

MAYOR'S SIGNATURE REQUEST

DOCUMENT TITLE:

CITY COUNCIL AUTHORIZATION:

Date Authorized:

Legistar File ID:

DOCUMENTS REVIEWED AS TO:

Content: _____
Contract Administrator

Content: _____
Finance Director

Forms: _____
City Attorney

COMMENTS:

Contract: RFPCL25-005

Vendor(s): Comanche County Hospital Authority DBA MMG Occupational Health Medicine

CITY APPROVAL

Acceptance and entry into this agreement by and on behalf of the City of Lawton is made this _____ day of _____, 20_____.

The City of Lawton, Oklahoma
a Municipal Corporation

Stanley Booker, Mayor

ATTEST:

Donnalynn Blazek-Scherler, City Clerk

LEGAL REVIEW

APPROVED, as to form and legality on behalf of the City of Lawton on the _____
day of _____, 20_____.

City Attorney



City of
Lawton

Human Resources Department

212 SW 9th Street

Lawton, OK 73501

(580) 581-3392 Phone (580) 581-3530 fax

TO: Deaven Newell, Accountant
THRU: Craig Akard, Human Resources Director *CA*
FROM: Candy Brown, Deputy Director Human Resources
RE: RFPCL 25-005 Employee Physicals
DATE: October 17, 2024

The City of Lawton received one (1) proposal in response to RFPCL25-005 for employee physicals from Comanche County Hospital Authority DBA MMG Occupational Health Medicine.

The proposal was reviewed by the Human Resources staff and meets specifications in all respects. They are the current vendor facilitating employee physicals for the City of Lawton. Comanche County Hospital Authority DBA MMG Occupational Health Medical has established an excellent working relationship with the City of Lawton. The department recommends awarding the contract to Comanche County Hospital Authority DBA MMG Occupational Health Medical.

The cost of employee physicals was budgeted to be paid out of the Professional and Technical Service Account, 100-01-15-1501-000-52002.

I CERTIFY that I have opened, read, and recorded herein all bids received and listed below:

Signature: *Deaven Newell*

ABSTRACT OF BIDS

CL/RFP Number RFPC25-005	Page <u>1</u> of <u>1</u>	Bidder Number <u>1</u>	Bidder Number <u>2</u>	Bidder Number <u>3</u>
CL/RFP Title Employee Physicals	Date Opened: October 9, 2024	Comanche County Hospital Authority DB/ MMG Occupational Medicin George Kruger 3201 W Gore Blvd Suite G-1 Lawton, OK 73505 580-355-9675 occupationalhealth@ccmhhealth.com		
Fincancial Services: Buyer Colbie Garrett	Number of ADDENDA Issued NONE	Addenda Acknowledged N/A	Addenda Acknowledged N/A	Addenda Acknowledged N/A
DELIVERY: CORPORATE SEAL OR NOTARY: AFFIDAVIT OF PAYMENTS...\$25,000: CONTRACTOR'S CERTIFICATE OF COMPLIANCE		As required Yes Yes Yes		

Item No.	Description of Bid Item	NORMAL WORKDAY COST	AFTER-HOURS OR WEEKEND COST
A.	Physical/Assessments		
1	Post Job Offer Employment Physical including Urinalysis and audiometric testing	\$110.00 EACH	N/A
2	DOT Physicals (in accordance with 49 CFR Part 40)	\$85.00 EACH	N/A
3	Fire Physical Assesment including	\$70.00 TOTAL	N/A
	Audiometry	\$32.00 EACH	N/A
	Spirometry	\$45.00 EACH	N/A
	Venipuncture	\$15.00 EACH	N/A
	Lipid Profile	\$37.00 EACH	N/A
	Glucose	\$16.00 EACH	N/A
	EKG	\$50.00 EACH	N/A
	CBC	\$23.00 EACH	N/A
	PSA	\$14.00 EACH	N/A
4	Medical evaluation for Respiratory Protection Program and PLHCP Services	\$25.00 EACH	
5	Pulmonary Function Test (including doctor fees)	\$45.00 EACH	
6	Functional Capacity Evalutaion (including doctor fees)		N/A
7	Job Demand Analysis (JDA) per position (including doctor fees)		N/A
7	Physical Ability Test based on established JDA		N/A
8	occupational Injury/Illness Examination		
B	OTHER		
g	Fees for any alternative or additional service Proposed, generally requested in conjunction with employee physicals: A fee schedule may be attached in lieu of this section	Fees will vary depending on specific testing requirements. Please see attached price sheet.	
a	X-RAYS	See Attached	
b	BLOOD TESTS	See Attached	
c	OTHER	See Attached	
d	OTHER	See Attached	
e	OTHER	See Attached	

City of Lawton REQUEST FOR PROPOSALS

MAIL SEALED PROPOSALS TO: City Clerk City of Lawton 212 SW 9 th Street Lawton, OK 73501		DIRECT INQUIRIES REGARDING FORMS: deaven.newell@lawtonok.gov ACCEPTING ELECTRONIC BIDS ON: www.bidnetdirect.com/oklahoma/cityoflawton	
Date Proposal Typed: September 20, 2024	Date(s) Advertised: September 24, 2024	No Proposals Received After: October 9, 2024 2:00 P.M.	
Proposal Number and Title: RFPCL25-005 Employee Physicals Requirements-type Proposal: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Proposal valid until:	
Bid Openings are held at Lawton City Hall 2nd Floor Conference Room 212 SW 9th Street Lawton, OK 73501 @ 2:00 pm			
Vendor Name and Point of Contact: Comanche County Hospital Authority DBA MM6 Occupational Medicine		Reason for No Proposal: Pre Employment Physical Exams	
Mailing Address: 3201 W Gore Blvd. Suite 611			
City: Lawton State: OK Zip: 73505	Delivery:		
Area Code and Phone Number: 580-355-9675	Email Address: OccupationalHealth@cmhhealth.com		
Federal Employer Identification Number or Social Security Number 26-0218371			

THIS PROPOSAL INVALID IF NOT SIGNED AND NOTARIZED

AFFIDAVIT:

STATE OF Oklahoma COUNTY OF Comanche, of lawful age, being first duly sworn, on oath says that:

1. Affiant is the duly authorized agent of the bidder/vendor and/or contractor submitting the competitive bid and executing the contract which is attached to this statement, and that as such agent Affiant has the authority to bind the bidder/vendor, whether an individual, partnership, or corporation, for the purpose of negotiating and entering into said agreement, and for certifying the facts pertaining to the existence of collusion among bidders and between bidders and City officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to the bid to which this statement is attached; 2. Affiant is fully aware of the facts and circumstances surrounding the making of the bid and/or the procurement of the contract to which this statement is attached and has been personally and directly involved in the proceedings leading to the submission of such bids; 3. Neither the bidder/vendor nor anyone subject to the bidder/vendor's direction or control has been a party: a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding, b. to any collusion with any municipal official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, c. in any discussions between bidders and any municipal official concerning exchange of money or other thing of value for special consideration in the letting of a contract, nor d. to paying, giving or donating or agreeing to pay, give or donate to any officer or employee of the City of Lawton, any money or other thing of value, either directly or indirectly, in procuring the contract to which his statement is attached. 4. Affiant further agrees to be held personally liable in the event that Affiant has misrepresented the scope or extend of Affiant's authority to bind the bidder herein, and to indemnify and hold harmless the City of Lawton its departments, boards, commissions, agencies, institutions, and all employees of the aforementioned from all damages based upon such misrepresentation, including but not limited to all costs and attorney fees incurred, in addition to any other remedies available by law.

Firm: _____

Address: _____

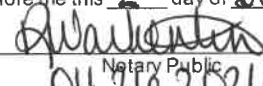
(City, State, Zip)

Phone: _____


SIGNATURE OF AUTHORIZED AGENT

GEORGE KUEGER, CFO
PRINT/TYPE NAME/TITLE

Subscribed & sworn before me this 2 day of October, 2024


Notary Public
My Commission expires: 04.26.2026



PROPOSED CHARGES FOR PROFESSIONAL MEDICAL SERVICES AS SPECIFIED IN REQUEST FOR PROPOSALS

Complete this page indicating unit cost to be charged the City of Lawton for medical services.

Service Pricing Fees	Normal Workday Cost	After-Hours or Weekend Cost
A. Physical/ Assessments		
1. Post Job Offer Employment Physical including Urinalysis and audiometric testing	\$ <u>110.⁰⁰</u> each	\$ <u>N/A.</u> each
2. DOT Physicals (in accordance with 49 CFR Part 40)	\$ <u>85.⁰⁰</u> each	\$ <u>N/A.</u> each
3. Fire Physical Assessment including	\$ <u>70.⁰⁰</u> Total	\$ <u>N/A</u> Total
• Audiometry	\$ <u>32.⁰⁰</u> each	\$ <u>/</u> each
• Spirometry	\$ <u>45.⁰⁰</u> each	\$ <u>/</u> each
• Venipuncture	\$ <u>15.⁰⁰</u> each	\$ <u>/</u> each
• Lipid Profile	\$ <u>37.⁰⁰</u> each	\$ <u>/</u> each
• Glucose,	\$ <u>16.⁰⁰</u> each	\$ <u>/</u> each
• EKG,	\$ <u>50.⁰⁰</u> each	\$ <u>/</u> each
• CBC and	\$ <u>23.⁰⁰</u> each	\$ <u>/</u> each
• PSA	\$ <u>14.⁰⁰</u> each	\$ <u>/</u> each
4. Medical Evaluation for Respiratory Protection Program and PLHCP Services	\$ <u>25.⁰⁰</u> each	
5. Pulmonary Function Test – (including doctor fees)	\$ <u>45.⁰⁰</u> each	
6. Functional Capacity Evaluation – (including doctor fees)	\$ <u>/</u> each	
7. Job Demand Analysis (JDA) per position - (including doctor fees)	\$ <u>/</u> per job	
• Physical Ability Test based on established JDA	\$ <u>/</u> per employee	
8. Occupational Injury/Illness Examination	\$ <u>/</u> each	
B. Other		
9. Fees for any alternative or additional service Proposed, generally requested in conjunction with employee physicals: A fee schedule may be attached in lieu of this section	<i>fees will vary depending on specific testing requirements Please see attached price sheet.</i>	
a. X- rays	\$ <u>/</u> each	
b. Blood tests	\$ <u>/</u> each	
c (other, please specify _____)	\$ <u>/</u> each	
d (other, please specify _____)	\$ <u>50</u> each	
e (other, please specify _____)	\$ <u>/</u> each	

