# Jacksonville Sheriff's Office

***Duval County, Florida***

***Mike Williams, Sheriff***

***501 E. Bay Street***
***Jacksonville, FL 32202***

03/22/18 13:09:50
Procurement Division

To: Gregory Pease, Chairman
Professional Services Evaluation Committee

Thru: Bill Clement, CPA
Chief of Budget & Administration

From: Larry Schmitt By: Director Tom Hackney 7157
Chief of Personnel

Subject: P-05-18 Health Screening Physicals for JFRD Personnel/Ancillary Personnel
(Contract 8158-08)

Date: March 19, 2018

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The Jacksonville Sheriff's Office is requesting to utilize the contract (8158-08) with Life Extension Clinics, Inc., d/b/a Lifescan Wellness Center to procure annual physical/medical examinations for all Police and Corrections Officers from Life Scan Wellness Centers. The term of award shall be from April 1, 2018, through February 28, 2019, with three (3) one year renewal options. The not to exceed expenditure amount is $505 000.00 from account index code SHPP011PR-03109. Attached the award and completed contract (8158-08). A contract will be processed through the Office of General Counsel.

Please let me know if you require any additional information. Thank you for your assistance.

8158-08

**CONTRACT**
**BETWEEN**
**CITY OF JACKSONVILLE**
**AND**
**LIFE EXTENSION CLINICS, INC.**
**FOR**
**HEALTH SCREENING PHYSICALS**
**JFRD PERSONNEL/ANCILLARY PERSONNEL**

**THIS CONTRACT** for health screening physicals for JFRD personnel and ancillary personnel is made and entered into this 2 day of March, 2018 (the "Effective Date"), by and between the CITY OF JACKSONVILLE, a municipal corporation existing under the Constitution and the laws of the State of Florida (the "City"), and LIFE EXTENSION CLINICS, INC. d/b/a LIFESCAN WELLNESS CENTER, a Florida profit corporation with its principal office at 1011 North Macdill Avenue, Tampa, Florida 33607 (the "Contractor").

**WHEREAS,** City issued Request for Proposal No. P-05-18 (the "RFP") for certain professional services described in the RFP (the "Services"); and

**WHEREAS,** based on Contractor's response to the RFP, City has negotiated and awarded this Contract to Contractor; now therefore

**IN CONSIDERATION** of the premises and the mutual covenants contained below and for other good and valuable consideration acknowledged by the parties to be sufficient, the parties agree as follows:

1. **Performance of Services.** Contractor shall perform the Services as described in and according to (i) the RFP and the Response, each of which is incorporated into and made a part of this Contract, and (ii) the Scope of Services, attached hereto as **Exhibit A** and incorporated herein by this reference.

2. **Compensation.** Contractor shall be paid for the Services the fees detailed in the Contract Fee Summary, attached hereto as **Exhibit B** and incorporated herein by this reference.

3. **Maximum Indebtedness.** As required by Section 106.431, *Ordinance Code*, City's maximum indebtedness for the Services under this Contract for the initial period of service shall be a fixed monetary amount not-to-exceed FIVE HUNDRED THOUSAND AND 00/100 DOLLARS ($500,000.00).

4. **Term.** The period of service of this Contract shall commence on the date of its execution and continue for one year through March 1, 2019, with three (3) one-year renewal options.

5. **Contract Documents.** This Contract consists of the following documents, which are hereby incorporated as if fully set forth herein and which, in case of conflict, shall have priority in the order listed:

(i) This document, as modified by any subsequent signed amendments.

(ii) Any amendments to this document.

(iii) Specific information regarding the RFP (Section 1 of the RFP).

(iv) Description of Services and Deliverables (Section 4 of the RFP).

(v) General Instructions to Respondents (Section 2 of the RFP).

(vi) General Contract Conditions (Section 3 of the RFP).

(vii) The Response, provided that any terms in the Response that are prohibited under the RFP shall not be included in this Contract.

