Offeror Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PROJECT SERVICE** | **OFFEROR ACKNOWLEDGEMENT****(Indicate Yes or No as applicable)** |
| Occupational Health Examinations | The Offeror shall be responsible for performing the services and for meeting the requirements as set forth in the IFB.Offeror Agrees \_\_\_\_\_ |
| Pre-placement Examinations | The Offeror shall be responsible for performing the services and for meeting the requirements as set forth in the IFB.Offeror Agrees \_\_\_\_\_ |
| Diagnostic Testing and Laboratory Studies | The Offeror shall be responsible for performing the mandatory services as set forth in the IFB.Offeror Agrees \_\_\_\_\_ |
| Diagnostic Testing and Laboratory Studies (continued) | The Offeror must provide the names and addresses of the laboratories to be utilized by the Contractor to provide this Project Service. In addition, the Offeror must submit evidence that these laboratories are certified by the New York State Department of Health, SAMHSA certified for drug testing, and approved by the Centers for Disease Control for lead level testing. The listing and associated evidence must be included as an attachment to the Project Services Matrix. |
| **Optional Lot #1** Diagnostic Testing, Laboratory Studies and additional Services | Identify from the list below which Diagnostic Tests and Laboratory Studies designated as “Optional” the Offeror agrees to perform.\_\_\_\_ Respirator fit testing – quantitative \_\_\_\_ Cardiovascular stress test, with interpretation and report \_\_\_\_ Chest x-ray with B-reading. Radiologic examination, chest PA 17” x 14” with B-Reading \_\_\_\_ Chest x-ray. Radiologic examination, chest and lateral, with interpretation \_\_\_\_ Spirometry, including graphic record, and results (must include FVC, FEVI, and %FEVI/FVC at a minimum). \_\_\_\_ Cholinesterase - RBC \_\_\_\_ Urine Dipstick only\_\_\_\_ Tetanus and Diphtheria Toxoids\_\_\_\_ Hepatitis B Vaccine \_\_\_\_ Influenza Vaccine\_\_\_\_ Mantoux Test\_\_\_\_ Measles, Mumps and Rubella Vaccine\_\_\_\_ Rabies Vaccine \_\_\_\_ Hepatitis A Vaccine |
| **Optional Lot #2** Diagnostic Testing, Laboratory Studies and additional Services | \_\_\_\_ Cardiovascular stress test, with interpretation and report \_\_\_\_ Sleep Apnea Study \_\_\_\_ Spirometry, including graphic record, and results (must include FVC, FEVI, and %FEVI/FVC at a minimum). \_\_\_\_ Urine Dipstick only \_\_\_\_ Urine drug screening - at Offeror's site \_\_\_\_ Urine drug screening - at off-site location \_\_\_\_ Breath alcohol screening - at Offeror's site \_\_\_\_ Breath alcohol screening - at off-site location \_\_\_\_ Blood alcohol testing - at Offeror's site \_\_\_\_ Breath alcohol screening - at Offeror's site\_\_\_\_ Breath alcohol screening - at off-site location\_\_\_\_ Blood alcohol testing - at Offeror's site\_\_\_\_ Audiology - Referral Examinations\_\_\_\_ Cardiology - Referral Examinations\_\_\_\_ Dermatology - Referral Examinations\_\_\_\_ Neurology - Referral Examinations\_\_\_\_ Ophthalmology - Referral Examinations\_\_\_\_ Orthopedics - Referral Examinations\_\_\_\_ Otolaryngology - Referral Examinations\_\_\_\_ Pulmonology - Referral Examinations\_\_\_\_ Sleep Medicine - Referral Examinations\_\_\_\_ Psychiatric - Referral Examinations\_\_\_\_ MMPI-2\_\_\_\_ MMPI-3\_\_\_\_ SSAAI\_\_\_\_ PAI\_\_\_\_ Records Review\_\_\_\_ Complete Psychological Assessment (Including necessary testing and interview)\_\_\_\_ Neuropsychology - Referral Examinations\_\_\_\_ Hourly Fee to perform Pre-hearing Preparation |
| Mobile Audiometric Services | The Offeror shall be responsible for performing the mandatory services as set forth in the IFB.Offeror Agrees \_\_\_\_ |
| Facilities Requirement | The Offeror must clearly indicate the location of the proposed facility/facilities where EHS referrals will be evaluated. Please list the hours of operation and days of the week each facility is open. If a site is not open full-time, please list if there is a minimum number of exams required to use the facility. The listing must be included as an attachment to the Project Services Matrix. |