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October 13, 2015

James A. Johnson
President & CEO

Gary Watahira
Purchasing Manager
City of Fresno
2600 Fresno Street, Room 2156
Fresno, CA 93721

RE: Response to Request for Proposal (RFP) Number: 9349
Cover Letter

Dear Mr. Watahira:

Occu-Med is pleased to submit our proposal in response to the City of Fresno's Request for Proposal (RFP) Number 9349.

Occu-Med, a federally registered small business, with regional offices throughout the United States and headquartered here in Fresno, has been an industry leader in occupational health programs for more than 36 years. Our approach to responding to the City's RFP is one that capitalizes on our expertise in order to provide the City with a comprehensive and cost effective solution for obtaining a quality, ADAAA, FEHA, NFPA & POST Compliant Occupational Health Services Program. Therefore, our proposal offers the City a range of high-quality professional services across multiple breadths of expertise including: Medical, Legal, and Human Resource. To this end, the goal of our response is to demonstrate how Occu-Med's Program provides an end-to-end solution to all services requested in the City's RFP. We know that 41% of workers' compensation claims occur within the first year of employment, and moreover, with our Program we know we can significantly reduce that number.

For these reasons we are offering the City a medical evaluation solution that for years has been effective for the Counties of Fresno & San Joaquin, the City of Modesto, the City of West Sacramento, the City of Anaheim and hundreds of other public-sector agencies throughout California.

We hope that our described approach allows the City to easily understand how Occu-Med's Program would make the City's pre-placement and periodic medical evaluation process more effective, yet, still fit smoothly into your current operations.

We look forward to hearing from you soon.

Sincerely,

Jared Kaji
Director of Business Development

PROPOSAL DEPOSIT

Accompanying this proposal is a Proposal Deposit in the amount of ^{five hundred} **dollars (\$ 500.00)** in form of:

Cashier's Check

which is deposited by the undersigned Proposer with the City of Fresno as a guarantee that the Proposer, if awarded all or part of the Contract, will, within fifteen (15) calendar days from the date the Notice of Award is mailed to the Proposer, execute and return a Contract furnished by the City.

Such Deposit is made with the understanding that failure to execute such Contract will result in damage to the City, that the amount of such damage would be difficult to determine and that in the event of such default said Deposit shall become the property of the City; or, if a Bidder's Bond is deposited, the amount of the obligation thereof, but not more than the above stated amount, shall thereupon be due and payable to the City of Fresno as liquidated damages for such default, payment of said amount to be the joint and several obligation of the Proposer and the corporate surety.

BUSINESS LOCATION

- The undersigned Proposer does not maintain a place of business in the City of Fresno.
- The undersigned Proposer maintains a place of business in the City of Fresno at: _____, Fresno, CA -- 2121 W. Bullard Ave., Fresno, CA 93711

BUSINESS LICENSE

- The undersigned Proposer has a current City of Fresno Business License and the number is 407205.

If the successful bidder does not have a City of Fresno Business License, he/she shall obtain such a license prior to the issuance of a Notice to Proceed for the Work and maintain in effect throughout the term of this Contract.

CONTRACTOR'S LICENSE

The undersigned Bidder holds a valid Class State of California Contractor's License. The License Number is _____ and was issued on NA. Expiration Date: NA, if applicable.

PROPOSAL FORM
REQUEST FOR PROPOSAL NO. 9349

INTRODUCTION

TO THE PURCHASING MANAGER, CITY OF FRESNO

COST PROPOSAL

Having carefully examined the Request for Proposal, attachments and related documents, the undersigned proposes and agrees to provide to the City of Fresno, in accordance with the Specifications annexed hereto and made a part thereof, the following services at the following rates:

Enter the proposed annual fee for each medical examination as indicated below and attach fee schedule for component parts:

MEDICAL EXAMINATION	2016	2017	2018
BUS DRIVER – Pre-Employment			
TOTAL PROPOSED FEE	\$301.65	\$301.65	\$301.65
POLICE OFFICER AND FIREFIGHTER – Pre-Employment			
PROPOSED FEE	\$566.70	\$566.70	\$566.70
PROPOSED FEE WITH:			
RESTING EKG	\$65.55	\$65.55	\$65.55
STRESS EKG	\$126.55	\$126.55	\$126.55
TOTAL PROPOSED FEE	\$758.75	\$758.75	\$758.75
EMERGENCY SERVICES DISPATCHER			
TOTAL PROPOSED FEE	\$159.70	\$159.70	\$159.70
OPTIONAL EXAMINATIONS:			
CHEST FILM – PROPOSED FEE	\$63.25	\$63.25	\$63.25
LABORATORY – PROPOSED FEE	\$59.50	\$59.50	\$59.50
RESTING EKG – PROPOSED FEE	\$65.55	\$65.55	\$65.55
STRESS EKG – PROPOSED FEE	\$126.50	\$126.50	\$126.50
RESPIRATORY EQUIPMENT USER – Review of Employee Medical Questionnaire			
TOTAL PROPOSED FEE	\$25.00	\$25.00	\$25.00
RESPIRATORY EQUIPMENT USER – Base Medical Examination			
TOTAL PROPOSED FEE	\$179.25	\$179.25	\$179.25
OPTIONAL EXAMINATIONS:			
ANNUAL LAB TESTING – PROPOSED FEE	\$159.50	\$159.50	\$159.50
CHEST X-RAY – PROPOSED FEE	\$63.25	\$63.25	\$63.25
RESTING EKG – PROPOSED FEE	\$65.55	\$65.55	\$65.55
STRESS EKG – PROPOSED FEE	\$126.50	\$126.50	\$126.50
HAZMAT TEAM ASSIGNMENT			
TOTAL PROPOSED FEE	\$864.75	\$864.75	\$864.75
OPTIONAL EXAMINATION:			
SEMEN ANALYSIS – PROPOSED FEE	\$138.00	\$138.00	\$138.00
AFTER HOURS DRUG AND ALCOHOL TESTING	\$201.25	\$201.25	\$201.25
TOTAL PROPOSED FEE			

ADDITIONAL RECOMMENDATIONS OR MODIFICATIONS TO MEDICAL EXAMINATIONS, RATIONALE, OR PRICING:

The Total Amount of Proposal is ^{see above} **Dollars and Cents.**

Proposer's Name

The above amount shall include any and all applicable taxes.

The quantities listed on the proposal page(s) are estimates. The actual requirement of the City may be more or less than the quantities specified. The City will pay for only those items which it actually delivered or received during the term of the Contract.

The City reserves the right to reject any and all proposals.

City of Fresno Line Item Fee Schedule

Components	Fee	
General Physical Exam	\$	63.00
a. Height and Weight		
b. Blood Presssure		
c. Pulse		
d. Temperature		
e. Respiration		
f. General Physical Exam		
Vision Test (OD & OS)	\$	32.40
Near - corrected (optional) (M-System)		
Far - Corrected (Bailey - Lovie)		
Peripheral Vision		
Color (Primary Colors only)		
Farnsworth D-15	\$	51.75
Hardy-Rand-Rittler, 4th edition (HRR)		
Diagnostic Plates	\$	51.75
Tonometry	\$	51.75
Audiogram	\$	28.75
DOT Drug Test	\$	36.00
DOT Alcohol Test	\$	34.50
Venipuncture	\$	34.50
U/A Collection	\$	23.00
DOT/Non-DOT Drug Screen Collection	\$	26.45
Dipstick U/A	\$	23.00
Occu-Vax Management	\$	45.00
Hep B Titer	\$	21.00
Hep A Titer	\$	21.00
TDAP Vax	\$	80.50
MMR Vax	\$	103.50
Polio Vax	\$	60.95
1-View Chest X-Ray	\$	63.25
2-View Chest X-Ray	\$	86.25
Resting EKG	\$	65.55
Blood Chemistry Panel 23 w/lipids	\$	25.00
CBC with Diff	\$	20.00
VDRL (Syphilis)	\$	24.00
Non-DOT Drug Screen (5-Panel)	\$	36.00
Non-DOT BAT	\$	34.50
Gross and Micro U/A	\$	12.00
Pulmonary Function Test	\$	48.30
Treadmill Stress Test	\$	126.50
OSHA Respirator Questionnaire	\$	25.00
Chem Panel 14	\$	25.00
Hemocult	\$	20.00
Plasma Cholinesterase	\$	40.00
Blood Lead	\$	24.00
Heavy Metals Test (Mercury, Arsenic)	\$	82.00
Zinc	\$	38.00
CDL Physical Exam Only	\$	80.50
Semen Analysis	\$	138.00
After hours DOT drug screen	\$	86.25
After hours DOT alcohol screen	\$	115.00
After hours non-DOT drug screen	\$	74.75
After hours non-DOT alcohol screen	\$	115.00
QA2 Fee Safety	\$	85.00
QA2 Fee non-Safety	\$	70.00
Occu-Vax Management	\$	45.00

Bus Driver

General Physical Exam	\$	60.95
a. Height and Weight	Incl. in physical	
b. Blood Pressure	Incl. in physical	
c. Pulse	Incl. in physical	
d. Temperature	Incl. in physical	
e. Respiration	Incl. in physical	
f. General Physical Exam	Incl. in physical	
Vision Test (OD & OS)	Incl. in physical	
Near - corrected (optional) (M-System)	Incl. in physical	
Far - Corrected (Bailey - Lovie)	Incl. in physical	
Peripheral Vision	Incl. in physical	
Color (Primary Colors only)	Incl. in physical	
Audiogram	\$	28.75
DOT Drug Test	\$	36.00
DOT Alcohol Test	\$	34.50
DOT/Non-DOT Drug Screen Collection	\$	26.45
Occu-Vax Management	\$	45.00
QA2 Fee non-Safety	\$	70.00
	\$	<u>301.65</u>

Police Officer and Firefighter - Pre-Employment

General Physical Exam	\$	60.95
a. Height and Weight	Incl. in physical	
b. Blood Pressure	Incl. in physical	
c. Pulse	Incl. in physical	
d. Temperature	Incl. in physical	
e. Respiration	Incl. in physical	
f. General Physical Exam	Incl. in physical	
Vision Test (OD & OS)	Incl. in physical	
Near - corrected (optional) (M-System)	Incl. in physical	
Far - Corrected (Bailey - Lovie)	Incl. in physical	
Peripheral Vision	Incl. in physical	
Color (Primary Colors only)	Incl. in physical	
Audiogram	\$	28.75
1-View Chest X-Ray	\$	63.25
Venipuncture	\$	34.50
Blood Chemistry Panel 23 w/lipids	\$	25.00
CBC with Diff	\$	20.00
VDRL (Syphilis)	\$	24.00
DOT/Non-DOT Drug Screen Collection	\$	26.45
Non-DOT Drug Screen (5-Panel)	\$	36.00
Non-DOT BAT	\$	34.50
U/A Collection	\$	23.00
Gross and Micro U/A	\$	12.00
Pulmonary Function Test	\$	48.30
Occu-Vax Management	\$	45.00
QA2 Fee Safety	\$	85.00
	\$	<u>566.70</u>
Resting EKG	\$	65.55
Treadmill Stress Test	\$	126.50
	\$	<u>758.75</u>

Emergency Services Dispatcher - Pre-Employment

General Physical Exam	\$	60.95
a. Height and Weight	Incl. in physical	
b. Blood Presssure	Incl. in physical	
c. Pulse	Incl. in physical	
d. Temperature	Incl. in physical	
e. Respiration	Incl. in physical	
f. General Physical Exam	Incl. in physical	
Audiogram	\$	28.75
QA2 Fee non-Safety	\$	<u>70.00</u>
	\$	159.70

Optional:

1-View Chest X-Ray	\$	63.25
Venipuncture	\$	34.50
Blood Chemistry Panel 23 w/lipids	\$	25.00
Resting EKG	\$	65.55
Treadmill Stress Test	\$	<u>126.50</u>
	\$	314.80