6. **Notice.** All notices under this Agreement shall be in writing and shall be delivered by certified mail, return receipt requested, or by other delivery with receipt to the following:

As to City:

Gail Loput
Jacksonville Fire & Rescue Department
515 Julia Street
Jacksonville, Florida 32202

As to Contractor:

Patricia Johnson
Life Extension Clinics, Inc.
1011 North MacDill Avenue
Tampa, Florida 33607

7. **Contract Managers.** Each party shall designate a Contract Manager during the Term of this Contract whose responsibility shall be to oversee the party's performance of its duties and obligations pursuant to this Contract. As of the Effective Date, City's Contract Manager is Gail Loput (Phone: 904.997.4947; Fax: 904.630.4202; gloput@coj.net), and Contractor's Contract Manager is Patricia Johnson (Phone: 813.876.0625; Fax: 813.876.0653;

Patricia.Johnson@lifescanwellness.com). Each party shall provide prompt written notice to the other party of any changes to the party's Contract Manager or his or her contact information; provided, such changes shall not be deemed Contract amendments and may be provided by email.

8. **Entire Agreement.** This Contract constitutes the entire agreement between the parties hereto for the Services to be performed and furnished by Contractor. No statement, representation, writing, understanding, agreement, course of action, or course of conduct made by either party or any representative of either party which is not expressed herein shall be binding. Contractor may not unilaterally modify the terms of this Contract by affixing additional terms to materials delivered to City (e.g., "shrink wrap" terms accompanying or affixed to a deliverable) or by including such terms on a purchase order or payment document. Contractor acknowledges that it is entering into this Contract for its own purposes and not for the benefit of any third party.

9. **Amendments.** All changes to, additions to, modifications of, or amendments to this Contract or any of its terms, provisions, and conditions shall be binding only when in writing and signed by the authorized officer, agent, or representative of each of the parties hereto.

10. **Counterparts.** This Contract and all amendments hereto may be executed in several counterparts, each of which shall be deemed an original, and all such counterparts together shall constitute one and the same instrument.

**[Remainder of page left blank intentionally. Signature page follows immediately.]**

**IN WITNESS WHEREOF**, the parties have executed this Contract as of the day and year first above written.

**ATTEST:**

By _____
James R. McCain, Jr.
Corporation Secretary

**CITY OF JACKSONVILLE**

By _____
Lenny Curry
Mayor

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of:
Executive Order No. 2015-05

**WITNESS:**

By _____
Signature

Michael Terrang
Type/Print Name

CFO
Title

**LIFE EXTENSION CLINICS, INC.**
**d/b/a LIFESCAN WELLNESS CENTER**

By _____
Signature

Patricia Johnson
Type/Print Name

CEO
Title

Encumbrance and funding information for internal City use:

Account.....

Amount.....$500,000.00

This above stated amount is the maximum fixed monetary amount of the foregoing contract.

In accordance with Section 24.103(e), of the Ordinance Code of the City of Jacksonville, I do hereby certify that there is an unexpended, unencumbered, and unimpounded balance in the appropriation sufficient to cover the foregoing agreement.

Director of Finance
City Contract # 8158-08

Form Approve:

James R. McCain
Office of General Counsel

gc-#1191415-v1-lifeextension_proserv_screening_022318.docx

# EXHIBIT "A"

**Section 4**
**Description of Services and Deliverables**

The individual/firm selected for this work will carry out the following tasks and provide the following:

A. Comprehensive Physical Examination
Per (NFPA 1500 & 1582)

1. ACSM/AHA Health History Questionnaire or PAR-Q
2. Prostate Exam for Men
3. Pelvic Exam for Women
4. Breast Exam for Women
5. Skin Cancer Screening

B. Cardiac Assessment

1. Echocardiogram
2. Resting EKG
3. Cardiac Stress Test (Per ACSM Guidelines, Females over 50, Males over 40, Asymptomatic patients with 2 or more cardiovascular disease risk factors, or a concurrent chronic disease that carries a high risk for cardiovascular disease).
4. Carotid Artery Ultrasound
5. Abdominal Aorta Ultrasound
6. Peripheral Vascular Test
7. Total lipid Profile