Service Data Questionnaire	
1. Will you provide secure delivery of physical test results? Describe methods and cost.	Email or FAX YES; No cost per the Disclosure.
2. Will you provide utilization reports on a monthly basis? Please provide a sample report.	Yes IF Requested.
3. Will you provide utilization reports broken down by City Departments on a monthly basis?	Yes IF Requested.
4. Will you provide utilization reports broken down by type of service on a monthly basis?	Yes IF Requested.
5. Will you provide utilization reports in an electronic format such as over the web or in MS Excel?	Yes IF Requested.
6. List the specific location(s) for delivery of services. If different for specific services, please list and identify the service.	We will go on-site Fire Dept choice to perform Fire Medical Physicals
7. Please provide 3 references that have used your services including name of contact, title, name of organization and phone number.	TAMMY STANTON, Silver Link Plastics 580-530-5699 COAS Snow (Heavy Facilities 580-442-6711) KALI WATKINS PCSE 580-442-4474
8. Provide proof of compliance with ongoing implementation of Health and Human Services (HHS) and Department of Transportation (DOT) prescribed procedures and controls on accuracy & confidentiality, reporting, and record keeping.	Correct Certification Attached.
9. Provide proof that the full-time laboratory director is an M.D., licensed to practice medicine in the State of Oklahoma, and board-certified in anatomical and clinical pathology.	Please see Attached. CLIA 3700654604
10. Provide an example of a chemistry (chem) panel and a CBC sample report.	See Attached.
11. Provide with your proposal a copy of the form which will be used to record the Job Demand Analysis and subsequent physical demand testing results. Identify the authority which will validate the test.	N/A.
12. Provide a copy of the form which will be used to record the functional capacity evaluation results with your proposal and identify the authority to validate the test.	N/A.
13. Describe your customer support services including your ability to provide prompt response to inquiries.	Dr. Brian Mack Medical Director Class Director Office Manager. Sheila Fritson Office Coordinator.
14. Will you issue the DOT certification card to the employee and what will you return to the City of Lawton at the employer?	Yes Employee would receive DOT Card. City would receive copy of card and Log Form if requested.

AFFIDAVIT FOR PAYMENTS IN EXCESS OF \$25,000.00
CITY OF LAWTON, STATE OF OKLAHOMA

STATE OF Oklahoma
COUNTY OF Comanche SS

The undersigned (architect, contractor, supplier or engineer), of lawful age, being first duly sworn, on oath says that this contract is true and correct. Affiant further states that the (work, services or materials) will be (completed or supplied) in accordance with the plans, specifications, orders or requests furnished the affiant. Affiant further states that (s) he has made no payment directly or indirectly to any elected official, officer or employee of the City of Lawton, any county or local subdivision of the state, of money or any other thing of value to obtain or procure the contract or purchase order.

Comanche County Hospital Authority DBA
mmb Occupational Health Medicine
Business Name / Contractor Name



George Kruger
Signed
Print : GEORGE KRUGER

Attested to before me this 2 day of October 2024.

R. Warkentin
Notary Public

My Commission Expires 04.26 2026

NOTE: Copy of this Affidavit must be attached to any invoice submitted by an architect, contractor, or engineer or supplier for work, services, or materials completed or supplied under the terms of the contract or contracts in excess of \$25,000.00.



CITY OF LAWTON
212 SW 9th Street
Lawton, Oklahoma 73501
(580) 581-3500

CONTRACTOR'S CERTIFICATE OF COMPLIANCE
WITH NON-DISCRIMINATION PROVISIONS OF THE CONTRACT

In accordance with the provisions of this Contract relating to non-discrimination, it is hereby certified that I/we have complied with the provisions of Section 10-1-112 of the Code of Ordinances of the City of Lawton in the performance of any work in connection with this Contract.

RFPEL25-005
Contract Number

Comanche County Hospital Authority
Name of Contractor (Print)

10/2/2024
Date

[Signature]
Signature, Member of Firm or Officer of Corporation

CFO
Title

RFPCL25-005 Employee Physicals
Agreement
Between the City of Lawton
and



THIS IS AN AGREEMENT by and between the CITY of Lawton, A Municipal Corporation in the State of Oklahoma (hereinafter called CITY), and Comanche County Hospital (hereinafter called VENDOR). CITY intends for VENDOR to provide Pre-Employment Physical Exams for the City of Lawton. *Not Hertz.*

The CITY and VENDOR in consideration of their mutual covenants herein agree in respect to the performance of services by VENDOR and the payment for those services by CITY, as set forth below.

1. **INSPECTION, ACCEPTANCE and TITLE:** Inspection and acceptance will be at destination unless otherwise provided. "Destination" shall imply being delivered to the receiving dock, department stockroom, or other point specified. The CITY accepts no responsibility for goods until accepted at the receiving point in good condition. Title and risk of loss or damage to all items shall be the responsibility of the VENDOR until accepted by the CITY. The VENDOR shall be responsible for filing, processing, and collecting all damage claims. However, to assist in the expeditious handling of damage claims, the ordering department will:

- a. Record any evidence of visible damage on all copies of the delivering carrier's Bill of Landing.
- b. Report damage (whether visible or concealed) to the carrier and VENDOR, confirming such reports, in writing, within fifteen (15) days of delivery, requesting that the carrier inspect the damaged merchandise.
- c. Retain the item and its shipping container, including inner packaging material, until inspection is performed by the carrier and disposition given by the VENDOR, or for a reasonable time after notification to the VENDOR, whichever comes first.
- d. Provide the VENDOR with a copy of the carrier's Bill of Landing and damage inspection report.

2. **SAFETY STANDARDS:** Unless otherwise agreed to in writing by the CITY and VENDOR, all manufactured items or fabricated assemblies shall comply with applicable requirements of the Occupational Safety and Health Act and any standards related to safety.

3. **SERVICE AND WARRANTY:** Unless otherwise indicated in this agreement, VENDOR expressly warrants that all articles, materials, supplies, equipment, and/or services covered in this contract will conform to project guidelines stipulated in Attachment 'A'; VENDOR further warrants that same shall

be of good material and workmanship and free from defects. Any additional warranties that will be provided during the term of this agreement are included in Attachment 'A'.

4. **REMEDIES:** Failure to make delivery or to meet project guidelines authorizes the CITY to seek replacement goods or services elsewhere and to seek legal and equitable remedies against the defaulting VENDOR. If any of the goods and/or work performed fail to meet the warranties contained herein or in any proposal submitted, VENDOR, upon notice thereof from the CITY, shall promptly correct or replace the same at VENDOR'S expense. If VENDOR shall fail so to do, the CITY may cancel any agreement entered in whole or in part and pursue all other remedies available. After notice to the VENDOR, all such goods will be held at VENDOR'S risk. The CITY may, and at VENDOR'S direction shall, return such goods to VENDOR at VENDOR'S risk, and all transportation charges, both to and from original destination, shall be paid by VENDOR. Any payment for such goods shall be refunded by VENDOR unless VENDOR promptly corrects or replaces the same at its expense.

5. **LIABILITY:** The VENDOR shall hold and save the City of Lawton, its Departments, Boards, Commissions, Agencies, Institutions, and all employees of the CITY harmless against the claims by third parties resulting from the VENDOR'S breach of this agreement or the VENDOR'S negligence.

6. **PRICES AND TERMS:** Prices and terms shall be as reflected in the VENDOR'S response to the RFP (Attachment A).

7. **ACCEPTANCE OF PURCHASE ORDERS:** VENDORS are to accept only those purchase orders issued by the City of Lawton, its Departments, Boards, Commissions, Agencies, Institutions, and employees of the CITY, prepared on Accounting Division Forms, unless instructed otherwise in the Request for Proposal (Attachment A) or this agreement.

8. **PRICE ADJUSTMENTS:** Manufacturer's price increases, or other increases in the cost of doing business, MAY NOT be passed on to the City of Lawton, its Departments, Boards, Commissions, Agencies, and Institutions. If price variations are allowed, they must be tied to a readily identifiable index which is free from control or influence by the VENDOR.

9. **SUMMARY OF TOTAL SALES:** VENDOR agrees to furnish City of Lawton a summary of sales, including total dollar amount, made under the contract at the end of each quarter, or as mutually agreed in by the parties.

10. **PAYMENT:**

- a. **INVOICING:** The VENDOR shall be paid within a reasonable time after submission of proper certified invoices to the CITY at the prices stipulated in this Agreement, including Attachment 'A'. Invoices shall contain the project number and purchase order number. Failure to follow these instructions may result in delay of processing invoices for payment. The VENDOR shall be the only office authorized to receive orders, do the billing and invoicing, and receive payment. If the VENDOR wishes to ship or service from a point other than the home office, the VENDOR will furnish a written list of these locations to the CITY. HOWEVER, NO ORDERS WILL BE PRESENTED TO, BILLING WILL NOT BE DONE FROM, NOR WILL PAYMENT BE MADE TO THESE LOCATIONS.
- b. **REQUIREMENTS ONLY PURCHASES:** Billing shall be made in accordance with instructions by the Department or Division issuing the purchase order, and only for quantities ordered and delivered. The CITY reserves the right to purchase none of the product and/or services or more than the quantity indicated in Attachment 'A'.
- c. **TAXES:** Purchases by the City of Lawton are not subject to any Sales Tax or Federal Excise Tax. Exemption Certificates will be furnished upon request.
- d. **DISCOUNTS:** VENDORS may offer a cash discount for prompt payment; however, such discounts shall not be considered in determining the lowest net cost for proposal evaluation purposes. VENDORS are encouraged to reflect cash discounts in the unit prices quoted. Discount time will be computed from the date of satisfactory delivery at place of acceptance or from receipt of correct Invoice at the office specified, whichever is later.