**Respiratory Equipment User -
Review of Employee Medical Questionnaire**

OSHA Respirator Questionnaire	\$	<u>25.00</u>
	\$	25.00

**Respiratory Equipment User -
Base Medical Examination**

General Physical Exam	\$	60.95
a. Height and Weight	Incl. in physical	
b. Blood Presssure	Incl. in physical	
c. Pulse	Incl. in physical	
d. Temperature	Incl. in physical	
e. Respiration	Incl. in physical	
f. General Physical Exam	Incl. in physical	
Pulmonary Function Test	\$	48.30
QA2 Fee non-Safety	\$	<u>70.00</u>
	\$	179.25

Optional:

Venipuncture	\$	34.50
Chem Panel 14	\$	25.00
CBC with Diff	\$	20.00
U/A Collection	\$	23.00
Gross and Micro U/A	\$	12.00
Occu-Vax Management	\$	<u>45.00</u>
	\$	159.50

1-View Chest X-Ray	\$	<u>63.25</u>
	\$	63.25

Resting EKG	\$	65.55
Treadmill Stress Test	\$	<u>126.50</u>
	\$	192.05

Hazmat Team Assignment

General Physical Exam	\$	60.95
a. Height and Weight	Incl. in physical	
b. Blood Pressure	Incl. in physical	
c. Pulse	Incl. in physical	
d. Temperature	Incl. in physical	
e. Respiration	Incl. in physical	
f. General Physical Exam	Incl. in physical	
Vision Test (OD & OS)	Incl. in physical	
Near - corrected (optional) (M-System)	Incl. in physical	
Far - Corrected (Bailey - Lovie)	Incl. in physical	
Peripheral Vision	Incl. in physical	
Color (Primary Colors only)	Incl. in physical	
Farnsworth D-15	\$	51.75
Tonometry	\$	51.75
Audiogram	\$	28.75
1-View Chest X-Ray	\$	63.25
Treadmill Stress Test	\$	126.50
Pulmonary Function Test	\$	48.30
Venipuncture	\$	34.50
Hemocult	\$	20.00
CBC with Diff	\$	20.00
U/A Collection	\$	23.00
Gross and Micro U/A	\$	12.00
Blood Chemistry Panel 23 w/lipids	\$	25.00
Plasma Cholinesterase	\$	40.00
Blood Lead	\$	24.00
Heavy Metals Test (Mercury, Arsenic)	\$	82.00
Zinc	\$	38.00
Occu-Vax Management	\$	45.00
QA2 Fee non-Safety	\$	<u>70.00</u>
	\$	864.75

Optional:

Semen Analysis	\$	<u>138.00</u>
	\$	138.00

**State of California DMV
Medical Examination and Certificate**

CDL Physical Exam Only	\$	80.50
QA2 Fee non-Safety	\$	<u>70.00</u>
	\$	150.50

I. STATEMENT OF QUALIFICATIONS AND EXPERIENCE

Occu-Med's founder (now President and CEO of the company) directed a project (which eventually expended more than \$2 million in cash and in-kind contributions) funded by the United States Civil Service Commission in 1976 "to develop and implement an improved system of physical and medical standards and procedures for employment." The goals of this project were: a) to ensure workers were able to safely perform the essential function of their jobs, b) reduce the costs associated with worker injuries, and c) protecting the rights of the disabled by developing a medically appropriate and legally defensible methodology for determining what medical conditions, injuries or illnesses allowed for reasonable accommodation. The Director of this project, Jim Johnson, having spent his previous two years at the County Supervisors' Association of California ("CSAC") as, among other assignments, staff to the statewide association of County Personnel Administrators, obtained a secondary grant to expand this project to include the entire State of California and to form an Advisory Group of representatives from more than thirty Counties, several Cities and various state and federal agencies enforcing the newly enacted legislation protecting the employment rights of the handicapped. Based on the original research conducted then, Occu-Med's methodology for managing employment medical evaluations was born.

Occu-Med has gained a thorough understanding of employment laws and regulations over its 36 years of providing these services, and we know the importance of having a complete understanding of the physical and environmental factors that the employee will face in the workplace before a placement recommendation is made. Occu-Med has legal staff, and, because we thoroughly understand medicine, the law and the requirements of the job in question, we are able to confidently permit placement of applicants and employees who are able to safely perform the essential duties of the job with or without reasonable accommodation and are able to recommend (just as confidently) the disqualification of individuals who are unable to safely perform the essential duties of the job (again, with or without reasonable accommodation). For example, as part of our services we track, monitor and opine on updates to the Occupational Health and Safety Administration (OSHA) and the Americans with Disabilities Act Amendments Act of 2008 (ADAAA), HIPAA, the California Fair Employment and Housing Act (FEHA), Peace Officer Standards and Training (POST) Guidelines and National Fire Protection Associated Guidelines (NFPA) 1582 which sometimes go unnoticed by Human Resource, Risk and ESH&S Managers, yet it is the employer who will be left to pay the bill should an applicant be tested inappropriately during a pre-placement medical exam. And just as importantly we ensure the quality of each clinic, provider, and laboratory in our medical network including: Joint Commission, State Medical Board and SAMHSA accreditation. We believe it is incumbent upon Occu-Med to remain an authority in

the relevant legal changes within which such employment decisions must be made. We have received numerous testimonies from our clients regarding the quality of our service.

II. QUALIFICATION OF KEY PERSONELL

Please refer to page two and three of our response to the City's questions. Our responses to these questions also contain EXHIBITS 1 & 2.

III. METHODOLGY FOR FULFILLING THE CITY'S SCOPE OF WORK

- Legally Defensible Job Analysis

Every medical exam performed by Occu-Med is done so in order to comply with a legal requirements surrounding what is permissible for pre-placement and periodic medical evaluations under the ADA, FEHA and GINA. Put simply, we do not just ask the applicant or employee if he or she is able to "do the job" or "return to work", rather, our approach provides a quantifiable way to make such a determination for each applicant and/or employee as part of an individualized assessment.

The cornerstone of creating legal defensibility in Occu-Med's *QA*² Occupational Medicine Program begins with the administration of Job Analysis, i.e. initially validating all medical testing performed through a statistically validated method. Job Profiles (see EXHIBIT 3) are prepared for use in evaluating pre-placement, fitness-for-duty and return-to-work medical examinations by conducting on-site job analysis sessions. The procedure utilized during the job analysis sessions is the same one that we have used for more than 3,000 other agencies: Physical Abilities Analysis.

Physical Abilities Analysis is a structured group process that involves interviewing job incumbents from the job being analyzed. In preparation for these job analysis sessions Occu-Med works with the City to determine statistically valid sample sizes (number of job incumbents) for the job classes and schedule the sessions. During the job analysis sessions, incumbents are asked to identify the most demanding essential job tasks for 19 physical ability categories, and then they are instructed to rate those tasks on a 7-point, behaviorally-anchored scale. The incumbents are also asked to complete a questionnaire that addresses the environmental factors that they may be exposed to in their job. Overall, each session requires about one and one-half hours to complete.

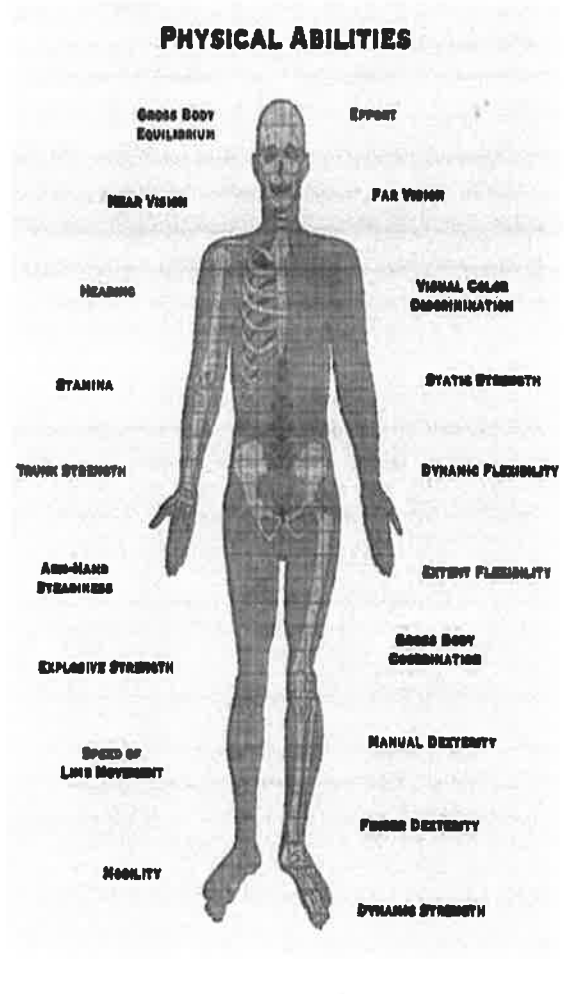
Data collected will then be qualitatively and statistically analyzed to develop Job and Medical Examination Component Profiles for each job class studied. The Job Profile accurately and fully captures the most demanding essential job tasks of the jobs studied, and the Medical Examination Component Profile (see EXHIBIT 4) details the specific medical tests that are job-related and consistent with business necessity and therefore recommended to find or diagnose the medical or physical conditions that would be of concern for that job.

Additionally, as part of our job analysis Occu-Med can include a review of the City’s current testing protocols and procedures to determine if any additional CAL/OSHA specific testing could be included as part of the pre-placement medical exam. Or, the City’s desire to review its drug testing policy in light of the Lanier Case.

Occu-Med Projects it can accomplish an analysis of the City’s job classifications in 1-weeks time. This presumes the City can work with Occu-Med to schedule efficient size classes in order to perform the sessions.

The City could expect to pay 1,000 dollars a day for each day of onsite work performed and another \$1,000 for any offsite work performed. Occu-Med estimates we could complete all necessary analysis in 1-weeks time.

With the completion of Job Analysis and approved Medical Exam Component Profile the City can be confident that all medical testing is job related and consistent with business necessity. After our initial job analysis is completed Occu-Med can on an annual basis refresh the City’s Job Profiles to reflect changes to the physical demands of the position. This will also be performed for the City’s Medical Exam Component Profiles in order to stay compliant with changes to applicable laws, like the Lanier case, or updates to Guidelines like POST or NFPA. Occu-Med is prepared to begin work for the City on January 1, 2016, or sooner, in order to ramp up. **NOTE: If the City elects not to purchase this service**



Occu-Med can work from the City's existing Job Descriptions and Medical Examination Protocols (like those included in the City's RFP) and/or the City's current medical guidelines. Our job analysis service can always be performed at a later date.

As an additional value to job analysis, this Program will provide the City an effective method of managing the possible return to work of employees who require a medical leave of absence due to injury or medical conditions, as well as an Americans With Disabilities (ADA) and the ADAAA/FEHA compliant reasonable accommodation forum for engaging such employees. Occu-Med's FFD/IRTW Program is currently in use by hundreds of employers nationwide. Occu-Med is uniquely positioned to assist the City with the human resources matters involving complex medical cases that require a prompt and discerning assessment of the medical factors that may constitute a contraindication to an employee's performing one or more of the essential functions of the his/her job.

- Medical Network

Occu-Med contracts with multiple medical providers throughout the greater Fresno area which will allow the City's applicants and employees to always attend an appointment close to his or her current job or home. This service extends beyond the City's immediate geographical area, as Occu-Med has over 5,000 medical providers nationwide, so no matter where the City is recruiting from rest-assured Occu-Med will have a clinic nearby. Currently Occu-Med's primary clinics for individuals in the Fresno area will be:

Concentra Medical Center
7265 North First Street Suite 105
Fresno, CA 93720

Concentra Medical Center
2555 South East Avenue
Fresno, CA 93706

Additionally, at the City's request Occu-Med is amenable to working with any other medical provider[s] the City so chooses. And, with over 5,000 occupational health providers nationwide we likely already have those facilities on our network.