C. Cancer and Disease Assessment

1. Digital Exam with occult screening
2. PSA for Men (for age 45>)
3. Thyroid Ultrasound
4. Liver, Pancreas, Gall Bladder, Spleen, and Kidney Ultrasound
5. Pelvic Ultrasound for Women
5. 6Diabetes Test (Glucose)
6. Chest x-ray
7. PAP Smear

D. Pulmonary Function Test

E. Lab Test

1. Urinalysis
2. Complete Blood Count
3. Comprehensive Metabolic Panel
4. Thyroid Panel
5. Hem cult



Exhibit 'A'

# EXHIBIT "A"

6. Urine Drug Screen [ Ten (10) panel DOT drug screen with conformation of results sent to the Health and Safety Officer]
7. HAZ-MAT testing for members of the HAZ-MAT Team Per OSHA 29 CFR 1910.120 and NFPA 472. Additional testing will be done on an as needed basis.
8. Hepatitis A, B & C testing
9. Immunizations for Hep A & B & boosters
10. Hep A&B Titers when needed
11. HIV Testing

F. Visual Acuity Test

G. Hearing Exam (Audiometric exam per NFPA 1582)

H. Personnel Consultation with review of testing results

I. Recommendations for medical interventions and behavioral Modification changes

J. Fitness Assessment

1. Cardiovascular Endurance
2. Muscular Strength
3. Muscular Endurance
4. Flexibility
5. Body Composition
6. Exercise Prescription
7. Functional Movement Screening (FMS)

K. To provide The Fire and Rescue Department with summary Information, of its Fire / Rescue personnel suitability for Fire Rescue & EMS work. The firm selected would recommend programs and training to reduce the chance of injury and illness. The firm selected would provide monthly and annual summaries of results of the testing and training administered to the Fire and Rescue personnel. The Fire Department will provide the Scheduling of its personnel.

L. The testing will be conducted onsite at a location within Duval County, Jacksonville, FL approved by the Director Fire Chief or his/her designee.

M. The firm selected will provide all data requested relating to the employees annual physical.

1. The results of the exam will be provided for the Employee to follow up with their Primary Care Physician.

N. Develop computerized data reports and or electronic copies of the results and forward the same to the Health and Safety Officer. The format must be compatible with the JFRD database. The information will be sent to the Health and Safety Officer on a weekly basis.

O. The patient file should be provided to Jacksonville Fire



Exhibit 'A'

Rescue as data on a CD or DVD. Other electronic media or methods will be considered depending on the file size. A file nomenclature must be provided indicating the data types and lengths of the various fields in the nomenclature.

P. The following formats are acceptable:
   1. text file
   2. Microsoft Excel, xls
   3. Microsoft Access, mdb
   4. Microsoft SQL Server bak.

Q. No proprietary database formats other than the aforementioned are acceptable to include SCANNED RECORDS.

   1. A text file must meet the following requirements:
   2. A fixed field width must be provided for each column.
   3. A carriage return (CR) and a line feed (LF) should be used for the row delimiter.
   4. Other delimiters may be used, but must have prior approval from JFRD.

R. Staffing
The firm selected will provide staffing to meet the scheduling of Fire Rescue personnel.

S. Physicals that reveal abnormal results will be reviewed with the patient/employee by a physician, PA, NP who is board certified in emergency medicine, internal medicine, or family practice. The following conditions are considered serious and the employee/patient advised to follow up with their primary care physician and/or specialty physician. Physicals resulting in failure of the PFT portion of the exam should be reported immediately to the Health & Safety Officer:

   1. Abnormal EKG and other related cardiac abnormalities
   2. New onset of Hypertension or uncontrolled Hypertension
   3. Diabetes
   4. Asthma
   5. Failure of the PFT
   6. Any significant abnormal lab values
   7. Any condition that may show cause for a Fit-For-Duty
   8. Any condition that does not meet the current standards of NFPA 1582

T. Final Evaluation will be reviewed and signed by a physician who is board certified in Emergency Medicine, Internal Medicine or Family Practice. This certification must be provided before any contract is awarded.