11. **EXTENSION:** At the end of the contract period, or upon the conclusion of a maximum of one (1) extension thereof, the contract may be extended for a period not to exceed twelve (12) months at the same price and conditions as in the original contract, by mutual agreement between the CITY and the VENDOR. The extended contract shall, upon the signing by both parties, become a binding agreement and shall remain in force and effect until terminated by either party, provided that either party to the contract shall have the option to terminate said extended contract upon thirty days' prior written notice of termination by one party to the other.

12. **CONFLICT OF INTEREST:** This Contract Request is subject to the provisions of City of Lawton Charter and City Code and the laws of the State of Oklahoma. All VENDORS must disclose the name of any Officer, Director or Agent who is also an employee of the City of Lawton or any of its Agencies or Subdivisions. Further, VENDOR must disclose the name of any CITY employee who owns, directly or indirectly, an interest of five percent (5%) or more in the VENDOR'S firm or any of its branches.

13. **PATENTS AND ROYALTIES:** The VENDOR, without exception, shall indemnify and save harmless the CITY of Lawton, Its Departments, Boards, Commissions, Agencies, Institutions and all employees of the aforementioned from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured or used in the performance of this contract, including its use by the City of Lawton. If the VENDOR uses any design, device or materials covered by trademark, patent, or copyright, it is mutually agreed and understood without exception that the prices of goods and services shall include all royalties or cost rising from the use of such design, device, or materials in any way involved in the work.

14. **FACILITIES:** The CITY reserves the right to inspect the VENDOR'S facilities at any time with reasonable prior notice.

15. **BANKRUPTCY:** If the VENDOR becomes bankrupt or insolvent, or if a petition in bankruptcy is filed against the VENDOR, or if a receiver is appointed for the VENDOR, the CITY shall have the right to terminate this agreement upon written notice to the VENDOR without prejudice to any claim for damages or any other right of the CITY under this agreement.

16. **ASSIGNMENT:** This agreement shall not be assigned by the VENDOR without written consent of the CITY.

17. **INSURANCE:** Unless otherwise specifically stated, proof of the following types and amounts shall be furnished to the CITY, showing the CITY as an additional insured thereunder without cost to the City of Lawton:

- a. **General Liability:** The VENDOR shall procure and maintain in full force and effect, for the term of the Contract, a policy or policies under a comprehensive form as required by State law. In addition, the VENDOR shall have, during the term of the Contract, insurance in the minimum amount of twenty-five thousand dollars (\$25,000) property damages, arising from a single occurrence, one hundred twenty-five thousand
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dollars (\$125,000) for personal injuries arising from a single occurrence, and one million dollars (\$ 1,000,000) for any number of claims arising out of a single occurrence or accident. This policy or policies shall hold harmless and indemnify the City of Lawton, its Departments, Boards, Commissions, Agencies, Institutions, and all employees of the CITY. A current certificate, showing that the VENDOR has in force and effect such insurance, shall be maintained on file with the City Clerk of the CITY.

- b. Automobile Liability: The VENDOR shall procure and maintain in full force and effect, for the term of the project, vehicle liability coverage in the amounts specified in subparagraph A of this section. In addition, the VENDOR shall have, during the term of the project, vehicle liability coverage as outlined in the attached project guidelines. If higher coverage is required by any regulatory entity with oversight of the VENDOR'S business, the City Code, or other authority, then proof of the higher coverage must be provided. This policy or policies shall hold harmless and indemnify the City of Lawton, its Departments, Boards, Commissions, Agencies, Institutions, and all employees of the aforementioned. A current certificate showing that the VENDOR has in force and effect such insurance, shall be maintained on file with the City Clerk of the CITY.
- c. Workers' Compensation: The VENDOR shall procure and maintain in full force and effect for the period of the project, full Workers' Compensation insurance in accordance with the laws of the State of Oklahoma to protect the VENDOR and the CITY against liability under the Workers' Compensation and occupational disease statutes of the State of Oklahoma. A current certificate showing that the VENDOR has in force and effect the aforesaid insurance or a current certificate showing exemption from the requirement shall be maintained on file with the City Clerk of the CITY.

18. **TIME OF ESSENCE:** Unless otherwise stated, time shall be considered of the essence to this agreement.

- a. VENDOR specifically agrees that it shall not be grounds to alter the terms of any proposal submitted and that it shall be liable for failure to deliver or delay in delivery occasioned by and including, without limitations, strikes, lockouts, inability of obtaining material or shipping space, breakdowns, delays of carrier's or suppliers and pre-existing governmental regulations of the federal and state government or any subdivisions hereof.

b. When time is not of the essence, this contract shall be inoperative during such period that aforesaid delivery or acceptance may be rendered impossible by reason of fire, strike, Acts of God, or government regulation. Provided, however, to the extent that the VENDOR has any commercially reasonable alternative method of performing his contract by purchase on the market or otherwise, he shall not be freed of his obligation hereunder by this clause.

19. **DISCRIMINATION:** VENDOR agrees, in connection with the performance of work under this agreement:

a. VENDOR will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry, or physical or mental impairment. The VENDOR shall take affirmative action to ensure that employees are treated without regard to their race, creed, color, sex, national origin, ancestry, or physical or mental impairment. Such actions shall include, but not be limited to the following: employment, upgrading, demotion or transfer, recruiting or recruitment, advertising, lay-off, termination, rates of pay or other forms of compensation and selection for training, including apprenticeship. The VENDOR agrees to post in a conspicuous place, available to employees and applicants for employment, notices setting forth provisions of this section.

b. The VENDOR agrees to include this non-discrimination clause in any subcontract connected with the performance of this agreement.

c. In the event of the VENDOR'S non-compliance with the above nondiscrimination clause, this agreement may be terminated by the CITY. The VENDOR may be declared terminated by the CITY until satisfactory proof of intent to comply is made by the VENDOR.

20. **TERMINATION FOR CONVENIENCE OF THE CITY:**

a. The performance of work and/or delivery of ordered materials, supplies, equipment, and/or services under this agreement may be terminated by the CITY, in whole or in part, whenever it is determined to be in the best interest of the CITY.

b. Any such termination shall be accomplished by the delivery to the VENDOR of a notice of termination specifying the extent to which

performance of work and/or delivery of ordered materials, supplies, equipment, and/or services are terminated, and the date upon which such termination becomes effective.

- c. After receipt of a notice of termination, the VENDOR shall stop work and/or place no further orders under this agreement on the date and to the extent specified in the notice of termination.

21. **DISPUTES:**

- a. **Governing Law:** This agreement shall be governed by the laws of the State of Oklahoma.
 - b. **Negotiation:** Either Party may initiate the Dispute resolution procedures by sending a notice of Dispute ("Notice of Dispute"). The Parties will attempt to resolve the Dispute promptly through good faith negotiations including 1) timely escalation of the Dispute to executives who have authority to settle the Dispute and who are at a higher level of management than the persons with direct responsibility for the matter and 2) direct communication between the executives. If the Dispute has not been resolved within thirty (30) days from the Notice of Dispute, either Party may request mediation.
 - c. **Non-binding Mediation:** If mediation is requested the parties will select an independent mediator within thirty (30) days of a notice to mediate from either Party ("Notice of Mediation"). Neither Party may unreasonably withhold consent to the selection of a mediator. If the Parties are unable to agree upon a mediator, either Party may request that American Arbitration Association nominate a mediator. Each Party will bear its own costs of mediation, but the Parties will share the cost of the mediator equally. Each Party will participate in the mediation in good faith and will be represented at the mediation by a business executive with authority to settle the Dispute. Unless mutually agreed otherwise by the parties, any mediation brought under this section will be held in Lawton, Oklahoma.
 - d. **Litigation, Venue, and Jurisdiction:** If a Dispute remains unresolved for sixty (60) days after receipt of the Notice of Mediation or if mediation is not requested within forty-five (45) days of receipt of the Notice of Dispute, either Party may then submit the Dispute to a court of competent jurisdiction in the State of Oklahoma. Each Party irrevocably agrees to submit to the exclusive jurisdiction of the courts in such state over any claim or matter arising under or in connection with this Agreement. Venue
-

of any such action will be the Oklahoma District Court of Comanche County, Oklahoma, or the Federal Court for the Western District of Oklahoma, whichever is appropriate. Nothing herein shall prevent either party from proceeding to court earlier, if necessary to protect the public health and safety.

22. BUILDING INFORMATION MODELING (BIM) DELIVERABLES:

- a. The VENDOR shall furnish design data with computations for all improvements involved in this contract.
- b. VENDOR will provide the CITY with Instruments of Service in electronic readable format. These Instruments of Service will be in addition to any other deliverables expressed in any part of this agreement, its exhibits, and attachments. The Instruments of Service consists of any and all project data to include, but not limited to, building information modeling (BIM) data; all partial, intermediate, and final versions of BIM models, AutoCad renderings, or similar 2-D or 3-D computer-aided designs or drafts; any and all AutoCad data and the like; all files, drawings, specifications, models, sketches, digital representations, and design documents.
- c. All aforementioned files, renderings, and data remain the CITY's property to be delivered at the completion of each task and phase of the project, and at any time upon the CITY'S request. The Instruments of Service will be provided to the CITY in dgn format, or with the approval of the CITY, in a similar format translatable to .dxf and .dwg formats.
- d. The VENDOR also grants the CITY an unlimited license to use this data for the operations, maintenance, marketing, and any other purpose related to the effective implementation of the project, but not to be used for any other future projects.
- e. The CITY retains ownership of all copyrights relating to all drawings, models, and data.
- f. The CITY'S rights as described herein to the Instruments of Service supersedes all prior or contemporaneous negotiations, commitments, agreements, and writings with respect to the subject matter, and all such other negotiations, commitments, agreements, exhibits, attachments, and writings will have no further force or effect.