A. PRE-EMPLOYMENT PHYSICALS

PREAMBLE

QA² is the name given to Occu-Med's end-to-end solution for the scheduling and on-going review of all medical examinations for applicants or employees for jobs with the City. When applicable the same methodology outlined in this section for scheduling, tracking and reporting the results of the medical exam will be applied when scheduling annual, surveillance and post-employment exams as well. This service includes exam reviews for exams, the further investigation of medical conditions identified during these exams (through the "RDQA" service--see description), the preparation of letters to applicants or employees who are determined to be Medically Disqualified for the job for which they applied or currently work-in, an analysis of Reasonable Accommodation for each individual Medically Disqualified, and the preparation of periodic (daily, when useful) production / performance / status reports.

Scheduling

Scheduling pre-placement, or periodic medical exams through Occu-Med could not be easier. A City representative contacts Occu-Med's Exam Scheduling Hotline or submits an Occu-Med Exam Requisition Form via e-mail (see EXHIBIT 5), and the necessary medical exam is scheduled the same day as the referral. Occu-Med within two (2) hours of receipt of your referral will contact your applicant or employee in order to arrange a medical appointment with him or her. Upon completion of scheduling, your representative will immediately receive email confirmation of the appointment time and date, which will be scheduled to occur within 2 business days of the referral. Normally, the exam will be scheduled at: Sutter Gould however, with your permission, exams could be scheduled at an alternative nearby clinic if the preferred clinic is booked out beyond acceptable time periods or if the applicant lives closer to an alternative clinic. Upon scheduling the medical exam the applicant is provided in advance all the necessary paperwork in order to complete the exam successfully. This includes a copy of Occu-Med's GINA compliant medical history forms (see EXHIBIT 6) which are used in place of the local medical providers forms. We do this to ensure no inappropriate medical history questions are solicited as often times, clinic specific forms lack compliance as they are used for various other types of medical evaluations.

Having scheduled the medical exam, and with knowledge of the length of time required to obtain results from the medical testing included in the exam (i.e., PPD test for tuberculosis takes 48 to 72 hours for results), Occu-Med contacts the medical provider to request, or "harvest," the exam at the absolute

earliest time that it should be ready for review. This service has cut exam turnaround time for our clients in half in almost every case. Thus, eliminating a clinic from “holding” an exam until they have staff that can fax or email the results. Occu-Med commits to submitting a Medical Exam Summary Report to the City on the same day the complete medical exam is received (provided it is received before 4:00PM PT).

EXAMQA

When reviewing an exam Occu-Med combines:

- a) a thorough knowledge of the essential physical and environmental components of the jobs in question;
- b) the medical expertise to gather all necessary and appropriate medical information upon which to base safe placement, return-to-work and fitness-for-duty recommendations; and,
- c) extensive knowledge of the legal constraints within which such hiring decisions must be made.

This aspect of our services means that Occu-Med and its medical review staff review all completed medical exams and it is Occu-Med’s recommendation that is made to the City regarding an applicant or employees safe placement. This process ensures that pertinent aspects regarding a placement decision are considered and not just those in the examining physician’s purview. For Conditional Qualifications (CQ), an Employment Agreement accompanies each such report. For Recommended Delayed for Qualification (RDQ), RDQA is initiated with the applicant, and the City is simply notified that the process has begun. This eliminates the possibility of disclosure of protected personal medical information that may be undesirable for the City to have received. For each Disqualification (DQ), an appropriate medical-legal report is submitted documenting the specific justifications for the disqualification and informing the City of the requirement of a consideration of Reasonable Accommodation (a process in which we encourage the City to involve us). Periodic performance reports, addressing both clinic turnaround statistics and EXAMQA results, are available upon request.

Qualification Recommendations are as follows:

Occu-Med’s Qualification Recommendations and Reports

Medically Qualified – Applicant is an immediate safe placement.

Conditionally Qualified - Applicant may be placed immediately but has work restrictions or accommodation as outlined on the medical restrictions and/or reasonable accommodations page of the report. The specific restrictions or accommodations are always included as part of the Conditionally Qualified Medical Exam Summary Report.

Recommendation Delayed for Qualification – Applicant will be required to submit further information regarding one or more medical conditions before being placed. This process is facilitated by Occu-Med via RDQA. The applicant is contacted on the day that he/she becomes delayed and informed that he or she has 10 business days to complete the request for additional medical information (extensions of the timeframe can be granted at the City’s discretion).

Medically Disqualified – Applicant has been deemed medically unsuited for this job class and will not be placed. Occu-Med’s report outlining relevant issues will be attached. The City must consider Reasonable Accommodation for this Medical Disqualification and must determine whether such an accommodation is feasible.

Recommendation Delayed for Qualification – RDQA

The RDQA process is one of the most elegant and sophisticated services associated with the Occu-Med Program, for the City this process will be the mechanism for completing the “Follow-Up” medical test and treatment Procedures, requested in the City’s RFP.

When the Occu-Med recommendation is that a decision be delayed until certain medical information can be further explored (that is, when the applicant is classified as “Recommendation Delayed for Qualification”—or “RDQ”—under Occu-Med terminology), Occu-Med will submit that report as well as an additional report when the requested additional information is received and Occu-Med is able to offer a conclusive placement recommendation. Since the law permits making “further medical inquiry” into medical conditions that could pose a direct threat of injury from the performance of the job’s essential duties, it is necessary to notify the applicant of the specific findings as well as the information that will be necessary to submit in order to be cleared for the job. Since City staff may not have the time or the medical expertise to contact each of these applicants to describe in detail the medical findings and to answer their questions about the medical information needed for clearance to be approved, Occu-Med staff communicates directly with these applicants. Further, there is also a growing fear by employers that they may be receiving medical information about job applicants from medical examinations in violation of state and federal laws relating to such information (specifically, when the medical condition being investigated more fully pursuant to an “RDQ” designation is found to be benign in relation to the job’s essential duties). For these reasons Occu-Med has developed—and will institute as part of this contract—a service designated as “RDQA.” Under RDQA Occu-Med corresponds directly with job applicants to discuss the medical findings, to answer any questions about the medical condition or the process being

employed, and to describe any medical records or documentation required for clearance. Applicants will have five (5) days to respond to Occu-Med and ten (10) days to provide further information unless the City dictates the application of different time requirements. The City's staff will simply be notified that such a review has been initiated, and the City will be informed on a periodic basis (as directed) on the status of each RDQ. Then, when the requested information is submitted, Occu-Med will prepare the appropriate clearance report.

Occu-Portal

At the request of the City result will also be made available via an online web-based portal known as the Occu-Portal.

Occu-Med will provide personnel, designated as authorized by the City, with access to the Occu-Med Portal. This web-based tool will permit designated the City's personnel to access real-time statuses of individuals referred to Occu-Med for evaluation. Additional tutorial information regarding utilizing Occu-Med's vendor portal will also be made available online should new users need training on the site.

Occu-Med will also provide to the City, at its convenience, a telephonic or face-to-face walk-through of our portal features so that the City can customize which fields it wishes to have appear on the portal.

Occu-Med will create vendor logins for six (6) City personnel, and more can be added at the City's convenience. Login access will be emailed by Occu-Med to the designated City representatives. It will be incumbent upon the City to notify Occu-Med should a representative change or no longer require access. Occu-Med's web-based portal utilizes individualized logins for each client contact and protects data transmission by utilizing a 128-bit SSL security certificate.

Occu-Med will provide our web-portal service to the City at no additional charge for three (3) months from the date service begins. If the City desires to keep the service thereafter, Occu-Med will continue to provide the service for the length of the contract at no additional fee.

As part of Occu-Med's services Occu-Med serves as the custodian of records for all medical records for our clients. Occu-Med maintains this information in a HIPAA compliant softcopy that is available to the City with a one (1)-business day request.

B. DOT MANDATED ALCOHOL AND DRUG TESTING SERVICES

Drug screening at many clinics is “hit or miss.” Additionally, if a Medical Review Officer (MRO) is ever required, that service is subject to a separate fee. And, finally, many issues that arise are beyond the experience of the clinic to address (i.e., dilute negative tests and shy bladder). Occu-Med has developed a national program that manages all such drug screening issues for its clients, including assisting in the development of drug screening programs and procedures, pursuant to CFR Title 49 Part 40. Further, due to our national purchasing power, we are able to offer attractive pricing with no add-on charges for MRO services. Further, we are readily available to address any issues in this area that arise this service will be substituted for the clinic’s typical program, ensuring compliance for the DOT drug screen program. Licenses for Occu-Med’s SAMHSA & CAP accredited lab are enclosed.

Urine Collections

Occu-Med along with selected medical clinics on our network are able to provide the City a comprehensive solution for collecting DOT urine drug screens and BAT in compliance with CFR Title 49, PART 40.

Collection sites where the DOT collections can be performed are as follows initially Sutter Gould, and more will be added based on where the City identifies the need to have locations for post-accident and after-hours testing.

Only Certified Specimen Collectors having received the CFR Title 49, PART 40.213 Training will be used for these collections.

All urine results will be sent to MEDTOX Laboratories for confirmation. Medtox is SAMHSA certified (Federal Register/Vol. 79, No. 27/Monday, February 10, 2014/Notices), and is able to conduct confirmatory tests using the split-specimen regulations and MRO confirmation. These results are typically available within 48-72 hours, with up to 72 additional hours needed if MRO confirmation is required pursuant to a DOT requirements for a positive finding using GCMS confirmation. When MRO confirmation is required the City will be notified of the delay.

Breath Alcohol Collections

For BAT confirmation only EBTs on the NHTSA CPL for evidential devices that meet the requirements of CFR Title 49, PART § 40.231 (b) will be used to conduct alcohol confirmation. These results will be immediately available to the City.

C. COMERCIAL DRIVER PHYSICAL EXAMINATIONS

Pursuant to 49 CFR § 391.41 Department of Transportation Physical Qualifications and Examination of Drivers Motor Carrier Safety Regulations, a DMV medical exam will be administered. A Department of Motor Vehicles Medical Examiners Certificate per 49 CFR 391.41-49 will be prepared by the examining medical provider and will be given to the employee with a copy emailed by Occu-Med to the City's Human Resources Department. Pursuant to the May 19, 2014 revisions to the Federal Motor Carrier Safety Regulations Occu-Med will ensure all medical providers conducting DOT exams are certified on the National Registry.

As required, Occu-Med will also schedule ancillary required commercial driver components including but not limited to: DMV DL 51 Medical Examination Report requirements and Audiometric baseline per CCR Title 8 § 5097 (audiogram an to assess hearing between 500hz-6000hz). Information will be recorded in accordance with CCR Title 8 § 5097.

D. FIREFIGHTER EXAMS

Occu-Med performs employment medical evaluations for over 300 fire districts, departments and agencies both in the United States and internationally. Perhaps no greater value is derived from pre-placement and periodic medical evaluations than those pertaining to safety-sensitive job classes. It is with extreme diligence that Occu-Med manages and reviews each of these critical evaluations.

For firefighter medical evaluations the National Fire Protection Association (NFPA) 1582 Standard on Comprehensive Occupational Medical Program for Firefighters will be used as a guideline for both administering the medical exam as well as making any employment related recommendations based on the medical exam findings. Occu-Med will also consider the California Fair Employment and Housing Act, which, at times, can appear to contradict some of the guidelines associated with NFPA 1582.

However, by being an authority on both publications Occu-Med creates continuity for the City and therefore can provide it a streamlined approach to managing and creating opportunities for Firefighter

health and wellness from application and pre-placement medical evaluation until separation. Meanwhile, by administering NFPA 1582 correctly Occu-Med and the City can offer the best continuing education into making firefighter health and wellness not only something that is periodically assessed but also an everyday activity.

E. POLICE (POST) EXAMS

Occu-Med is responsible for the pre-placement medical evaluation program for dozens of Police and Sheriff departments throughout the State of California. Our experience in this field has given us profound and wide-reaching experience with the Police Officer Standards and Training (POST) Medical Screening Manual a.k.a POST Guidelines.

“The process and decisions resulting from the medical screening of patrol officer candidates are dictated as much by state and federal regulations as by accepted medical practices. It is therefore imperative that physicians as well as hiring authorities have a full and complete understanding of the legal issues underlying medical screening for occupational suitability.” –Excerpt from POST

Occu-Med, by standing at the crossroads of both the medical and legal community (having both medical and legal staff) is able to make discerning recommendations regarding officer placement that our client employers can be confident in. Occu-Med will utilize and follow the POST Guidelines for all police officer medical evaluations including the use of Form 2-253, and Form 2-252.

