Lift Test

T.B. Skin Test

Chest X-ray: 1 view only if T.B. test is positive

Drug Screening (panel 10) Cost \$ 15.00

## Cost Proposal

The following services will be provided and billed according to the scope of work. The fee proposal is based on exam type and components listed in the RFP. Additional exams and services may be needed as deemed medically appropriate and agreed to by the City of Carson.

### **Professional Services Fee Schedule \***

|  |             |
|--|-------------|
| <b>Department of Motor Vehicles Test</b>                 | <b>\$89</b> |
| DOT physical and review of medical history questionnaire |             |
| Height, Weight, Vitals                                   |             |
| UA dipstick  |             |
| Snellen Vision Test                                      |             |
| Whisper Test   |             |
| Completion of all required forms by DMV                  |             |

|                               |             |
|-------------------------------|-------------|
| <b>Peripheral Vision Test</b> | <b>\$20</b> |
|-------------------------------|-------------|

|                     |             |
|---------------------|-------------|
| <b>Color Vision</b> | <b>\$20</b> |
|---------------------|-------------|

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|-------------------------------------|-------------|
| <b>Drug Screening (DOT 5 panel)</b> | <b>\$54</b> |
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| <b>Maintenance Physical Examination</b>                              | <b>\$269</b> |
| Basic Physical Examination medical and occupational histories        |              |
| Height   |              |
| Weight   |              |
| Vitals: temperature, pulse, respiration, blood pressure              |              |
| Urinalysis   |              |
| Visual Acuity  |              |
| Pulmonary Function Test  |              |
| CBC  |              |
| Chest X-Ray, 2 views   |              |
| Back Assessment Lift Test performed by Registered Physical Therapist |              |
| Audiogram  |              |

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| <b>Drug Screening (panel 10)</b> | <b>\$50</b> |
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| <b>Pre-Employment Physical -Office Personnel</b>              | <b>\$95</b> |
| Basic Physical Examination medical and occupational histories |             |
| Height  |             |
| Weight  |             |
| Vitals: temperature, pulse, respiration, blood pressure       |             |
| Urinalysis  |             |
| Visual Acuity   |             |
| CBC   |             |

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| <b>Drug Screening (panel 10)</b> | <b>\$50</b> |
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| <b>Custom Executive Physical</b>                              | <b>\$306</b> |
| Basic Physical Examination medical and occupational histories |              |
| Height  |              |
| Weight  |              |
| Vitals: temperature, pulse, respiration, blood pressure       |              |
| Urinalysis  |              |
| Visual Acuity   |              |
| CBC   |              |
| SMA - 23 (Chem Panel)   |              |
| Chest X-Ray, 2 views  |              |
| Pulmonary Function Test                                       |              |
| EKG with interpretation and report                            |              |
| Hemoculture   |              |

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| <b>Drug Screening (panel 10)</b> | <b>\$50</b> |
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| <b>Early Childhood/Day Care Physical</b>                             | <b>\$264</b> |
| Basic Physical Examination medical and occupational histories        |              |
| Height   |              |
| Weight   |              |
| Vitals: temperature, pulse, respiration, blood pressure              |              |
| Urinalysis   |              |
| Visual Acuity  |              |
| CBC  |              |
| Back Assessment Lift Test performed by Registered Physical Therapist |              |
| TB Skin Test   |              |
| Chest X Ray 1 View if TB test is positive                            |              |

|                                  |             |
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| <b>Drug Screening (panel 10)</b> | <b>\$50</b> |
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| <b>Fitness For Duty Examinations</b>   | <b>\$284</b> |
| Basic Physical Examination medical and occupational histories and job description with any specific physical demands for position              |              |
| Height   |              |
| Weight   |              |
| Vitals: temperature, pulse, respiration, blood pressure, ear, nose, and throat   |              |
| Urinalysis   |              |
| Visual Acuity  |              |
| CBC  |              |
| Back Assessment Lift Test performed by Registered Physical Therapist - Confirm lifting, bending, twisting or stooping requirements of position |              |
| EKG with interpretation and report   |              |
| Chest X Ray 4 view   |              |

|                                  |             |
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| <b>Drug Screening (panel 10)</b> | <b>\$50</b> |
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| <b>Pulmonary Function Test (Upon Request)</b> | <b>\$40</b> |
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| <b>Hepatitis B Injection #1 Non-injury Related</b> | <b>\$85</b> |
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| <b>Hepatitis B Injection #2 Non-injury Related</b> | <b>\$85</b> |
|--|-------------|

|  |             |
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| <b>Hepatitis B Injection #3 Non-injury Related</b> | <b>\$85</b> |
|--|-------------|

|   |             |
|---|-------------|
| <b>Department of Transportation Random Drug Testing</b> |             |
| DOT Physical Exam                                       | <b>\$89</b> |
| Evidentiary Breath Test                                 | <b>\$35</b> |
| Federal Drug Screen Collection                          | <b>\$39</b> |

\*additional costs based on job description and testing components