- g. The VENDOR will be held responsible for any mistakes or omissions in the work of the VENDOR, which appear during the final review by the CITY or during construction and will be required to do any work necessary to correct the mistakes or omissions in his work, without additional compensation.

23. **INTEGRATED AGREEMENT:** The General Conditions, terms, and requirements set forth in Attachment 'A' Request for Proposal and Response, including Pricing and Product Specifications (including references to the VENDOR'S "catalog", if any), are incorporated into this Contract. This writing, with any attachments hereto, constitutes the entire agreement of the parties. No separate promises or agreements have been made other than those contained herein. If there is any conflict or disagreement between the conditions and terms in this Agreement and the conditions and terms in the incorporated Attachment 'A' the conditions and terms in this Agreement shall supersede the conflicting language in Attachment 'A'.

24. **MODIFICATION:** This Contract may not be modified except in writing and signed by both parties.

- Signature Page Follows -

SIGNATURE PAGE

CITY OF LAWTON, OKLAHOMA
A Municipal Corporation

STAN BOOKER, MAYOR

ATTEST:

DONNALYNN BLAZEK-SCHERLER, CITY CLERK

APPROVED as to form and legality on behalf of the CITY of Lawton, Oklahoma,
this _____ day of _____, 20 ____.

JOHN ANDREWS, CITY ATTORNEY

VENDOR: _____

Printed Name

Title

ATTACHMENT 'A'
REQUEST FOR PROPOSAL AND RESPONSE,
INCLUDING REQUIREMENTS AND
QUALIFICATIONS

**CITY OF LAWTON
REQUEST FOR PROPOSALS TO
PERFORM EMPLOYEE PHYSICALS, JOB DEMANDS ANALYSIS, AND OTHER
MEDICAL SERVICES**

The City of Lawton, Oklahoma is seeking proposals from qualified medical care professionals interested in providing post offer employment physicals for applicants selected for employment in certain labor and trades occupations, Non-DOT physicals and DOT physicals for applicants or City of Lawton employees in driving positions that require a commercial driver's license on at least a bi-annual basis, providing medical evaluations in accordance with OSHA regulations for applicants and employees required to use respiratory protection in the performance of job duties, Job Demands Analysis for certain positions, Physical Ability Testing for certain applicants and functional capacity evaluation of selected employees and medical examinations for occupational related injuries/illnesses

SCOPE

Post-Offer Employment Physicals The post-offer employment physical to be given to applicants selected for hire in labor and trades positions is a basic physical examination. This exam is to include a urinalysis (multi-stick or similar), and audiometric testing. The physicals are to be conducted "hands on" by a properly qualified physician licensed to practice in the State of Oklahoma. Except for the audiogram, results of the physical examination will be recorded on forms provided by the City of Lawton (example attached). The examining physician must make recommendations as to the employability of the applicant based on job requirements of the prospective position (as well as be indicated on the physical examination form), the applicant's medical history, and the results of the physical examination. Experience indicates that 40-50 such physicals would be required annually. However, no minimum or maximum number is guaranteed.

Physical examinations must be completed within 48 hours (weekends excluded) after the request is received from the Human Resources department. It is preferred that they be provided on a "walk in" basis and be performed within 30 minutes of arrival. The completed physical examination form will be maintained by the provider. A certificate with the physician's recommendation on employability will be returned to the Human Resources Department by a secure method (preferably electronic) within 1 business day of completing the exam. If a designated physician is assigned this contract, a backup physician will be made available during absences or unavailability of the designated physicians.

The audiogram must include a record of hearing threshold levels for frequencies at 500, 1000, 2000, 3000, 4000 and 6000 Hz. Audiometric testing must be conducted by certified technicians or audiologists using equipment calibrated in accordance with ANSI (American National Standards Institute) standards.

Additional diagnostic tests, such as x-rays, blood work, or medical evaluation for use of respiratory protection, would be conducted only as requested by the City of Lawton Human Resources staff or with the express approval of the Human Resource Director.

DOT Physicals – The purpose of this examination is to determine a driver’s physical qualification to operate a commercial motor vehicle (CMV) in interstate commerce according to the requirements in 49 CFR 391.41-49. Therefore, the medical examiner must be knowledgeable of these requirements and guidelines developed by the FMCSA (Federal Motor Carrier Safety Administration) to assist the medical examiner in making the qualification determination. The federal form “Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION” will be used and the certification card issued to both the City of Lawton and the employee. All employees in DOT positions will need to be tested at least once every 2 years. There are approximately 150 DOT positions. Experience indicates that 12 or more such physicals and one or more Job Demand Analysis would be required annually. However, no minimum or maximum number is guaranteed.

Fire Physical Assessment – The Fire Physical Assessment is to be given to fire employees which include those members who must be assessed as part of the Hazmat team for continued certification. This exam is to include, audiometry spirometry, venipuncture, lipid profile, glucose, EKG, CBC and PSA testing. The physicals are to be conducted “hands on” by a properly qualified physician licensed to practice in the State of Oklahoma. The completed physical exam and other assessments will be maintained by the provider as a baseline for each fire employee tested. Records must be maintained for 30 years. Experience indicates that approximately 60 such physicals would be required annually. No minimum or maximum number is guaranteed.

Pulmonary Function Test and Evaluations for Respiratory Protection Program – The purpose of this test and evaluation is for applicants hired into positions where use of a respirator is required. This test also provides a baseline analysis for employees who will wear respiratory protection on the job. The Human Resources Department will authorize completion of the medical evaluation required by the OSHA Respiratory Protection Standard in conjunction with the post-offer employment physical examination. In addition, the test is to be available, separate from the physical examination to existing employees who require such evaluation. The provider will be required to designate a physician or other licensed health care professional to conduct medical evaluations as required by OSHA 29 CFR 1910.134. The provider will submit a written report to the Human Resources Department with recommendations as to whether the employee can safely wear a respirator. The facility will be required to maintain on file all medical evaluations and questionnaires. A total of 10 to 15 such tests are expected annually; but no minimum or maximum number is guaranteed.

Job Demand Analysis - Job Demand Analysis and physical ability testing may be requested for certain designated City of Lawton positions. Position descriptions and other documentation and access for observation of workers in such positions will be

provided by the city. Based on the requirements determined by a Job Demand Analysis, either completed during the current contract period or previously, applicants for one of the designated positions will undergo a job specific physical ability test. Such Job Demand Analysis and Physical Abilities Tests would only be conducted at the request of the City of Lawton Human Resources Director or designee. The Job Demand Analysis shall conform to generally recognized standards for such reviews. Each analysis will determine the specific physical demands of the job reviewed. The test procedure must be validated by a recognized authority. Experience indicates that (12) or more such physicals and (1) or more Job Demand Analyses would be required annually, however, no minimum or maximum number is guaranteed.

Functional Capacity Evaluations - For certain existing employees, as authorized by the Human Resources Director or designee, testing to determine an employee's strength, dexterity, flexibility and cardiovascular endurance may be required in determining an employee's fitness to return to work or continue working in a particular position without undue risk or to determine what accommodations must be made to retain a physically impaired employee in a particular position. Given the physical requirements of a position, the test will be administered to determine an employee's suitability to perform in that position without a high risk of injury due to physical inadequacies. Types of tests may include torso, leg, arm and hand strength testing for any weakness in major muscle groups; testing for back strength, flexion and range, testing for cardiovascular endurance etc. The report of test results must include recommendations, such as, what is required to improve an employee's fitness for a particular position; what aspects of the job the employee would not be able to safely perform, etc. The test procedure must be validated by a recognized authority. It is anticipated that 5-7 tests would be needed annually. No minimum number of these tests is guaranteed.

Medical Examination for Occupational Related Injuries/Illnesses

For existing employees, as authorized by the Human Resources Director or designee, examinations for occupational injuries/illnesses. The examinations are to be conducted "hands on" by a properly qualified physician licensed to practice in the State of Oklahoma. Examinations must be completed within 48 hours (weekends excluded) after the request is received from the Human Resources department. The completed examination form will be maintained by the provider. A certificate with the physician's recommendation will be returned to the Human Resources Department by a secure method (preferably electronic) within one (1) business day of completing the exam. If a designated physician is assigned this contract, a backup physician will be made available during absences or unavailability of the designated physicians. No minimum number of these tests is guaranteed.

Other - Please complete the attached evaluation forms for pricing and information gathering and note any exceptions or additions your firm has with the listed items.

The medical facility must be within 10 miles of the City of Lawton's city limits and have the capabilities to deal with the city's needs (See item B on the cost sheet) either internally or with additional outside facilities.

Services will be contracted for one year with possible renewal for up to two additional one-year periods.

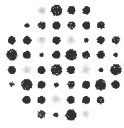
The City of Lawton reserves the right to reject any or all proposals or portions thereof. The City may elect to contract for each section of the cost sheet separately or in its entirety.

Note: Proposals will not be accepted if submitted by fax or email.

Selection Criteria -

The proposals will be evaluated based on the following criteria:

1. Qualifications and capabilities of the medical care provider to perform the required services.
2. Experience in satisfactorily performing similar services for other clients.
3. Timelines of service.
4. Cost of services.