F. POST EMPLOYMENT ANNUAL SURVEILLANCE MEDICAL EXAMS

Annual/Periodic/ Wellness Exams.

A. Instituting a program that regularly evaluates pertinent aspects of your employees' health can prevent injuries resulting from deterioration in employee health, as well as maintain compliance with regulations that require medical surveillance. A large segment of Occu-Med's business has become the performance and management of compliance for required annual testing including: CAL/OSHA Compliance, NFPA 1582/1583, hearing conservation, HAZMAT, respiratory protection, and many other regulations.

Occu-Med would be pleased to begin providing the necessary medical tests associated with ongoing compliance of these many regulations. Further, information regarding this service can be discussed with the City should Occu-Med be selected as the vendor.

Hazardous Materials Workers Examinations

As discussed previously and also detailed in the Job Analysis portion of this document, Occu-Med is able to advise on all applicable medical related testing and procedures for CAL/OSHA compliance exams and HAZMAT exams. For instance, based on exposure information provided by the City, Occu-Med can provide recommendations on what medical testing is appropriate, within each job class. This would include, but not be limited to: baseline lead testing per CCR Title 8 § 1532.1 and 5198. Baseline chest x-ray per CCR Title 8 § 5208 and read per CCR Title 8 § 5208 appendix E or monitoring with other known exposures that City employees may face, pesticides, herbicides, etc.

Communicable Diseases

Based on Occu-Med's job analysis, POST and NFPA Guidelines, CAL/OSHA regulation §5193. Bloodborne Pathogens Occu-Med is able to tailor its Occu-VAX services to provide robust support to the City in helping to mitigate communicable diseases.

Occu-Med performs over 50,000 occupational health related immunizations annually, from annual flu shots to yellow fever prophylaxis. Occu-Med maintains an entire department dedicated to this ongoing endeavor, Occu-VAX. At the time of each referral for individuals requiring immunizations Occu-Med will request a copy of the applicant's vaccination record. Pursuant to the City's request an assessment will be made regarding whether or not the applicant has received the necessary immunizations including: MMR, Tetanus & TDAP, Hepatitis B, Varicella and the current influenza immunization. If it is determined that one or more immunizations are necessary, the immunizations will be made available (but not required) to the applicant at the time of the medical exam. If the applicant declines the immunizations Occu-Med will administer the necessary declination form.

Occu-VAX

Occu-VAX is the scheduling and coordination, immunization record management and the on-going management of all immunization and chemoprophylaxis treatments for applicants and employees for jobs. This service includes an individualized evaluation of each applicant / employee to assess the appropriateness and necessity for administering the immunization and chemoprophylaxis treatments outlined in the specific Occu-VAX Profile prior to and, when appropriate, during employment.

Scheduling and Coordination: Upon completion of the medical evaluation or concurrently by requirement or request from a designated City employee, Occu-Med will promptly contact applicants /

employees to: a) assess the appropriateness and necessity for receiving immunization and chemoprophylaxis treatments, and b) schedule and coordinate the administration of those immunization and chemoprophylaxis treatments deemed appropriate and necessary prior to and during employment.

Immunization Record Management: Applicants and employees will be given an immunization record (documentation of immunization history) upon completion of: a) initial administration of immunization and chemoprophylaxis treatments; or b) an assessment concluding that no immunization or chemoprophylaxis treatments are necessary. Immunization records for all applicants and employees evaluated will be maintained electronically by Occu-Med. In the event an applicant or employee declines an immunization Occu-Med will obtain the appropriate declination from the individual.

On-Going Immunization Management: All immunization treatments recommended by NFPA, POST or the CDC will be managed by Occu-Med. This service includes tracking to assure compliance with the CDC, in addition to other applicable guidelines; notification of employees and designated supervisory personnel of all periodic follow-ups associated with immunization treatments; and, upon request, preparation and provision of customized tracking reports documenting any aspect of the immunization and chemoprophylaxis treatment program.

Occu-VAX is a dynamic service that any employer can access, from including a Hepatitis B Titer as part of a pre-placement evaluation so that Hepatitis immunity can be immediately documented, or providing on-site flu immunizations during the flu season. Should the City elect to incorporate Occu-VAX a medical records management fee would be applied.

OSHA Respirator Medical Evaluation Questionnaire review pursuant to CCR Title 8 § 5144.

Occu-Med will administer OSHA Respirator Medical Evaluation Questionnaire pursuant to CCR Title 8 § 5144 to the applicant once the referral is received. Occu-Med can either use the City's form, or the Cal/OSHA form. These forms will be provided to the applicant electronically. Once returned to Occu-Med the OSHA Respirator Medical Evaluation Questionnaire is reviewed by one of our physicians or other licensed health care professional (PLHCP). When necessary, the applicant or employee will undergo a Pulmonary Function Test Occu-Med requires that three (3) blows be taken with the best result becoming the medical record.

G. BILLING AND REPORTING

Occu-Med maintains a database of all exams that we review, Occu-Med will provide the City with a quarterly report documenting the results of our work, if requested. Clinic performance reports documenting accuracy and turnaround times for exams are also available to our clients upon request. Occu-Med will work with the City to establish what specific information the City wishes to receive in each report.

Occu-Med has completed the City's COST PROPOSAL and it is included in Occu-Med's proposal in the appropriate location as directed by the City's RFP. We have also included a supplemental page with itemized fees associated with the requested services by the City.

EXAMQA Report Fee

Our EXAMQA services consists of our customary review fee which includes the following:

- Scheduling of each medical exam
- Tracking each medical exam for applicant/employee attendance
- Harvesting all medical exam results from the clinic
- Occu-Med Medical Network allowing City applicants to be seen anywhere in the United States
- Review and evaluation of completed medical examinations with results sent to you on the same day that the exam is received
- Written reports for each review undertaken for each applicant
- Employment Agreements for any employees placed with accommodations
- Additional reviews for applicants with medical or physical conditions requiring further testing or submission of additional information
- Explanation (by telephone and by letter) to prospective employees of additional medical information necessary for job clearance
- Submission of legally defensible hiring recommendations
- Assistance with reasonable accommodation recommendations
- Consultation relative to pre-placement, return-to-work, and fitness-for-duty issues
- RDQA services
- Assurance of excellent clinic performance issues, as needed
- Periodic reports documenting the results of Occu-Med's work

- Occu-Portal

QA² fees that the City would pay directly to the medical clinic, but without all the hassle of dealing with “MEDICAL BILLING Ion NVOICES” Occu-Med began its Clinic Bill Review service in 2006 as part of its service to ITT, a company charged with deploying employees to Iraq, Kuwait, Qatar and Afghanistan for various major federal projects in that region. We have evaluated more over 100,000 clinic invoices for pre-placement exams over this span of time and have been absolutely appalled at our findings: a) more than 92% of these clinic invoices were initially submitted with inaccuracies (wrong charges for tests not performed, charges for unnecessary testing performed, duplicate billings); and b) much worse is the fact that nearly all of the incorrect invoices were inaccurate in favor of the clinic.

Occu-Med requires the submission of an accurate invoice for payment—at which point we immediately submit payment to the clinic. We submit our invoice to the City as a single fee (as negotiated) for an exam— as the City’s request our invoice will also include a list of itemized charges, however, the charges will always add up to the pre-agreed negotiated fee. Clients have informed us that this “bill review” service alone has literally saved days of staff time. Another client, upon learning of this billing trend, audited the previous year’s invoices and was able to obtain a refund of more than \$3,000 for exams performed.

On the first day of each month, Occu-Med will submit an invoice to the City for the prior month’s medical services and examinations. Our invoices will be itemized by the date of service, name of person examined, type of physical performed, itemized charges for each type of physical (if applicable), a subtotal for each person examined, and a total of charges for the month being billed.

Our knowledge of the precise medical exam components that are of value for each specific job class (eliminating useless, improper and overly expensive medical tests), our ability to negotiate fair and reasonable charges from providers for medical exams, our national buying power for laboratory services (blood chemistry panels and urine drug screens), and our careful auditing of clinic and laboratory charges allow us to offer a vastly expanded array of services to our clients for fees typically charged by their medical provider for just the medical examination and laboratory charges.

Occu-Med will in-turn be able to submit clear and straightforward monthly invoices to the City (see EXHIBIT 7). This stands in contrast to the amorphous and often incorrect invoices typically submitted by clinics.

A letter of reference from our Bank is included as EXHIBIT 8. And further financial information regarding Occu-Med can be accessed via our Dun & Bradstreet Number: 140436283.

We hope you enjoyed reviewing our proposal and we look forward to hearing from you.

Proposal Respectfully Submitted By:



Jared Kaji

Director of Business Development

**STATEMENT OF ACCEPTANCE OF THE INDEMNIFICATION
AND INSURANCE REQUIREMENTS**

FOR: MEDICAL EXAMINATIONS

The Proposer shall sign below that the Proposer accepts in whole the Indemnification and Insurance Requirements set forth in these Specifications. If the Proposer takes exception to some portions, those portions shall be listed here below and the Proposer shall sign that the Proposer accepts all portions of the requirements not listed.

Note: Any exceptions may render the proposal non-responsive.

ACCEPT
 DO NOT ACCEPT

If "DO NOT ACCEPT" is checked, please list exceptions:

INSERT IF APPLICABLE



Signature of Authorized Person

10/14/15
Type or Print Name of Authorized Person

(Submit with Proposal, if applicable)

Proposer's Name

Ocean-Med, LTD.

**CERTIFICATION FOR LOCAL PREFERENCE
FOR: MEDICAL EXAMINATIONS**

We certify that we qualify as a local business pursuant to Fresno Municipal Code Section 4-109.

Location of Business:

(Please provide street address, no PO Box)

Primary Office

Branch Office

(Please mark as applicable)

Address:

2121 West Bullard Avenue

Fresno, CA 93711

Phone: 559.435.2800

The undersigned Proposer hereby declares under penalty of perjury under the laws of the State of California that the information contained on this CERTIFICATION FOR LOCAL PREFERENCE is correct and complete.

The above Statement is part of the proposal. Signing this proposal on the signature page thereof shall also constitute signature of this Certification.

Proposers are cautioned that making a false certification may subject the certifier to criminal prosecution.

NON-COLLUSION AFFIDAVIT
FOR: MEDICAL EXAMINATIONS

Proposer declares under penalty of perjury under the laws of the State of California that this proposal is not made in the interest of or on behalf of any undisclosed person, partnership, company, association, organization or corporation; that such proposal is genuine and not collusive or sham; that said Proposer has not directly or indirectly induced or solicited any other Proposer to put in a false or sham proposal and has not directly or indirectly colluded, conspired, connived, or agreed with any Proposer or anyone else to put in a sham proposal, or that anyone shall refrain from submitting a proposal; that said Proposer has not in any manner directly or indirectly sought by agreement, communication, or conference with any one to fix the proposal price of said Proposer or of any other Proposer, or to fix any overhead, profit, or cost element of such proposal price, or of that of any other Proposer, or to secure any advantage against the public body awarding the Contract of anyone interested in the proposed Contract; that all statements contained in such proposal are true, and further, that said Proposer has not directly or indirectly submitted his proposal price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid and will not pay any fee in connection therewith, to any corporation, partnership, company, association, organization, proposal depository, or to any member or agent thereof, or to any other individual except to any person or persons as have a partnership or other financial interest with said Proposer in this general business.

The above Non-Collusion Affidavit is part of the proposal. Signing this proposal on the signature page thereof shall also constitute signature of this Non-Collusion Affidavit.

Proposers are cautioned that making a false certification may subject the certifier to criminal prosecution.

**ADDENDUM NO 1.
Medical Examinations
Bid #9349**

NOTICE TO ALL BIDDERS

This Addendum is attached to and made a part of the above entitled specifications for the City of Fresno with a scheduled bid opening of **3:00 P.M., October 13, 2015**.

All changes and or clarifications will appear in **bold underlined type**.

