



# REQUEST FOR QUOTATIONS

## OCEAN COUNTY BOARD OF HEALTH



**NOTICE IS HEREBY GIVEN** that the Ocean County Board of Health is seeking quotations for certain professional medical services related to fitness for duty, second opinion reviews and related services for the period beginning January 1, 2025 through December 31, 2025.

### **Background Information:**

The Ocean County Board of Health is tax-exempt government unit. The award of an open-end fee for service contract for the provision of fitness for duty, second opinion reviews and related services is anticipated to be made by December 11, 2024. Interested parties should/must submit quotes by December 2, 2024 to [purchasing@ochd.org](mailto:purchasing@ochd.org). Vendors and contractors are required to comply with applicable New Jersey public purchasing requirements; information on requirements and documentation/forms to be completed can be found at:

<https://www.ochd.org/rfp-rfq-bid-opportunities/>

### **General Requirements:**

1. Quotes for fitness for duty, second opinion reviews and related services are being requested. Services are to be provided by a licensed medical professional or professionals.
2. Provide service pricing with response.
3. Vendor/contractor shall provide a copy of its W-9 before award of contract.
4. Vendor/contractor shall provide a copy of the New Jersey Business Registration Certificate and Iran, Russia and Belarus prohibited activities disclosure before award of contract.
5. Vendor/contractor shall provide a Certificate of Insurance naming Ocean County Board of Health as additional insured in a minimum amount of \$1,000,000/\$1,000,000 aggregate general liability; when a vehicle is used to provide the service \$1,000,000 auto liability each accident, combined single limit for bodily injury and property damage; worker's compensation in the statutory minimum and employer's liability coverage of at least \$100,000 for each accidental injury and with respect to bodily injury by disease, \$100,000 each employee and \$500,000 per policy year before award of contract.
6. Copies of any relevant licenses, certification or other qualifications.



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### Pricing Proposal

#### CC Drug Screen

<u>Service</u>	2025 Price
Drug sCreen non DOT Confirmation	_____
BAT	_____
BAT confirmation	_____
Drug Screen DOT 5 Panel	_____

#### LABS

##### Service

Rubella Antibody Titer	_____
Rubeola Antibody Titer	_____
Mumps Antibody Titer	_____

##### Optional

CBC W/Auto Diff WBC Complete	_____
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#### Vaccinations

MMR Vaccine	_____
Hep B Vacc Adult IM 1 Dose/3 Dose	_____

#### DOT Physical

Physical DOT	_____
Urnialysis Auto W/O scope	_____

#### Fit for Duty

Physical: Fit for Duty	_____
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#### OccMed Physical

Physical Pre employment	_____
Drug Screen DOT 10 Panel	_____
Rubella Antibody	_____
Rubeloa Antibody	_____
Hep B Surface Antibody	_____
Hep B surface Antigen	_____
Mumps Titer	_____



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### Pricing Proposal Continued

#### Optional

CBC W/O Diff	_____
Respiratory Fit Test	_____
Physical Annual	_____
Unanalysis Auto W/o Scope	_____
Physical Fit for Duty	_____
Durge Screen Collection Only Urine	_____
BAT	_____
BAT DOT	_____
Drug Screen Afterhours	_____
EKG Tracing	_____
PFT	_____
DR Screen Non DOT Conf	_____
BAT Confirmation	_____
Visual acuity Screen Snellen	_____

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The undersigned hereby declares that they carefully examined the advertisements, specifications and conditions for the furnishing of fitness for duty, second opinion reviews and related services for the period beginning January 1, 2025 and ending December 31, 2025 and if awarded a contract, will complete said contract in all respects according to the specifications and conditions.

\_\_\_\_\_  
Name of Proposer (Company or Individual)

\_\_\_\_\_  
Name of Individual authorized to submit proposal

\_\_\_\_\_  
Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

\_\_\_\_\_  
New Jersey License, Certification, Lab Number