COLLEGE of AMERICAN
PATHOLOGISTS

CERTIFICATE OF ACCREDITATION

**Comanche County Memorial Hospital
Main Laboratory
Lawton, Oklahoma
Robbie L. Graham, MD**

CAP#: 2040501

CLIA#: 37D0656604

The organization named above meets all applicable standards for accreditation and is hereby accredited by the College of American Pathologists' Laboratory Accreditation Program. Reinspection should occur prior to **May 01, 2026** to maintain accreditation.

Accreditation does not automatically survive a change in director, ownership, or location and assumes that all interim requirements are met.

Kathleen G. Beavis, MD
Chair, Accreditation Committee

Donald S. Karcher, MD, FCAP
President, College of American Pathologists



CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS
 COMANCHE COUNTY MEMORIAL HOSPITAL
 3401 W GORE BOULEVARD
 LAWTON, OK 73505

CLIA ID NUMBER
 37D0656604

EFFECTIVE DATE
 02/09/2023

LABORATORY DIRECTOR
 ROBBIE L GRAHAM M.D.

EXPIRATION DATE
 02/08/2025

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Monique Spruill

Monique Spruill, Director
 Division of Clinical Laboratory Improvement & Quality
 Quality & Safety Oversight Group
 Center for Clinical Standards and Quality

717 Certs2_011023

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>	<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	07/20/1995	ANTIBODY NON-TRANSFUSION (530)	07/20/1995
MYCOLOGY (120)	07/20/1995	ANTIBODY IDENTIFICATION (540)	07/20/1995
PARASITOLOGY (130)	07/20/1995	COMPATIBILITY TESTING (550)	07/20/1995
VIROLOGY (140)	01/05/2004	HISTOPATHOLOGY (610)	07/20/1995
SYPHILIS SEROLOGY (210)	07/20/1995	ORAL PATHOLOGY (620)	07/20/1995
GENERAL IMMUNOLOGY (220)	07/20/1995	CYTOLOGY (630)	07/20/1995
ROUTINE CHEMISTRY (310)	07/20/1995	CYTOGENETICS (900)	04/20/2016
URINALYSIS (320)	07/20/1995		
ENDOCRINOLOGY (330)	07/20/1995		
TOXICOLOGY (340)	03/29/2003		
HEMATOLOGY (400)	07/20/1995		
ABO & RH GROUP (510)	07/20/1995		
ANTIBODY TRANSFUSION (520)	07/20/1995		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.GOV/CLIA
 OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
 YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
 PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

Comanche County Memorial Hospital
3401 W. Gore Blvd. Lawton OK 73505
Laboratory Director: Robbie Graham, M.D.

Name:
M.R. #:
Sex/DOB:



Location: OFS
Acc#: 2024038006

Phy: MD MEEK, BRIAN MELTON, MD

HEMATOLOGY RESULTS

Blood Collected	02/15/2024 00:01					Units	Reference
WBC	5.74					10x3/mm3	4.40-11.00
RBC	4.76					10x6/mm3	4.50-5.90
Hgb	14.6					g/dL	13.2-16.5
Hct	43					%	39-49
MCV	90					fL	80-94
MCH	31					pg	27-31
MCHC	34					g/dL	33-37
RDW	12.1					%	11.5-16.1
Platelets	220					10x3/mm3	130-440
MPV	11.2 H		70%			fL	7.2-11.1
Neut%	45					%	40-74
Lymph%	38					%	19-48
Mono%	9.9					%	3.4-10.0
Eos%	6.3					%	0.0-7.0
Baso%	0.7					%	0.0-1.5
Neut#	2.6					10x3	1.9-8.0
Lymph#	2.2					10x3	1.0-4.9
Mono#	0.6					10x3	0.2-1.0
Eos#	0.4					10x3	0.0-0.7
Baso#	0.0					10x3	0.0-0.2
NRBC	0					/100 WBC	

GENERAL CHEMISTRY RESULTS

GENERAL CHEMISTRY

Blood Collected	02/15/2024 00:01					Units	Reference
Glucose	93					mg/dL	80-100

CHEMISTRY RESULTS

Blood	02/15/2024 00:01	Result	Units	Reference
PSA Total		0.41	ng/mL	0.00-1.50

LIPID STUDIES

Blood	02/15/2024 00:01	Result	Units	Reference
High Density Lipoprotein		24 ¹	mg/dL	
Triglycerides		210 ²	mg/dL	

NORMAL RANGES

Male: High Risk < 40 mg/dL
Female: High Risk < 50 mg/dL

Report: Outpatient Report
Date/Time Printed: 02/15/2024 16:01



Oklahoma State Board of Medical Licensure and Supervision

101 NE 51st Street
Oklahoma City, OK 73105-1821

August 27, 2024

BRIAN MELTON MEEK, M.D.
3410 NW OAK AVE.
LAWTON, OK 73505-5139

This board has issued you a license to practice your profession in the State of Oklahoma. Below is a wallet card that displays your license number, your profession, and any limitations placed upon said license. You are required to carry this card when practicing your profession. If you misplace this card, you may retrieve a copy online.

A current license is required to practice in the state. Please note the expiration date on the attached wallet card. This Board will attempt to send a renewal notification approximately sixty (60) days prior to expiration. State law requires you notify this Board of your current practice location and mailing address.

License renewal is the sole responsibility of the licensee, whether or not a renewal notification is received. You may contact the Department of Licensing at the Board office at any time for renewal information.

Oklahoma law requires renewal of this license annually.
OBNDD certificates must be renewed every 3 years.
DEA certificates must be renewed every 3 years.

The Law has placed continuing education requirements on many of the professions licensed by this Board. Please refer to your Practice Act on our Web Page for more details. The Board's Web Page can be accessed at www.okmedicalboard.org. Then go to your profession to see the Act and rules under the **Laws & Rules** selection. Continuing Education forms are also available under the **Forms & Resources** selection on the Web Page.

The card now includes a QR Code that allows a smart phone or other scanning device to quickly retrieve your license information on the OSBMLS website.

Please remember to **sign** the back of your wallet card.

<p>Oklahoma State Board of Medical Licensure and Supervision</p> <p>101 NE 51st St. Oklahoma City, OK 73105 Phone:(405) 962-1400 Fax:(405) 962-1440</p> <p>Web Page: www.okmedicalboard.org</p> <p> Signature</p>	 <p>Oklahoma State Board of Medical Licensure and Supervision</p> <p>License Number:15482</p> <p>BRIAN MELTON MEEK, M.D. MEDICAL DOCTOR</p> <p>Restrictions: none</p> <p>Beginning On 02-Sep-2024</p> <p>Ending On 01-Sep-2025</p> <p></p> <p>The undersigned certifies that the person has been issued a license to practice in the State of Oklahoma.</p> <p> Secretary, Medical Board</p>
--	---

Cut out wallet card and fold on center line

National Registry of Certified Medical Examiners

The Federal Motor Carrier Safety Administration certifies that

Brian Meek

2942938587

is a certified Medical Examiner on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners for Medical Doctor, Oklahoma license number 15482 which expires on 09/01/2025. Brian Meek has completed the required training and testing concerning the Federal physical qualifications and standards for truck and bus drivers and possesses the necessary knowledge and professional credentials to perform physical qualification examinations for commercial motor vehicle drivers in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 391.49).

NATIONAL
OF CERTIFIED
MEDICAL EXAMINERS
nationalregistry.fmcsa.dot.gov



Christine A. Hydock, Chief
Medical Programs Division



U.S. Department of Transportation
Federal Motor Carrier Safety Administration



Occupational Marketing, Inc.

11211 Katy Freeway, Suite 130, Houston, Texas 77079

certifies that

Tonja Zehfuss

successfully completed and is awarded 19.2 contact hours for

NIOSH Approved Pulmonary Function Training

Houston, TX

March 30-31, 2000

This activity, CNE# 0-AO-10114-03-99, for 19.2 contact hours has been approved by the Texas Nurses Association, which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation. This approval meets Type I criteria for mandatory continuing education requirements toward relicensure as established by the Board of Nurse Examiners for the State of Texas.

Mary D. Bell

OMI

Participants should retain this documentation for a minimum period of five years.

S. A. D. O. R. U. S. D.
NIOSH Course Director

COUNCIL FOR ACCREDITATION IN OCCUPATIONAL HEARING CONSERVATION

This is to Certify that

Krashon Jenkins, COHC

having demonstrated proficiency and special knowledge, and having successfully completed the required course in occupational hearing conservation following the requirements set forth by the CAOHC Council: is therefore a

Certified Occupational Hearing Conservationist

September 13, 2029

Expiration Date

5222961

CAOHC ID Number



J. Andrew Merkle, AuD CCC-A CPS/A
CAOHC Chair

Carol Snyderwine, MHA, MA, CCC-A

Carol Snyderwine, MHA MA CCC-A CPS/A
Council Vice Chair - Education



19424 Park Row, Suite 110, Houston, Texas 77084
certifies that

Krashon Jenkins

Has successfully completed the 16-hour Initial

NIOSH-Approved Spirometry Training Course # 091

Oklahoma City, OK

September 9-10, 2024

A handwritten signature in black ink that reads 'Barbara Scott'.

NIOSH Course Director

NIOSH-approved Course #091

This certificate will expire 5 years after the course date.