Can the City further specify what type of semen analysis/testing it desires to have performed as part of "optional" services?

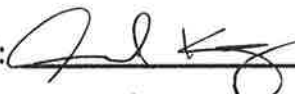
This question is best answered by a medical professional who is familiar with the types of medically relevant tests that may be performed on semen. Some firefighters on the Haz Mat team have expressed concerns about monitoring their reproductive health.

City of Fresno



GARY WATAHIRA
Purchasing Manager

The bidder shall sign below indicating he/she has thoroughly read and understands the contents of this Addendum.

Signed:  _____
Company: 10/14/15 _____

This addendum is being distributed by FAX only and will not be sent by U.S. Mail. The bidder shall submit a signed copy of this addendum with their bid.

Addenda to date:
October 8, 2015

REFERENCES

Please list at least three references of similar size and type of services, including governmental agencies, if available.

1. AGENCY/COMPANY NAME: Yuba County

ADDRESS: 915 8th Street Suite 113, Marysville, CA 95901

CONTACT PERSON: Cindy Clark E-MAIL: CClark@CO.YUBA.CA.US

PHONE NUMBER: 530.749.7863 FAX NUMBER: 530.749.7864

LENGTH OF CONTRACT: 20+ years NUMBER OF YEARS: 20+ years of service

TYPE OF SERVICE PROVIDED: Occupational Health Services Pre-Placement, Fit-For-Duty, Return-to-Work

2. AGENCY/COMPANY NAME: Arcata Fire Protection District

CONTACT PERSON: Asst. Chief McDonald E-MAIL: jmcDonald@arcatafire.org

PHONE NUMBER: 707.825.2000 FAX NUMBER: 707.822.7951

LENGTH OF CONTRACT: 5 years NUMBER OF YEARS: 5 years

TYPE OF SERVICE PROVIDED: Occupational Health Services Pre-Placement, Fit-For-Duty, Return-to-Work

3. AGENCY/COMPANY NAME: City of Anaheim

ADDRESS: 201 South Anaheim Blvd 5th Floor Suite 501 Anaheim, CA 92805

CONTACT PERSON: Edna Swaim E-MAIL: eswaim@anaheim.net

PHONE NUMBER: 714.765.4083 FAX NUMBER: 714.765.5211

LENGTH OF CONTRACT: 20+ years NUMBER OF YEARS: 20+ years

TYPE OF SERVICE PROVIDED: Occupational Health Services Pre-Placement, Fit-For-Duty, Return-to-Work

PROPOSER QUALIFICATION QUESTIONNAIRE

FOR REQUEST FOR PROPOSALS FOR:

MEDICAL EXAMINATIONS

RFP # 9349

RESPONSE

TO: THE PURCHASING MANAGER OF THE CITY OF FRESNO

The undersigned Proposer submits the following information in accordance with the proposal Specifications:

(Use additional sheets as needed.)

1. a. Business Name (If using more than one business name, please list all names.):

Answer: Occu-Med Ltd.

b. Address: **Answer:** 2121 West Bullard Avenue, Fresno, CA 93711.

Is your firm operating as a franchisee? **Answer:** No

If yes, list the franchiser, and number of years your business has been franchised:

2. Provide the names, Medical Examinations, qualifications, years of experience, and years with your firm, for all key personnel in authority in your business, including the key personnel that will be involved in this project, and the extent to which they will be involved in the performance of this Contract.

Answer:

Occu-Med is a United States based, federally registered small business, Headquartered in Fresno. Our experience, gained over three and a half decades, has shown that Occu-Med's service is uniquely capable of achieving a significant reduction in the number of employees injured on the jobs of our clients. Our commitment is the provision of our service in as conscientious, diligent, professional, non-discriminatory, timely, consistent and cost-effective a manner as possible to achieve the greatest possible value for our clients.

James Johnson, J.D.

Occu-Med's founder (now President and CEO of the company) directed a project (which eventually expended more than \$2 million in cash and in-kind contributions) funded by the United States Civil Service Commission in 1976 "to develop and implement an improved system of physical and medical standards and procedures for employment." The goals of this project were: a) reduce the costs associated with worker injuries while b) protecting the rights of the disabled. The Director of this project, Jim Johnson, having spent his previous two years at the County Supervisors' Association of California ("CSAC") as, among other assignments, staff to the statewide association of County Personnel Administrators, obtained a secondary grant to expand this project to include the entire state of California and to form an Advisory Group of representatives from more than thirty Counties, several Cities and various state and federal agencies enforcing the newly enacted legislation protecting the employment rights of the handicapped. Based on the original research conducted then, Occu-Med's methodology for managing employment medical evaluations was born. Mr. Johnson, is also Occu-Med's staff legal advisor and holds a Jurist Doctorate from the McGeorge School of Law.

Devonna M. Kaji, M.D., Medical Director

Dr. Kaji graduated Magna Cum Laude from the University of California, Berkeley and the University of Hawaii, John A. Burns School of Medicine. She received her surgery training at the University of Southern California and is a Board Certified Urologist. She has served as Professor of Urology and Assistant Chief of the Department of Urology at the Children's Hospital of Los Angeles, the University of Southern California and the University of Colorado. Dr. Kaji has served on Occu-Med's Board of Directors and managed its Medical Advisory Board for more than 30 years, and she has been the Company's Medical Director for more than 20 years. She has participated in all of the Company's medical research, having met with the medical specialists and sub-specialists representing 12 separate body systems who initially formulated Occu-Med's Compendium of Medical Standards. She has continued to supervise and participate in every medical research meeting addressing the continued effectiveness and appropriateness of this Compendium of what is now termed Medical Guidelines. Dr. Kaji supervises all medical specialists currently on retainer to Occu-Med. Further, as Medical Director, Dr. Kaji oversees all medical aspects of the Company's EXAMQA

program. Dr. Kaji is actively involved with Occu-Med's advanced projects and the periodic review and revision of all Occu-Med Medical Exam Forms, Medical History Forms, Medical Exam Results Summary Forms and all related internal operations.

Dr. Kaji examines and evaluates the accuracy and validity of all data and recommended medical exam components to assure that they are comprehensive and medically appropriate. The administration of EXAMQA reviews and recommendations are managed under the direction of Dr. Kaji. Dr. Kaji is licensed in the State of California.

George M. Beasley, D.O.

Dr. Beasley oversees many aspects of Occu-Med's day-to-day medical operations. A copy of Dr. Beasley's CV and license is included as Exhibit 1.

Jared Kaji

Mr. Kaji will be responsible for implementation of the Occu-Med Program with the City. Mr. Kaji recently oversaw the implementation of Occu-Med's Program with DynCorp International in Fort Worth, Texas. Occu-Med performs over 5,000 medical evaluation for DynCorp annually. Mr. Kaji has also served a key role as technical advisor to the County of Fresno for over 10 years regarding its ongoing use of the Occu-Med System. Mr. Kaji will serve to ensure the City is fully integrated with the Occu-Med System should we be awarded the work. Mr. Kaji's resume is attached in Exhibit 1.

Sean Edin, PTA, ATC

Mr. Edin is a certified assistant physical therapist and has performed hundreds of job analysis sessions and thousands of evaluations for Occu-Med clients throughout the United States. These aspects of his job allow him to see many different job classifications enhancing his consulting abilities. Whether the job class is a Librarian for a Public Sector municipality, or Satellite Technician for NASA's Deep Space Network, Mr. Edin is able to synthesize the critical data in a job in order to ensure medically appropriate and legally defensible testing practices.

3. How many years has your business been established? **Answer:** 36 years.

How many years has your business been under your present name? **Answer:** 36 years.

How many years under former names? (List name and number of years) **Answer:** N/A.

4. How many years has your business been providing services? **Answer:** 36 years.

5. What other types of services does your business provide?

Answer:

Every medical exam performed by Occu-Med is done so in order to comply with a legal requirements surrounding what is permissible for pre-placement and periodic medical evaluations under the ADAAA, FEHA and GINA. Put simply, we do not just ask the applicant or employee if he or she is able to “do the job” or “return to work”, rather, our approach provides a quantifiable way to make such a determination for each applicant and/or employee as part of an individualized assessment.

Services Include:

- Global Pre-Placement / Occupational Medical Services
- Job Analysis
- Intensive Return-To-Work Program
- Legal Support
- Safety & Health Training
- Expert Ready Resource

6. Do you have any affiliated companies? (If parent company, list subsidiaries and divisions. If subsidiary or division, name parent company, its principals, and their addresses): **Answer:** No.

7. Have there been any contract terminations for the services your firm performs before the fulfillment of the contract within the past three years? Yes If so, list the date, client, and reason for termination below: **Answer:** No.

8. Provide an organization chart, indicating full-time personnel, job Medical Examinations, locations, and whether each individual works out of an office or is in the field. Organization chart attached? **Answer:** Yes (See Exhibit 2). Initially, the City can expect to interface with Mr. Kaji regarding all implementation activities and the Mr. Byrnes regarding on going client services needs. On a day-to-day basis the City's applicants and employees will interface with the appropriate Occu-Med personnel dedicated to ensuring a smooth pre-placement or periodic medical readiness process.

9. Does the proposer currently possess sufficient inventory to meet the initial requirements (See Estimated Quantities for each [medical exam])

Answer: Yes, in fact, Occu-Med is responsible for the performance of ten-of-thousands of occupational medical evaluations each year. Upon award, and in light of the fact we are located within the City of Fresno, our operation can be easily scaled to immediately begin providing the City our world-class service. Occu-Med contracts with a National Laboratory which performs millions of laboratory and drug screening analysis each year. Laboratory Certifications can be found in Exhibit 1.

10. Describe how you will meet the requirement to provide [the required services] & 11. Outline your support services including establishing direct lines of communication between City technical staff and the manufacturers.

Answer:

QA² is the name given to Occu-Med's end-to-end solution for the scheduling and on-going review of all medical examinations for applicants or employees for jobs with the City. When applicable the same methodology outlined in this section for scheduling, tracking and reporting the results of the medical exam will be applied when scheduling annual, surveillance and post-employment

exams as well. This service includes exam reviews for exams, the further investigation of medical conditions identified during these exams (through the "RDQA" service--see description), the preparation of letters to applicants or employees who are determined to be Medically Disqualified for the job for which they applied or currently work-in, an analysis of Reasonable Accommodation for each individual Medically Disqualified, and the preparation of periodic (daily, when useful) production / performance / status reports. For a complete description of this service please see the Scope of Work Section (beginning on Page 4) of our response to the City's RFP.

SIGNATURE PAGE

By my signature on this proposal I certify, under penalty of perjury under the laws of the State of California, that the statements contained in this proposal are true and correct.

PROPOSAL SUBMITTED BY:


(Please follow the instructions for each line, as explained below.)

(1) Occu-Med Ltd. (559) 435.2800 (559) 435.7200
Firm Phone Fax

(2) Occu-Med Ltd.
(Corp) (Individual) (Partner) (Other)

(3) 2121 West Bullard Avenue
Business Address

Fresno CA 93711
City State Zip Code

(4) By:  _____
Signature of Authorized Person

Type or Print Name of Authorized Person and Medical Examinations

Federal Tax I.D. No.: 522333519 Date: _____

INSTRUCTIONS FOR SIGNATURE PAGE

LINE 1: The name of the Bidder must be the same as that under which a license is issued, if a license is required. If the Bidder is a corporation, enter the exact name of the corporation under which it is incorporated; if Bidder is an individual, enter name; if Bidder is an individual operating under a trade name, enter name and dba (trade name in full); if a partnership, enter the correct trade style of the partnership; if a joint venture, enter exact names of entities joining in the venture.

LINE 2: Identify here the character of the name shown under (1), i.e., corporation (including state of incorporation), individual, partnership, or joint venture.

LINE 3: Enter the address to which all communications and notices regarding the Bid Proposal and any Contract awarded thereunder are to be addressed.

LINE 4: (a) If the Bidder is a corporation, the Bid Proposal must be signed by an officer or employee authorized to sign Contracts on behalf of the corporation evidenced by inclusion of one of the following certified by the secretary of the corporation, authorizing the officer or employee to sign contracts (sample certification attached): a copy of the Articles of Incorporation, a copy of the Bylaws, a copy of the Board Resolution or Minutes authorizing the officer or employee to sign Contracts.

(b) If Bidder is an individual, he/she must sign the Bid Proposal, or if the Bid Proposal is signed by an employee or agent on behalf of the Bidder, a copy of a power of attorney must be on file with the City of Fresno prior to the time set for the opening of the bids or must be submitted with the Bid Proposal.

(c) If the Bidder is a partnership, the Bid Proposal must be signed by all general partners; or by a general partner(s) authorized to sign Contracts on behalf of the partnership evidenced by inclusion of either a copy of the Partnership Agreement or a recorded Statement of Partnership.

(d) If the Bidder is a joint venture, the Bid Proposal must be signed by all joint venturers; or by a joint venturer(s) authorized to sign Contracts on behalf of the joint venture evidenced by inclusion of either a copy of the Joint Venture Agreement or a recorded Statement of Joint Venture; and if the joint venturer(s) is a corporation or a partnership signing on behalf of the Joint Venture, then Paragraphs (a) and c) above apply respectively.


Where Bidder is a partnership or a corporation, the names of all other general partners, or the names of the president and secretary of the corporation, and their business addresses must be typewritten below:

NAME ADDRESS

NOTE: All addresses must be complete with street number, City, State, and Zip Code.

SAMPLE CERTIFICATION

I, Devonna Kaji, certify that I am the secretary
Name
of the corporation named herein; that Jared Kaji who signed this
Name
Bid Proposal on behalf of the corporation, was then Director of Business Development of
Medical Examinations
said corporation; that said Bid Proposal is within the scope of its corporate powers and was duly
signed for and on behalf of said corporation by authority of its governing body, as evidenced by the
attached true and correct copy of the Minutes of the Annual Shareholder's Meeting
Name of Corporate Document

By: 
Name: Devonna Kaji

Medical Examinations: Secretary

Date: October 13, 2015

Minutes of the Annual Shareholder's Meeting

The Annual Meeting of Shareholders of Occu-Med, Ltd. for the year ending 2005 was held at the following time and date and at the following location:

Time: 9:00 AM

Date: July 22, 2006

Place: Occu-Med Office

The meeting was called to order by James Andrew Johnson, the President of the corporation. As authorized by the By-Laws, the President presided as Chairman of the meeting and Devonna Mae Kaji, MD the Secretary for the corporation acted as Secretary of the meeting and recorded the minutes. The Secretary then reported that the following shareholder, representing a quorum for the meeting, was present in person:

<u>Name</u>	<u>Number of Shares</u>
James Andrew Johnson	1,500

The Secretary read the minutes of the last meeting of shareholders; those minutes were approved as read by the shareholder in attendance.

The Chairman presented to the meeting the annual report of the corporation for the fiscal year ended 2005 and provided a financial report for the fiscal year. The Chairman then reported to the meeting the activities of the Board of Directors and proposed that the Shareholders ratify those actions of the Directors. Upon motion unanimously carried it was RESOLVED, that all proceedings of the Board of Directors since the last meeting of Shareholders, and all acts taken by members of the Board of Directors or by Officers of this corporation, are ratified and approved in all respects.

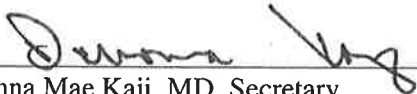
The Chairman then announced that the next item of business to come before the meeting was the election of a Board of Directors to serve for the ensuing year. The Chairman then asked for nominations for the Board of Directors. The following individuals were then nominated as the corporation's directors:

James Andrew Johnson

Devonna Mae Kaji, MD

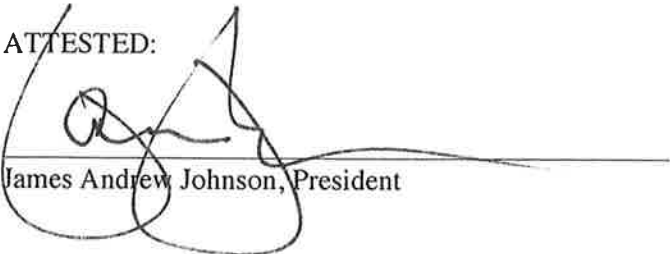
There being no other nominations, the Chairman stated that nominations were closed. The above-named persons were unanimously elected Directors of the corporation.

The Chairman then asked if there was any further old or new business any person in attendance wished to bring before the meeting. Whereupon no further business came before the meeting, the meeting was adjourned.



Devonna Mae Kaji, MD, Secretary

ATTESTED:



James Andrew Johnson, President

EXHIBIT 1

CURRICULUM VITAE

George M. Beasley

DEMOGRAPHICS

January 17, 1951 ; Divorced ; One child Melissa

ADDRESS

412 Meadowhill Drive , Benbrook , Texas 76126

EDUCATION

Doctor of Osteopathic Medicine , 1989
University of North Texas Health Science
Center - TCOM
3500 Camp Bowie Blvd. Fort Worth Texas 76107

POST GRADUATE

Internship July 1989 through June 1990
Osteopathic Medical Center of Texas (Closed)
1000 Montgomery St , Fort Worth Texas 76107

LISCENSURE

Board Certified in Family Practice 1996
Certificate # 7775
American College of Osteopathic Family Physicians
Texas Medical License # H - 7882 1990
National Boards for Osteopathic Medicine
National Board for Respiratory Therapy 1975
Registry # 3997

**FACULTY
AFFILIATION**

Clinical Assistant Professor, Dept. of Family Medicine
University of North Texas Health Science Center
at Fort Worth TCOM Aug 26, 1992 to Present

**PROFESSIONAL
ORGANIZATIONS**

American Osteopathic Association
American College of Family Practice Physicians
Texas Independent Osteopathic Physician Assoc. -
Board Member 1997- August 2010
Texas Osteopathic Medical Association -
Physician Health and Rehabilitation Committee -
Committee Member 2000.5 to Present
Texas State Golden Gloves - 1990 to Present -
Head Ringside Physician 2000 to Present

TEXAS MEDICAL BOARD

PO. BOX 2029 • AUSTIN, TEXAS 78768-2029

PHYSICIAN FULL PERMIT

LICENSE/PERMIT NUMBER

H7882

EXPIRATION DATE

11/30/2016

GEORGE M BEASLEY, DO
412 MEADOWHILL DR
BENBROOK TX 76126-4017

THIS CERTIFIES THAT THE LICENSEE/PERMIT HOLDER NAMED AND NUMBERED HEREON HAS PROVIDED THIS BOARD
THE INFORMATION REQUIRED AND HAS PAID THE FEE FOR REGISTRATION FOR THE PERIOD INDICATED ABOVE
PLEASE KEEP THIS BOARD NOTIFIED OF CHANGE OF ADDRESS

Jared H. Kaji

EDUCATION

- ❖ CSU Fresno 2000 – 2004
- ❖ Insurance Education Association 2004 – 2006
 - Workers' Compensation Claims Administration
- ❖ Certified D.O.T. Drug Screen Collection Trainer 2007

SUMMARY of QUALIFICATIONS

- ❖ Job Analysis
- ❖ Medical Evaluation Program Development and Management
- ❖ Workers' Compensation Claims Administration and Management
- ❖ Medical Network Management
- ❖ Drug Screen Collection Training
- ❖ Subject Matter Expert
- ❖ Fitness-For-Duty and Return-To-Work Medical Evaluations
- ❖ Public Speaking
- ❖ Human Resources Management
- ❖ Medical Records Management / HIPAA
- ❖ OSHA Compliance
- ❖ Medical Billing
- ❖ Mobile Medical Team Management

EXPERIENCE

- ❖ Occu-Med August '03 – Present
 - EXAMQA Administrator August '03 – 2006
 - Medical Evaluation Program Administration
 - Customer Relationships Management
 - Medical Provider Relationships Management
 - Director of Client Services 2006 – 2007
 - Job Analysis
 - Medical Evaluation Program Development and Management
 - Customer Relationships Management
 - Client Program Implementation
 - Clinic Training
 - Director of Business Development 2007 – Present
 - Medical Network Development and Management
 - Proposal Management and Development
 - Contract Administration and Management
 - Medical Evaluation Program Development and Management
 - Subject Matter Expert
 - Department of Defense, Pre-Deployment Medical Readiness
 - Pre-Placement and Fitness-For-Duty Medical Evaluations
 - Public Speaking
 - Association of California Water Agencies July 2008
 - Alpha Fund, Alpha Fund University September 2009
 - Fire Districts Association of California April 2010
 - Advanced Consulting, Inc., Defense Base Act Claims Management April 2011
 - Johns Hopkins University February 2013

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS**

CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS
MEDTOX LABORATORIES
402 W COUNTY RD D
SAINT PAUL, MN 55112-3522

CLIA ID NUMBER
24D0665278

EFFECTIVE DATE

08/03/2015

LABORATORY DIRECTOR

EXPIRATION DATE

DR MARK CATLIN

08/02/2017

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.



Karen W. Dyer
 Karen W. Dyer, Acting Director
 Division of Laboratory Services
 Survey and Certification Group
 Center for Clinical Standards and Quality

181 Certs2_070715

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)	06/13/2008	HISTOPATHOLOGY (610)	06/13/2008
MYCOLOGY (120)	06/13/2008	ORAL PATHOLOGY (620)	06/13/2008
PARASITOLOGY (130)	06/13/2008	CYTOLOGY (630)	06/13/2008
VIROLOGY (140)	06/13/2008		
SYPHILIS SEROLOGY (210)	08/03/1999		
GENERAL IMMUNOLOGY (220)	10/13/2000		
ROUTINE CHEMISTRY (310)	08/03/1999		
URINALYSIS (320)	08/03/1999		
ENDOCRINOLOGY (330)	08/03/1999		
TOXICOLOGY (340)	04/03/2003		
HEMATOLOGY (400)	08/03/1999		
ABO & RH GROUP (510)	08/23/2010		
ANTIBODY NON-TRANSFUSION (530)	08/23/2010		

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



Advancing Excellence

**Accredited
Laboratory**



The College of American Pathologists

certifies that the laboratory named below

MedTox Laboratories Inc

Main Laboratory

Saint Paul, Minnesota

Mark G. Catlin, MD

CAP Number: 3039201

AU-ID: 1189554

CLIA Number: 24D0665278

*has met all applicable standards for accreditation and
is hereby accredited by the College of American Pathologists'
Laboratory Accreditation Program. Reinspection should occur prior
to February 4, 2017 to maintain accreditation.*

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

DM Scullin

Chair, Commission on Laboratory Accreditation

Robert Anderson, FCP

President, College of American Pathologists

Certificate of Accreditation



The Substance Abuse and Mental Health
Services Administration
certifies that

MedTox Laboratories, Inc.

St. Paul, MN

NLCP Laboratory Number: 0094

has successfully completed the requirements
of the National Laboratory Certification Program for urine laboratories in accordance
with the Mandatory Guidelines for Federal Workplace Drug Testing Programs.

Effective December 7, 1988

A handwritten signature in black ink, appearing to read "Pamela S. Hyde".

Pamela S. Hyde, J.D.
Administrator

Substance Abuse and Mental Health Services Administration

A handwritten signature in black ink, appearing to read "Frances M. Harding".