**MMG OCCUPATIONAL MEDICINE
Charge Sheet**

Date of Services: 09/23/2024 Name:

Patient ID:

Company: CCMH

ICD:

Date of Injury:

Physician:

Diagnosis:

Miscellaneous Charges	
OVERPAY <input type="checkbox"/>	overpayment
TB QUANT <input type="checkbox"/>	70.00

Adjustments	
INCORREC <input type="checkbox"/>	INCORRECT SPECIMEN COLLECTION

Clinic	
99080 <input type="checkbox"/>	38.00 Special Reports
99201 <input type="checkbox"/>	69.83 Evaluation & Management, new patient
99202 <input type="checkbox"/>	115.84 Evaluation & Management,new
99203 <input type="checkbox"/>	170.75 Evaluation & Management,new
99204 <input type="checkbox"/>	254.31 Eval. & Management,new pt.,comprehensive
99205 <input type="checkbox"/>	336.31 Eval. & Management,new pt.,comprehensive
99211 <input type="checkbox"/>	35.29 Evaluation & Management, est pt (brief)
99212 <input type="checkbox"/>	86.15 Eval. & Management,established
99213 <input type="checkbox"/>	138.05 Evaluation & Management,est
99214 <input type="checkbox"/>	194.63 Evaluation & Management,est
99215 <input type="checkbox"/>	274.55 Eval. & Management,est pt.,comprehensive
ADVANCE <input type="checkbox"/>	advance payment

ASBESTOS <input type="checkbox"/>	150.00 ASBESTOS PHYSICAL
AUDCONS <input type="checkbox"/>	225.00 AUDIO CONSULTATION
CONSULT <input type="checkbox"/>	250.00 CONSULTATION
COVID <input type="checkbox"/>	COVID NEW PATIENT MODERATE SEVERITY
COVIDFU <input type="checkbox"/>	COVID FOLLOW-UP
CVL <input type="checkbox"/>	120.00 COVID LAB COLLECTION
CVR <input type="checkbox"/>	120.00 COVID RETURN TO WORK
CVT <input type="checkbox"/>	120.00 COVID TREATMENT
DOT <input type="checkbox"/>	100.00 DOT
DOTCOMP <input type="checkbox"/>	150.00 DOT COMPREHENSIVE EXAM
DOTEXT <input type="checkbox"/>	120.00 DOT EXTENSIVE EXAM
DOTFOLL <input type="checkbox"/>	45.00 DOT FOLLOW UP EXAM
DOTOLD <input type="checkbox"/>	85.00 DOTOLD
DRSIGN <input type="checkbox"/>	10.00 DOCTORS SIGNATURE REQUIRED
F4-010 <input type="checkbox"/>	38.00 Initial treating phys. report of service
FIREPHYS <input type="checkbox"/>	302.00 FIRE FIGHTER PHYSICAL
FITDUTY <input type="checkbox"/>	150.00 FIT FOR DUTY PHYSICAL
FITDUTY2 <input type="checkbox"/>	250.00 FIT FOR DUTY LEVEL 2

NURSE <input type="checkbox"/>	20.00 NURSE ASSESSMENT
OSHQUEST <input type="checkbox"/>	25.00 OSHA RESPIRATOR QUESTIONNAIRE
PHY/DOTO <input type="checkbox"/>	120.00 PHYSICAL IN-DEPTH LEVEL/DOT
PHY1 <input type="checkbox"/>	90.00 Physical Level 1
PHY2 <input type="checkbox"/>	90.00 PHYSICAL LEVEL 2
PHY2/DOT <input type="checkbox"/>	120.00 PHYSICAL IN-DEPTH LEVEL/DOT
PHY3 <input type="checkbox"/>	120.00 PHYSICAL LEVEL 3
PHYS4 <input type="checkbox"/>	150.00 PHYSICAL LEVEL 4
PHYS5 <input type="checkbox"/>	250.00 PHYSICAL LEVEL 5
PHYS6 <input type="checkbox"/>	250.00 PHYSICAL LEVEL 6
RESMEDEX <input type="checkbox"/>	70.00 Respirator Medical Exam
SHYBLADD <input type="checkbox"/>	250.00 SHY BLADDER PHYSICAL
SPACE <input type="checkbox"/>	
SPACE1 <input type="checkbox"/>	

Immunizations	
86580 <input type="checkbox"/>	30.00 PPD
90371 <input type="checkbox"/>	159.00 H Big
90375 <input type="checkbox"/>	2,379.16 HYPERRAB
90471 <input type="checkbox"/>	12.00 Immunization administration
90472 <input type="checkbox"/>	12.00 Immunization admin. each additional
90636 <input type="checkbox"/>	115.00 TWIN-REX
90675 <input type="checkbox"/>	325.00 Rabies Vaccine
90691 <input type="checkbox"/>	139.00 Typhoid Injection
90707 <input type="checkbox"/>	119.00 Measles,mumps & rubella virus vaccine
90713 <input type="checkbox"/>	62.00 Polio Immunization
90714 <input type="checkbox"/>	94.00 Td Tetanus and diphtheria
90715 <input type="checkbox"/>	94.00 TDAP
90716 <input type="checkbox"/>	150.00 Varicella Injection
90734 <input type="checkbox"/>	153.00 Meningococcal polysaccharidic vaccine
90746 <input type="checkbox"/>	91.00 Hepatitis B Vaccine
COVID#2 <input type="checkbox"/>	40.00 COVID VACCINATION # 2
COVID1 <input type="checkbox"/>	40.00 COVID VACCINATION # 1
COVIDIMM <input type="checkbox"/>	COVID IMMUNIZATION
DATATRA <input type="checkbox"/>	5.00 DATA TRACKING
FAMFLU <input type="checkbox"/>	20.00 FAMILY FLU IMMUNIZATIONS
FLU65 <input type="checkbox"/>	78.00 FLU SHOT OVER AGE 65
HEPA <input type="checkbox"/>	95.00 Hepatitis A Vaccine

Injury/Procedure	
10040 <input type="checkbox"/>	127.00 Removal of Cyst
10140 <input type="checkbox"/>	196.00 Incision-drainage of hematoma,simple
11000 <input type="checkbox"/>	78.29 Debridement
11040 <input type="checkbox"/>	94.93 debridement, skin partial thickness

11740 <input type="checkbox"/>	88.00 evacuation of subungual hematoma
16025 <input type="checkbox"/>	156.00 Burn dress/debridement 2-3 degree,Medium
20005 <input type="checkbox"/>	315.07 Incision & Drainage of soft tissue abscc
20550 <input type="checkbox"/>	121.00 injection/trigger point tendon sheath/li
20552 <input type="checkbox"/>	84.00 Trigger point injection
20600 <input type="checkbox"/>	102.00 Injection, fingers, toes
20605 <input type="checkbox"/>	115.00 Injection, wrist
20610 <input type="checkbox"/>	152.00 Injection, shoulder, hip, subacromial bu
29105 <input type="checkbox"/>	92.38 Appl of long arm splint(shoulder to hand
29125 <input type="checkbox"/>	80.00 arm strapping application short
29130 <input type="checkbox"/>	48.93 application of finger splint
29260 <input type="checkbox"/>	61.64 strapping wrist/elbow
29280 <input type="checkbox"/>	64.99 strapping hand/finger
29540 <input type="checkbox"/>	50.10 Strapping ankle application
65205 <input type="checkbox"/>	60.91 Foreign body removal-eye external
69210 <input type="checkbox"/>	55.23 Foreign body removal impacted cerumen
92002 <input type="checkbox"/>	75.26 eye exam w/fluorescent lamp stain drops
94760 <input type="checkbox"/>	46.09 Pulse Ox
97760 <input type="checkbox"/>	40.00 Crutch Training 15 minutes
SPACE2 <input type="checkbox"/>	

Lab	
82270 <input type="checkbox"/>	26.00 Guiac
071563 <input type="checkbox"/>	50.00 Urine Nickel
36415 <input type="checkbox"/>	22.00 Venipuncture
4PLEX <input type="checkbox"/>	500.00 COVID, RSV, FLU A & B
80048 <input type="checkbox"/>	44.00 Basic Metabolic Panel
80051 <input type="checkbox"/>	33.00 electrolyte panel
80053 <input type="checkbox"/>	51.00 Comprehensive Metabolic Panel
80076 <input type="checkbox"/>	50.00 Hepatic function panel
81001 <input type="checkbox"/>	39.69 Random Urine Nickel
81002 <input type="checkbox"/>	13.00 Urinalysis, Dip
82495 <input type="checkbox"/>	70.00 urine chromium
82947 <input type="checkbox"/>	22.00 Glucose blood
82955 <input type="checkbox"/>	76.00 G6PD
82977 <input type="checkbox"/>	27.00 GGT
83036 <input type="checkbox"/>	35.00 Hemaglobin A1C
83550 <input type="checkbox"/>	39.00 IRON BINDING CAPACITY
83615 <input type="checkbox"/>	76.34 LDH
83655 <input type="checkbox"/>	47.00 Lead,quantitative; blood
83721 <input type="checkbox"/>	36.00 LDL
84100 <input type="checkbox"/>	18.00 phosphorus inorganic
84153 <input type="checkbox"/>	71.00 PSA
84439 <input type="checkbox"/>	49.00 Frec T4
84443 <input type="checkbox"/>	57.00 TSH

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**MMG OCCUPATIONAL MEDICINE
Charge Sheet**

Date of Services: 09/23/2024 Name:

Patient ID:

Company: CCMH

ICD:

Date of Injury:

Physician:

Diagnosis:

Lab			
84450	<input type="checkbox"/>	21.00	SGPT
84460	<input type="checkbox"/>	21.00	ALT
84520	<input type="checkbox"/>	21.00	BUN
84600	<input type="checkbox"/>	115.00	URINE PHENOL
84630	<input type="checkbox"/>	48.00	Zinc,quantitative; blood
84702	<input type="checkbox"/>	53.88	BETA HCG QUANTATATIVE,
84703	<input type="checkbox"/>	53.98	pregnancy test , urine
85018	<input type="checkbox"/>	13.00	hemoglobin
85025	<input type="checkbox"/>	29.00	CBC
85045	<input type="checkbox"/>	19.00	RETIC COUNT
85060	<input type="checkbox"/>	54.00	PERIPHERAL SMEAR
85610	<input type="checkbox"/>	22.00	PT/INR
85660	<input type="checkbox"/>	26.00	sickle cell screen
85730	<input type="checkbox"/>	27.00	PTT
86038	<input type="checkbox"/>	51.00	ANA
86256	<input type="checkbox"/>	85.00	Rabies Titer
86430	<input type="checkbox"/>	25.60	RF FACTOR
86481	<input type="checkbox"/>	80.00	TB Gold for Hsopital Employees
86592	<input type="checkbox"/>	22.00	RPR
86703	<input type="checkbox"/>	64.00	Hiv Antibody Baseline
86704	<input type="checkbox"/>	25.00	Hep B Core Antibody
86706	<input type="checkbox"/>	60.00	Hepatitis B surface antibody
86708	<input type="checkbox"/>	57.00	Hepatitis A Antibody IGG
86747	<input type="checkbox"/>	112.00	IGG/IGM ANTIBODIES PARVO-VIRUS
86765	<input type="checkbox"/>	79.00	Rubeola Titer
86787	<input type="checkbox"/>	60.00	Varicella Titer
86803	<input type="checkbox"/>	92.00	Hepatitis C antibody
86900	<input type="checkbox"/>	24.00	BLOOD TYPE
86901	<input type="checkbox"/>	23.00	RH
87040	<input type="checkbox"/>	46.00	Culture, bacterial, blood aerobic
87070	<input type="checkbox"/>	42.00	Wound culture and sensitivity
87205	<input type="checkbox"/>	21.00	Gram Stain
87328	<input type="checkbox"/>	42.00	OVA STOOL
87329	<input type="checkbox"/>	46.00	PARASITES STOOL
87340	<input type="checkbox"/>	39.00	Hep B surface antigen
87522	<input type="checkbox"/>	57.11	Hep C RNA/PCR
87880	<input type="checkbox"/>		STREP
BOTTLEB	<input type="checkbox"/>	320.00	BOTTLE B DRUG SCREEN TESTING
CHOLENES	<input type="checkbox"/>	65.00	cholinesterase
COVCOL	<input type="checkbox"/>	25.00	COVID COLLECTION
COVID19	<input type="checkbox"/>	30.00	COVID 19 ANTIBODY TESTING
COVIDMMT	<input type="checkbox"/>	138.68	COVID MMT
FENTYNL	<input type="checkbox"/>	55.00	FENTYNL DRUG SCREEN CODE 7272
GLUFIN	<input type="checkbox"/>	15.00	glucose fingerstick
H&H	<input type="checkbox"/>	25.00	H & H
IMMUNE	<input type="checkbox"/>	75.00	Immunization Panel

K2	<input type="checkbox"/>	82.25	K2 SYNTHETIC CANNABINOIDS
OUTSTATE	<input type="checkbox"/>	366.00	OUT OF STATE PEP PHYSICAL
POSCON	<input type="checkbox"/>	35.00	POSITIVE CONFIRMATION VT
RETEST	<input type="checkbox"/>	200.00	RE-TEST SPLIT DS SPECIMEN
SERUMDS	<input type="checkbox"/>	81.00	SERUM DRUG SCREEN
TBQUANT	<input type="checkbox"/>	300.00	TB QUANTA FERION
TSPOT	<input type="checkbox"/>	97.00	TB QUANTIFERON TESTING
VENIDNA	<input type="checkbox"/>	15.00	FINGER STICK DNA SAMPLE
VOLITALE	<input type="checkbox"/>	131.00	VOLITALES
ZINC	<input type="checkbox"/>	48.00	ZINC LEVEL

MISC			
96372	<input type="checkbox"/>	26.10	ANTI-INFLAMATORY INJECTION/PAIN
DOTCARD	<input type="checkbox"/>	10.00	DOT CARD REPLACEMENT
FORM	<input type="checkbox"/>		FORM
MAILFEE	<input type="checkbox"/>	20.00	MAIL FEE X-RAYS
MAILFEE2	<input type="checkbox"/>	20.00	MAIL FEE
MDREVIEW	<input type="checkbox"/>	40.00	MD REVIEW
MILEAGE	<input type="checkbox"/>	0.50	MILEAGE
RETURNC	<input type="checkbox"/>	20.00	RETURN CHECK FEE
TRAVEL	<input type="checkbox"/>	25.00	TRAVEL
ZERO	<input type="checkbox"/>		ZERO DOLLAR CHARGE

Pharmacy			
J0696	<input type="checkbox"/>	35.00	Rocephin 250
J1040	<input type="checkbox"/>	22.00	Depo Medrol 80 mg
J1100	<input type="checkbox"/>	4.00	Decadron
J1885	<input type="checkbox"/>	7.00	Toradol injection
J3301	<input type="checkbox"/>	14.00	Kenalog

Screening			
14PLATE	<input type="checkbox"/>	10.00	14 Plate Ishihara Color Vision
24PLATE	<input type="checkbox"/>	10.00	24 Plate Ishihara Color Vision
80100	<input type="checkbox"/>	45.00	DRUG SCREEN WC
80102	<input type="checkbox"/>	10.00	MRO CHARGE
82075	<input type="checkbox"/>	40.00	BREATH
92552	<input type="checkbox"/>	45.00	PURE TONE AUDIOMETRY
99172	<input type="checkbox"/>	15.00	Visual Acuity/Color & Field of vision
ALTER	<input type="checkbox"/>	20.00	COC ALTERATION FEE
AUDIO	<input type="checkbox"/>	45.00	Audiometry
BPCHECK	<input type="checkbox"/>	10.00	BLOOD PRESSURE CHECK
COLCOV	<input type="checkbox"/>	25.00	COVID SPECIMEN COLLECTION SWABS
COLLECTI	<input type="checkbox"/>	22.00	COLLECTION URINE OR VENI

CONSORT	<input type="checkbox"/>	100.00	ANNUAL CONSORTIUM FEE
DATCOLL	<input type="checkbox"/>	45.00	DACT COLI.
DOTDS	<input type="checkbox"/>	45.00	DOT DRUG SCREEN
DS25	<input type="checkbox"/>	25.00	DRUG SCREEN 25 COLLECTION ONLY
DSAFT	<input type="checkbox"/>	250.00	DRUG SCREEN AFTER HRS
DSCNON	<input type="checkbox"/>	25.00	DRUG SCREEN COLLECTION NON-DOT
DSCOLL	<input type="checkbox"/>	25.00	DRUG SCREEN COLLECTION
DSCOLLT	<input type="checkbox"/>	45.00	DRUG SCREEN COLLECTION LATS
EKG	<input type="checkbox"/>	75.00	EKG
FEEANN	<input type="checkbox"/>	250.00	ANNUAL YEARLY RANDOM POOL FEE
FITTEST	<input type="checkbox"/>	25.00	FITTEST
FLU	<input type="checkbox"/>	47.00	Flu shot
HAIRDS	<input type="checkbox"/>	110.00	HAIR DRUG SCREEN
HARDRAND	<input type="checkbox"/>	20.00	HARDY RAND RITTLER COLOR VISION
HSCOLL	<input type="checkbox"/>	25.00	HAIR SCREEN COLLECTION
OBSERVED	<input type="checkbox"/>	20.00	OBSERVED DRUG SCREEN COLLECTION
ONSITE	<input type="checkbox"/>	200.00	ON SITE FEE
PFT	<input type="checkbox"/>	50.00	Spirometry
PPDREAD	<input type="checkbox"/>	5.00	PPD READING ONLY
READALOU	<input type="checkbox"/>	20.00	READ ALOUD
RESPCLEA	<input type="checkbox"/>		Respirator Clearance Letter
SNELLEN	<input type="checkbox"/>	10.00	Snellen Vision Screening
SYNCAN	<input type="checkbox"/>	117.25	SYNTHETIC CANNABINOIDS
TBSURV	<input type="checkbox"/>	10.00	TB SURVEILLANCE
TITMUS	<input type="checkbox"/>	25.00	Titmus Vision Exam
UACOLL	<input type="checkbox"/>	10.00	URINE COLLECTION ONLY
UDMCOLL	<input type="checkbox"/>	25.00	Urine Drug Screen Monitoring Collection
VITALS1	<input type="checkbox"/>	10.00	VITALS ONLY

Supply			
90070	<input type="checkbox"/>	14.70	wound care
ACEWRAP	<input type="checkbox"/>	14.00	Ace Wrap
BURNPK	<input type="checkbox"/>	14.70	Burn pack wound care
G0168	<input type="checkbox"/>	50.00	Dermabond
SPLINT	<input type="checkbox"/>		Finger splint
STERISTR	<input type="checkbox"/>		steri-strips

X-Ray			
71020	<input type="checkbox"/>	125.00	Chest 2 views-FRONT/LAT

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**CITY OF LAWTON
REQUEST FOR PROPOSALS TO
PERFORM EMPLOYEE PHYSICALS, JOB DEMANDS ANALYSIS, AND OTHER
MEDICAL SERVICES**

The City of Lawton, Oklahoma is seeking proposals from qualified medical care professionals interested in providing post offer employment physicals for applicants selected for employment in certain labor and trades occupations, Non-DOT physicals and DOT physicals for applicants or City of Lawton employees in driving positions that require a commercial driver's license on at least a bi-annual basis, providing medical evaluations in accordance with OSHA regulations for applicants and employees required to use respiratory protection in the performance of job duties, Job Demands Analysis for certain positions, Physical Ability Testing for certain applicants and functional capacity evaluation of selected employees and medical examinations for occupational related injuries/illnesses

SCOPE

Post-Offer Employment Physicals The post-offer employment physical to be given to applicants selected for hire in labor and trades positions is a basic physical examination. This exam is to include a urinalysis (multi-stick or similar), and audiometric testing. The physicals are to be conducted "hands on" by a properly qualified physician licensed to practice in the State of Oklahoma. Except for the audiogram, results of the physical examination will be recorded on forms provided by the City of Lawton (example attached). The examining physician must make recommendations as to the employability of the applicant based on job requirements of the prospective position (as well as be indicated on the physical examination form), the applicant's medical history, and the results of the physical examination. Experience indicates that 40-50 such physicals would be required annually. However, no minimum or maximum number is guaranteed.