Frances M. Harding
Director

Center for Substance Abuse Prevention

OCCU-MED JOB PROFILE**Date****JOB CLASS: Maintenance Worker I/II - Streets****EMPLOYER:**

Physical Ability	Rating	Most Demanding Essential Tasks	Environmental Factors
1. Stamina	5.8	Use jackhammer to break apart concrete	1. EXPOSURE TO THE SUN: 50% to 100% work time spent outside a building and exposed to the sun.
2. Extent Flexibility	5.3	Reach to set forms in concrete	2. WORK ABOVE FLOOR LEVEL: Some work done on platforms or fairly stable surfaces from 4 to 12 feet above the ground.
3. Dynamic Flexibility	5.8	Shovel/rake asphalt; use pitchfork; chip brush	3. HIGH TEMP: Considerable work time in hard manual labor above 90 degrees.
4. Static Strength	6.8	Lift/move jackhammer/bags of concrete	4. LOW TEMP: Considerable work time spent at 15-40 degrees.
5. Explosive Strength	6.5	Load broken concrete into truck; chop roots with an ax	5. CONFINED OR CRAMPED BODY POSITIONS: Occasional work in confined or cramped positions 1/3 to 2/3 of the time.
6. Dynamic Strength	4.8	Climb in/on equipment; climb up/down slopes	6. WETNESS: More than 10% of the work time getting part or all of the body and/or clothing wet.
7. Trunk Strength	6.3	Shovel/rake asphalt; repair tire chains; chip brush	7. NOISE: Constantly there are unusually loud sounds.
8. Speed of Limb Movement	4.8	Drive vehicle; use pole saw/chainsaw; avoid falling limbs	8. VIBRATION: Pronounced strain or vibration.
9. Gross Body Coordination	5.0	Operate dump truck/grader/backhoe; spread asphalt; remove brush from hill	9. SLIPPERY SURFACES: Frequent work on unusually slippery surfaces.
10. Gross Body Equilibrium	5.3	Climb in/out of equipment; walk on slippery slope	10. OIL: Some parts of the body in contact with oil or grease frequently.
11. Arm-Hand Steadiness	3.3	Seal cracks in asphalt/concrete	11. INJURY POTENTIAL: Frequent possibility of bodily injury.
12. Manual Dexterity	3.0	Prune brush/shrubs; trim trees	12. BURNS: Possibility of second-degree burns.
13. Finger Dexterity	4.3	Repair equipment; replace chain on chainsaw	13. DUST: Works in or around areas with major amounts of dust.
14. Near Vision	3.0	Repair equipment; read gauges; inspect equipment	14. HAZARDOUS MATERIALS: Exposure is a regular part of the job.
15. Far Vision	4.3	Grade gravel on roads; plow snow; check road for cracks	15. COMMON ALLERGEN EXPOSURES: Frequent exposure to common allergy-causing agents.
16. Visual Color Discrimination	3.8	Read color-coded hazardous signs; detect colored street markings	16. IRREGULAR OR EXTENDED WORK HOURS: Occasionally required to change working hours or work overtime.
17. Hearing	5.0	Hear backup alarms/oncoming traffic	
18. Mobility	4.8	Mark road for repair; chip brush; shovel asphalt	
19. Effort	5.0	Shovel/rake asphalt/gravel; move drainage items	

RESPIRATOR USE
 Required? Dust
 mask



MEDICAL EXAM COMPONENT PROFILE

Month Year

JOB CLASS: MAINTENANCE WORKER I/II - STREETS
EMPLOYER:

The following are the recommended activities and tests, which should be completed for this job class. These medical evaluation components are based on minimum requirements for a job-related medical evaluation.

- Review Job Profile (physical abilities & environmental factors) as necessary, determine work location and areas of work specialization.
- Complete Medical History Questionnaire.
- Problem-oriented written history of personal and occupational health based on a brief interview to verify the Medical History Questionnaire (usually conducted by a nurse or paramedical staff and supplemented by physician comments).
- Authorization For Release of Information From Medical Record Form
- General Physical Examination:
 - a. Vital Signs: temperature, pulse, respiration, blood pressure, height, weight.
 - b. Physician's Examination: head, eyes, ears, nose and throat, neck, chest, heart, abdomen, extremities, back, neurologic, vascular, lymphatic, and skin.
 - c. Dipstick Urinalysis-blood, glucose, protein.
 - d. Sight screening - near, far, depth, color, peripheral.
 - e. Gross hearing test. With headset.
 - f. Physician's summary, including comments related to job requirements.
- Audiometric testing - with OSHA approved sound booth
- TB Skin Testing (PPD): Qualification decision with employer follow-up of PPD.
- TB Skin Testing (PPD): Delay qualification decision while awaiting PPD results.
- Chest X-Ray (PA).
- Chest X-Ray (PA & LAT).
- Pulmonary Function (Forced vital capacity and forced expiratory volume).
- Resting EKG (12-lead).
- Stress EKG (treadmill per Bruce protocol - 12 METS required).
- Hemoglobin & Hematocrit (H&H).
- Complete Blood Count.
- Blood Chemistry Panel (do not include STD).
- Hepatitis B & C Virus Screening.
- Urinalysis - Gross & Microscopic.
- Range of Motion - Back Exam.
- Drug Testing.

NOTE: Local examiners/providers may add additional elements at minimal cost, or the examiner/provider may require additional resources/testing to further define medical conditions identified during the examination process. Contact Occu-Med for further clarification of specific issues and for approval of additional testing.



OCCU-MED

MEDICAL EXAM REQUISITION FORM

**SUBMIT COMPLETED FORM TO OCCU-MED VIA EMAIL AT SCHEDULING@OCCU-MED.COM
IF YOU ARE UNABLE TO EMAIL, PLEASE FAX TO (559) 435.7200**

DATE OF REQUEST: _____

EXAM TYPE:

CANDIDATE / EMPLOYEE:

PRE-PLACEMENT

POTENTIAL NEW HIRE

ANNUAL

CURRENT EMPLOYEE

DOT EXAM & CERTIFICATE

EMPLOYER INFORMATION

EMPLOYER	
EMPLOYER REPRESENTATIVE	
OFFICE TELEPHONE	
EMAIL ADDRESS	

CANDIDATE / EMPLOYEE INFORMATION

CANDIDATE / EMPLOYEE NAME	
JOB CLASS / DEPARTMENT (IF APPLICABLE)	
PRIMARY PHONE NUMBER	
ALTERNATIVE PHONE NUMBER	
EMAIL ADDRESS	
LOCATION (CITY / STATE / ZIP)	

ADDITIONAL COMMENTS

**ANY QUESTIONS REGARDING EXAM SCHEDULING SHOULD BE DIRECTED TO
OCCU-MED'S EXAM SCHEDULING DEPARTMENT AT 559.435.2800 x 337**



OCCU-MED

OCCU-MED MEDICAL HISTORY QUESTIONNAIRE

APPLICANT INFORMATION

APPLICANT'S NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER	BIRTHDATE (MM/DD/YYYY)
	- -	/ /
MAILING ADDRESS	CITY	STATE / ZIP
		/
PHONE NUMBERS WHERE YOU CAN BE REACHED	EMAIL	
HOME: () - CELL: () -		

DISCLAIMER

A thorough evaluation of the information provided will permit an accurate assessment of an applicant's ability to safely perform the essential duties of the job. This statement is confidential. The information you provide will be maintained in a manner that appropriately protects its confidentiality.

I, THE UNDERSIGNED, DO HEREBY CONSENT TO UNDERGO A MEDICAL EXAMINATION, INCLUDING BLOOD SPECIMEN, X-RAYS, SKIN TESTS, AND OTHER EXAMINATIONS WHICH ARE NECESSARY TO DOCUMENT MY ABILITY TO SAFELY PERFORM THE ESSENTIAL DUTIES OF THE JOB THAT I AM CURRENTLY PERFORMING (PERIODIC EXAM) OR HAVE BEEN OFFERED CONTINGENT UPON PASSING THIS MEDICAL EXAMINATION (PRE-PLACEMENT EXAM). I CERTIFY THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND I AGREE AND UNDERSTAND THAT ANY MISSTATEMENT OF MATERIAL FACT HEREIN MAY CAUSE FORFEITURE OF ALL RIGHTS TO ANY EMPLOYMENT.

SIGNATURE IN FULL	DATE COMPLETED

MEDICAL HISTORY

- 1. Have you ever been medically examined for employment before? Yes No
- 1.1 If YES, complete the following:

EMPLOYER	JOB CLASS	DATE OF EXAM

- 2. Please list all prescription and non-prescription medication you regularly use (vitamins, birth control pills, laxatives, aspirins, antihistamines, tranquilizers and weight reducing aids):
- 3. Please list any prescription or non-prescription medications, not taken regularly, which you have taken in the last 2 months:
- 4. Please list any drugs or other substances (including: food, insect stings, etc.) that you are allergic to:

5. Have you had the following immunizations?

Y	N	?		Y	N	?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varicella (Chicken Pox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rubella
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bacillus Calmette-Guernin

- 6. Have you ever had a positive reaction to a PPD (Tuberculosis) Skin Test? Yes No

7. Please list your last three (3) hospitalizations, beginning with the most recent (excluding routine childbirth):

REASON	HOSPITAL / CITY	DATE (MM/DD/YYYY)
		/ /
		/ /
		/ /



OCCU-MED MEDICAL HISTORY QUESTIONNAIRE

Have you ever been exposed to any of the following (at home, work, or in any other setting) or do you have a problem with:

	Y	N		Y	N		
8.	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged loud noises	11.	<input type="checkbox"/>	<input type="checkbox"/>	Sprays or powders for insects or plants
9.	<input type="checkbox"/>	<input type="checkbox"/>	Substances which irritated your skin or eyes	12.	<input type="checkbox"/>	<input type="checkbox"/>	Prolonged X-Rays or other radiation
10.	<input type="checkbox"/>	<input type="checkbox"/>	Substances which caused breathing difficulties	13.	<input type="checkbox"/>	<input type="checkbox"/>	Dusty conditions (sandblasting, drilling, etc.)
14.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a bad reaction to high environmental temperatures?				
15.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had a bad reaction to low environmental temperatures?				
16.	<input type="checkbox"/>	<input type="checkbox"/>	Have you been rejected by the military for health reasons?				
17.	<input type="checkbox"/>	<input type="checkbox"/>	Were you ever in the Armed Services?				
18.	<input type="checkbox"/>	<input type="checkbox"/>	If you were in the Armed Services, did you ever receive a Medical Discharge?				

Have you ever had the following?

	Y	N	
19.	<input type="checkbox"/>	<input type="checkbox"/>	Injury of any kind (list any restrictions / limitations on page 4)
20.	<input type="checkbox"/>	<input type="checkbox"/>	Limiting injury of any kind (list all restrictions / limitations on page 4)
21.	<input type="checkbox"/>	<input type="checkbox"/>	Any claims submitted, pending or awarded for the above
22.	<input type="checkbox"/>	<input type="checkbox"/>	Are you now receiving, or have you applied for, any VA, Federal, State or Medical Disability payments?

* NOTE: Information relative to Workers' Compensation claims may not be used by an employer in making an employment decision. Your responses to questions 19 – 22 will be used by the medical evaluator in determining your current health status only.

Have you ever had, now have or believe you may have any of the following?

	Y	N		Y	N		
23.	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	54.	<input type="checkbox"/>	<input type="checkbox"/>	Histoplasmosis
24.	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	55.	<input type="checkbox"/>	<input type="checkbox"/>	Cancer
25.	<input type="checkbox"/>	<input type="checkbox"/>	Bronchitis	56.	<input type="checkbox"/>	<input type="checkbox"/>	Disease of the Immune System
26.	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema	57.	<input type="checkbox"/>	<input type="checkbox"/>	Hyperthyroidism
27.	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	58.	<input type="checkbox"/>	<input type="checkbox"/>	Hypothyroidism
28.	<input type="checkbox"/>	<input type="checkbox"/>	Pneumothorax	59.	<input type="checkbox"/>	<input type="checkbox"/>	Allergic Rhinitis
29.	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	60.	<input type="checkbox"/>	<input type="checkbox"/>	Psychological Problems (e.g. PTSD, ADHD)
30.	<input type="checkbox"/>	<input type="checkbox"/>	Heart Murmur, Heart Disease	61.	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever
31.	<input type="checkbox"/>	<input type="checkbox"/>	Stroke	62.	<input type="checkbox"/>	<input type="checkbox"/>	Decompression Sickness or Air Embolism
32.	<input type="checkbox"/>	<input type="checkbox"/>	Hiatal or Diaphragmatic Hernia	63.	<input type="checkbox"/>	<input type="checkbox"/>	Trouble with your Thyroid Gland
33.	<input type="checkbox"/>	<input type="checkbox"/>	Esophageal Reflux	64.	<input type="checkbox"/>	<input type="checkbox"/>	Skin Rash, Burning, Itching or Infection
34.	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever	65.	<input type="checkbox"/>	<input type="checkbox"/>	Skin Cancer(s)
35.	<input type="checkbox"/>	<input type="checkbox"/>	Encephalitis, Meningitis	66.	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Gums or Nose in the Past Year
36.	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy, Convulsions	67.	<input type="checkbox"/>	<input type="checkbox"/>	Sinus Trouble
37.	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma	68.	<input type="checkbox"/>	<input type="checkbox"/>	Perforated Ear Drum
38.	<input type="checkbox"/>	<input type="checkbox"/>	Duodenal or Stomach Ulcer	69.	<input type="checkbox"/>	<input type="checkbox"/>	Colds more than twice a year
39.	<input type="checkbox"/>	<input type="checkbox"/>	Gall Bladder Trouble	70.	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Consciousness
40.	<input type="checkbox"/>	<input type="checkbox"/>	Liver Trouble or Hepatitis	71.	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath
41.	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Apnea	72.	<input type="checkbox"/>	<input type="checkbox"/>	Chest Pains
42.	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	73.	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Headaches
43.	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	74.	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness, Vertigo or Motion Sickness
44.	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	75.	<input type="checkbox"/>	<input type="checkbox"/>	Problems with Eyes / Vision
45.	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Stones	76.	<input type="checkbox"/>	<input type="checkbox"/>	Back or Joint Surgery
46.	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatism, Arthritis, Gout	77.	<input type="checkbox"/>	<input type="checkbox"/>	Back or Joint Pain (<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional)
47.	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins	78.	<input type="checkbox"/>	<input type="checkbox"/>	Back Injury
48.	<input type="checkbox"/>	<input type="checkbox"/>	Phlebitis	79.	<input type="checkbox"/>	<input type="checkbox"/>	Cervical Neck Injury or Problem
49.	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	80.	<input type="checkbox"/>	<input type="checkbox"/>	Knee Surgery
50.	<input type="checkbox"/>	<input type="checkbox"/>	Typhoid Fever	81.	<input type="checkbox"/>	<input type="checkbox"/>	Upper Extremity Injury or Problem
51.	<input type="checkbox"/>	<input type="checkbox"/>	Sore Throats Chronically	82.	<input type="checkbox"/>	<input type="checkbox"/>	Lower Extremity Injury or Problem
52.	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	83.	<input type="checkbox"/>	<input type="checkbox"/>	Other (explain):
53.	<input type="checkbox"/>	<input type="checkbox"/>	Valley Fever (Coccidioidomycosis)				

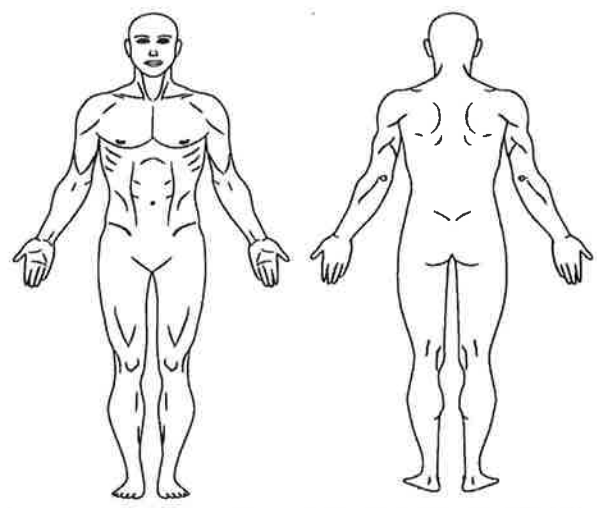
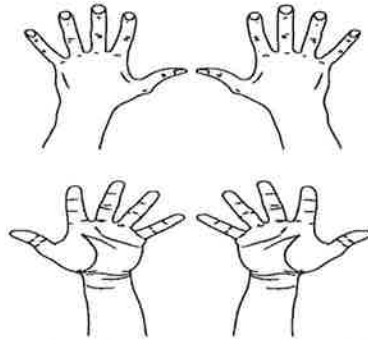
	Y	N	
84.	<input type="checkbox"/>	<input type="checkbox"/>	Have you gained or lost more than 10 pounds in the past 2 years without trying to do so?
85.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had any changes in your appetite in the past 6 months?
86.	<input type="checkbox"/>	<input type="checkbox"/>	Have you noticed unusual fatigue or weakness recently?
87.	<input type="checkbox"/>	<input type="checkbox"/>	Have you had a change in the size or color of a mole (dark growth) or wart in the past year?
88.	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a skin rash, burning, itching or other skin sensitivity?
89.	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever coughed up blood or have / had a chronic cough?



OCCU-MED MEDICAL HISTORY QUESTIONNAIRE

Have you ever had the following?

- | | Y | N | |
|------|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 90. | <input type="checkbox"/> | <input type="checkbox"/> | Do you smoke or use other forms of tobacco? If YES: _____ packs per day; _____ per day |
| 91. | <input type="checkbox"/> | <input type="checkbox"/> | Do you drink alcohol? If YES: _____ drinks per day |
| 92. | <input type="checkbox"/> | <input type="checkbox"/> | Have you, or are you currently, being treated for alcoholism? If YES, date of treatment: _____ |
| 93. | <input type="checkbox"/> | <input type="checkbox"/> | Do you engage in potentially hazardous recreational activities (e.g. Weightlifting, Sky Diving, Scuba Diving, etc.)? |
| | Y | N | |
| 94. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had, or do you currently have, any FEMALE disorders? |
| 95. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have any reason to believe you are pregnant? Date of last menstrual period: _____ |
| 96. | <input type="checkbox"/> | <input type="checkbox"/> | Have you had, or do you currently have, any MALE disorders? |
| | Y | N | |
| 97. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had, or do you currently have, repeated feelings of numbness, tingling, "pins and needles" sensations or loss of sensation in one or both hands? If YES, date: _____ |
| 98. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had, or do you currently have, repeated feelings of soreness or pain in either forearm or elbow? |
| 99. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had, or do you currently have, repeated feelings of pain, discomfort, burning or tingling in your shoulders?
If YES, <input type="checkbox"/> Left <input type="checkbox"/> Right Date: _____ |
| 100. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had, or do you currently have, knee pain, popping or locking?
If YES, <input type="checkbox"/> Left <input type="checkbox"/> Right Date: _____ |
| | | | What time does your discomfort regularly occur? <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Night |
| 101. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had, or do you currently have, foot pain?
If YES, <input type="checkbox"/> Left <input type="checkbox"/> Right Date: _____ |
| 102. | <input type="checkbox"/> | <input type="checkbox"/> | Have any of the above symptoms (numbness, tingling, soreness or pain) ever caused you to be awakened while sleeping? |
| 103. | <input type="checkbox"/> | <input type="checkbox"/> | Does/did discomfort in your wrists, arm, or shoulder interfere with your daily activities (eating, writing, sports, etc.)? |
| 104. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received, or do you currently receive, medical treatment for this pain and/or discomfort? |
| 105. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever received, or do you currently receive, medical help for any of the following:
<u>Condition</u> <u>Date of Surgery, if performed</u>
<input type="checkbox"/> Carpal tunnel syndrome
<input type="checkbox"/> Ganglionic cyst
<input type="checkbox"/> Tendonitis
<input type="checkbox"/> Bursitis
<input type="checkbox"/> Arthritis |
| 106. | <input type="checkbox"/> | <input type="checkbox"/> | If you are presently employed, does your job require arm, hand or finger actions to be repeated many times each hour and work shift? |
| 107. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had an auto accident?
If YES, Date: _____ |
| 108. | <input type="checkbox"/> | <input type="checkbox"/> | Do you currently wear corrective lenses?
If YES, <input type="checkbox"/> Glasses <input type="checkbox"/> Soft Contacts
<input type="checkbox"/> Reading Glasses Only <input type="checkbox"/> Hard Contacts |
| 109. | <input type="checkbox"/> | <input type="checkbox"/> | Are you presently experiencing any pain or discomfort?
If YES, please mark the affected areas on the body diagram: |



Peace Officer and P.O.S.T. compliant job classes:

- | | Y | N | |
|------|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 110. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever failed a pre-placement medical or psychological examination? |
| 111. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been terminated or resigned from employment, or had to change positions, due to a physical, psychological or medically related reason? |
| 112. | <input type="checkbox"/> | <input type="checkbox"/> | Has your driver's license ever been suspended or revoked due to medical reasons? |
| 113. | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever taken medication to prevent wheezing or shortness of breath during exercise? |
| 114. | <input type="checkbox"/> | <input type="checkbox"/> | Are you currently under a health care provider's care for any medical condition? |

EXHIBIT 7

Invoice No. 0413111
 Invoice Date: 10/5/15



STATEMENT FOR SERVICES RENDERED FOR:

SERVICES PROVIDED (Completed Activity Through 12/31/12)

Name	Date of Service	Physical	Blood Test	Urine/urine	Audioblock	Sedimentary	Running EKG	Vision	Immunization and infectious disease screening	IE Testing	Osc-Vas Evaluation	Treadmill	FSA	CSR	d-15	Hemmoalt	TDAP	OA2 Assessment	Drug Screen	Invoice Amount
Smith, Joe	09/01/2015	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	\$
Kelly, Ronald	09/07/2015	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	\$
TOTAL DUE BY 7/65/13 \$																				

For questions please contact:

Rudi Santos
 (559) 435-2800 x 117

Please remit payment to:

Occu-Med, Ltd.
 Federal Tax ID# 52-2333519
 2121 W. Bullard Ave.
 Fresno, CA 93711



GLOBAL COMMERCIAL BANKING

Business Banking
5292 N Palm Ave.
Fresno, CA 93704

October 8, 2015

Sherri Conley
Occu-Med Ltd.

RE: Occu-Med, Ltd.

This letter is being provided at the request of our client, Occu-Med, Ltd., (the "Company"). We hereby confirm that the Company maintains a banking relationship in good standing with the Bank of America Merrill Lynch, N.A. since 2007.

Very truly yours,

A handwritten signature in black ink, appearing to read "Brian Ekmanian".

Brian Ekmanian
Vice President and Sr. Client Manager
Bank of America Merrill Lynch

(Submit with Proposal)

Proposer's Name

CHECK LIST

Proposals shall be submitted in a three-ring binder, **one original and 5 copies**. The total proposal packet must be sealed and clearly marked on the outside **RFP No. 9349 for Medical Examinations**.

Proposers are requested to submit this Checklist and the following information, providing the content in the sequence shown below. If documentation provided is incomplete, the Proposer may be considered non-responsive and ineligible for award of a Contract.

- ✓ 1. **COVER LETTER**, including company name, address, contact name, phone number and fax number.
- ✓ 2. **PROPOSAL DEPOSIT** in the form of:
 - Certified Check
 - Cashier's Check
 - Certificate of Deposit
 - Proposer's Bond
 - Irrevocable Letter of Credit
 - Annual Bidder's Bond
- ✓ 3. **COST PROPOSAL** (p.10)(complete attached form)
- ✓ 4. **STATEMENT OF QUALIFICATIONS AND EXPERIENCE**
- ✓ 5. **CITY FORMS** (pp. 16-20) (complete/return attached forms)
 - STATEMENT INDICATING ACCEPTANCE OF INDEMNIFICATION AND INSURANCE REQUIREMENTS
 - CERTIFICATION FOR LOCAL PREFERENCE, if applicable
 - NON-COLLUSION AFFIDAVIT
 - ADDENDA AND PROPOSAL DEPOSIT
- ✓ 6. Signature page of all **ADDENDA** issued, Addendum No. 19 (Enter numbers, if applicable).
- ✓ 7. **REFERENCES** (p. 15)
- ✓ 8. **PROPOSER QUESTIONNAIRE** (pp. 12) (complete attached form)
- ✓ 9. **SIGNATURE PAGES** (pp.21-23), including other document to authorize individual who signs proposal.