Physical examinations must be completed within 48 hours (weekends excluded) after the request is received from the Human Resources department. It is preferred that they be provided on a "walk in" basis and be performed within 30 minutes of arrival. The completed physical examination form will be maintained by the provider. A certificate with the physician's recommendation on employability will be returned to the Human Resources Department by a secure method (preferably electronic) within 1 business day of completing the exam. If a designated physician is assigned this contract, a backup physician will be made available during absences or unavailability of the designated physicians.

The audiogram must include a record of hearing threshold levels for frequencies at 500, 1000, 2000, 3000, 4000 and 6000 Hz. Audiometric testing must be conducted by certified technicians or audiologists using equipment calibrated in accordance with ANSI (American National Standards Institute) standards.

Additional diagnostic tests, such as x-rays, blood work, or medical evaluation for use of respiratory protection, would be conducted only as requested by the City of Lawton Human Resources staff or with the express approval of the Human Resource Director.

DOT Physicals – The purpose of this examination is to determine a driver’s physical qualification to operate a commercial motor vehicle (CMV) in interstate commerce according to the requirements in 49 CFR 391.41-49. Therefore, the medical examiner must be knowledgeable of these requirements and guidelines developed by the FMCSA (Federal Motor Carrier Safety Administration) to assist the medical examiner in making the qualification determination. The federal form “Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION” will be used and the certification card issued to both the City of Lawton and the employee. All employees in DOT positions will need to be tested at least once every 2 years. There are approximately 150 DOT positions. Experience indicates that 12 or more such physicals and one or more Job Demand Analysis would be required annually. However, no minimum or maximum number is guaranteed.

Fire Physical Assessment – The Fire Physical Assessment is to be given to fire employees which include those members who must be assessed as part of the Hazmat team for continued certification. This exam is to include, audiometry spirometry, venipuncture, lipid profile, glucose, EKG, CBC and PSA testing. The physicals are to be conducted “hands on” by a properly qualified physician licensed to practice in the State of Oklahoma. The completed physical exam and other assessments will be maintained by the provider as a baseline for each fire employee tested. Records must be maintained for 30 years. Experience indicates that approximately 60 such physicals would be required annually. No minimum or maximum number is guaranteed.

Pulmonary Function Test and Evaluations for Respiratory Protection Program – The purpose of this test and evaluation is for applicants hired into positions where use of a respirator is required. This test also provides a baseline analysis for employees who will wear respiratory protection on the job. The Human Resources Department will authorize completion of the medical evaluation required by the OSHA Respiratory Protection Standard in conjunction with the post-offer employment physical examination. In addition, the test is to be available, separate from the physical examination to existing employees who require such evaluation. The provider will be required to designate a physician or other licensed health care professional to conduct medical evaluations as required by OSHA 29 CFR 1910.134. The provider will submit a written report to the Human Resources Department with recommendations as to whether the employee can safely wear a respirator. The facility will be required to maintain on file all medical evaluations and questionnaires. A total of 10 to 15 such tests are expected annually; but no minimum or maximum number is guaranteed.

Job Demand Analysis - Job Demand Analysis and physical ability testing may be requested for certain designated City of Lawton positions. Position descriptions and other documentation and access for observation of workers in such positions will be

provided by the city. Based on the requirements determined by a Job Demand Analysis, either completed during the current contract period or previously, applicants for one of the designated positions will undergo a job specific physical ability test. Such Job Demand Analysis and Physical Abilities Tests would only be conducted at the request of the City of Lawton Human Resources Director or designee. The Job Demand Analysis shall conform to generally recognized standards for such reviews. Each analysis will determine the specific physical demands of the job reviewed. The test procedure must be validated by a recognized authority. Experience indicates that (12) or more such physicals and (1) or more Job Demand Analyses would be required annually, however, no minimum or maximum number is guaranteed.

Functional Capacity Evaluations - For certain existing employees, as authorized by the Human Resources Director or designee, testing to determine an employee's strength, dexterity, flexibility and cardiovascular endurance may be required in determining an employee's fitness to return to work or continue working in a particular position without undue risk or to determine what accommodations must be made to retain a physically impaired employee in a particular position. Given the physical requirements of a position, the test will be administered to determine an employee's suitability to perform in that position without a high risk of injury due to physical inadequacies. Types of tests may include torso, leg, arm and hand strength testing for any weakness in major muscle groups; testing for back strength, flexion and range, testing for cardiovascular endurance etc. The report of test results must include recommendations, such as, what is required to improve an employee's fitness for a particular position; what aspects of the job the employee would not be able to safely perform, etc. The test procedure must be validated by a recognized authority. It is anticipated that 5-7 tests would be needed annually. No minimum number of these tests is guaranteed.

Medical Examination for Occupational Related Injuries/Illnesses

For existing employees, as authorized by the Human Resources Director or designee, examinations for occupational injuries/illnesses. The examinations are to be conducted "hands on" by a properly qualified physician licensed to practice in the State of Oklahoma. Examinations must be completed within 48 hours (weekends excluded) after the request is received from the Human Resources department. The completed examination form will be maintained by the provider. A certificate with the physician's recommendation will be returned to the Human Resources Department by a secure method (preferably electronic) within one (1) business day of completing the exam. If a designated physician is assigned this contract, a backup physician will be made available during absences or unavailability of the designated physicians. No minimum number of these tests is guaranteed.

Other - Please complete the attached evaluation forms for pricing and information gathering and note any exceptions or additions your firm has with the listed items.

The medical facility must be within 10 miles of the City of Lawton's city limits and have the capabilities to deal with the city's needs (See item B on the cost sheet) either internally or with additional outside facilities.

Services will be contracted for one year with possible renewal for up to two additional one-year periods.

The City of Lawton reserves the right to reject any or all proposals or portions thereof. The City may elect to contract for each section of the cost sheet separately or in its entirety.

Note: Proposals will not be accepted if submitted by fax or email.

Selection Criteria -

The proposals will be evaluated based on the following criteria:

1. Qualifications and capabilities of the medical care provider to perform the required services.
2. Experience in satisfactorily performing similar services for other clients.
3. Timelines of service.
4. Cost of services.

PROPOSED CHARGES FOR PROFESSIONAL MEDICAL SERVICES AS SPECIFIED IN REQUEST FOR PROPOSALS

Complete this page indicating unit cost to be charged the City of Lawton for medical services.

Service Pricing Fees	Normal Workday Cost	After-Hours or Weekend Cost
A. Physical/ Assessments		
1. Post Job Offer Employment Physical including Urinalysis and audiometric testing	\$ _____ each	\$ _____ each
2. DOT Physicals (in accordance with 49 CFR Part 40)	\$ _____ each	\$ _____ each
3. Fire Physical Assessment including	\$ _____ Total	\$ _____ Total
• Audiometry	\$ _____ each	\$ _____ each
• Spirometry	\$ _____ each	\$ _____ each
• Venipuncture	\$ _____ each	\$ _____ each
• Lipid Profile	\$ _____ each	\$ _____ each
• Glucose,	\$ _____ each	\$ _____ each
• EKG,	\$ _____ each	\$ _____ each
• CBC and	\$ _____ each	\$ _____ each
• PSA	\$ _____ each	\$ _____ each
4. Medical Evaluation for Respiratory Protection Program and PLHCP Services	\$ _____ each	
5. Pulmonary Function Test – (including doctor fees)	\$ _____ each	
6. Functional Capacity Evaluation – (including doctor fees)	\$ _____ each	
7. Job Demand Analysis (JDA) per position - (including doctor fees)	\$ _____ per job	
• Physical Ability Test based on established JDA	\$ _____ per employee	
8. Occupational Injury/Illness Examination	\$ _____ each	
B. Other		
9. Fees for any alternative or additional service Proposed, generally requested in conjunction with employee physicals: A fee schedule may be attached in lieu of this section		
a. X- rays	\$ _____ each	
b. Blood tests	\$ _____ each	
c (other, please specify _____)	\$ _____ each	
d (other, please specify _____)	\$ _____ each	
e (other, please specify _____)	\$ _____ each	

Service Data Questionnaire	
1. Will you provide secure delivery of physical test results? Describe methods and cost.	
2. Will you provide utilization reports on a monthly basis? Please provide a sample report.	
3. Will you provide utilization reports broken down by City Departments on a monthly basis?	
4. Will you provide utilization reports broken down by type of service on a monthly basis?	
5. Will you provide utilization reports in an electronic format such as over the web or in MS Excel?	
6. List the specific location(s) for delivery of services. If different for specific services, please list and identify the service.	
7. Please provide 3 references that have used your services including name of contact, title, name of organization and phone number.	
8. Provide proof of compliance with ongoing implementation of Health and Human Services (HHS) and Department of Transportation (DOT) prescribed procedures and controls on accuracy & confidentiality, reporting, and record keeping.	
9. Provide proof that the full-time laboratory director is an M.D., licensed to practice medicine in the State of Oklahoma, and board-certified in anatomical and clinical pathology.	
10. Provide an example of a chemistry (chem) panel and a CBC sample report.	
11. Provide with your proposal a copy of the form which will be used to record the Job Demand Analysis and subsequent physical demand testing results. Identify the authority which will validate the test.	
12. Provide a copy of the form which will be used to record the functional capacity evaluation results with your proposal and identify the authority to validate the test.	
13. Describe your customer support services including your ability to provide prompt response to inquiries.	
14. Will you issue the DOT certification card to the employee and what will you return to the City of Lawton at the employer?	