*(End of Section 4 - Remainder of page intentionally left blank)*

EXHIBIT "B"

**9. Quotation of Rates, Fees, or Charges and Other Detailed Cost Proposal or Cost Breakdown Information**

| | |
|---|---|
| **Life Scan Wellness Centers**<br>**Comprehensive Physical Exam Per RFP P-41-13** | **$ 395.00** |
| ***Hands-on Physical Exam (NFPA 1582 Compliant))*** | Included |
| Health History Questionnaire or PAR-Q | Included |
| Mental Health and Sleep Disorder Assessments | Included |
| Vision (Tlmus) | Included |
| Audiometry | Included |
| Skin cancer assessment | Included |
| Breast Exam for Women | Included |
| Personal Consultation with review of testing results | Included |
| ***Cardio Pulmonary Assessments*** | |
| Echocardiogram (Heart Ultrasound) | Included |
| Resting EKG | Included |
| Treadmill Stress Test with EKG, Bitice Protocol | Included |
| Carotid Arteries Ultrasound | Included |
| Aortic Aneurysm Ultrasound | Included |
| Pulmonary Function Test, Spirometry | Included |
| ***Cancer and Disease Assessments*** | |
| Digital Rectal with colon cancer screening (Hemoccult) | Included |
| Thyroid Ultrasound | Included |
| Liver, Pancreas, Gall Bladder, Spleen, & Kidney Ultrasounds | Included |
| Bladder Ultrasound | Included |
| Pelvic Exam with Ultrasound for Women (external, Ovaries and Uterus) | Included |
| Testicular Ultrasound for Men | Included |
| Prostate Ultrasound for Men | Included |
| ***Blood and Laboratory Tests*** | |
| Urinalysis | Included |
| Lipid Panel | Included |
| Diabetes Tests (Hemoglobin A1C and Glucose) | Included |
| Complete Blood Count | Included |
| Comprehensive Metabolic Panel | Included |
| TSH Thryoid Test | Included |
| PSA (men) | Included |
| CA-125 (women) | Included |
| ***Fitness Assessments (NFPA 1583/WFI Guidelines)*** | |
| Cardiovascular Endurance VO2 Max Calculation | Included |
| Body Composition Analysis | Included |
| Muscular Strength and Muscular Endurance | Included |
| Flexibility Testing | Included |
| Nutrition and Diet Recommendations | Included |
| Exercise Prescription | Included |
| ***Medical Clearances*** | |
| OSHA Respirator Medical Clearance | Included |
| NFPA 1582 Firefighter Medical Clearance | Included |
| **TOTAL FLAT RATE** | **$395.00** |



Exhibit 'B'

# EXHIBIT "B"

| *Additional Tests Requested by RFP P-05-18* | |
|---|---|
| Chest X-Ray with Radiologist review | 65.00 |
| Cholinestrese and Heavy Metals (Hazmat Tests) | 127.00 |
| Hepatitis A Test | 55.00 |
| Hepatitis B Test | 55.00 |
| Hepatitis C Test | 65 00 |
| Hepatitis A Titer | 30.00 |
| Hepatitis B Titer | 30 00 |
| Hepatitis A Vaccine (2 shot series) | 65.00 EACH |
| Hepatitis B Vaccine (3 shot series) | 65.00 EACH |
| Urine Drug (10 Panel) | 35.00 |
| Drug Rescreen with Confirmation | 50.00 |
| Medical Review Officer (MRO) as Indicated | 100.00 |
| HIV Test | 40.00 |
| PAP Smear | 45 00 |
| *OTHER TESTS AVAILABLE* | |
| ABO Blood Type | 22 00 |
| OSHA Respirator Mask Fit Testing (Portacount) | 45.00 |
| Lumbar X-Ray with Radiologist review | 65 00 |
| Tetnus/DP | 40.00 |
| Nicotine/Cotinine Screening | 65 00 |
| Post Offer Police and Firefighter Examinations | TBD based on testing requirements |
| Quantiferon Gold (TB Blood Test) | 65.00 |
| Testosterone Blood Test | 21.00 |
| Cardiac Calcification Scoring with CT | TBD by Market Price |
| CTA, Coronary Arteries with Lung CT | TBD by Market Price |
| | |
| | |

***LOCATION Options:***
***1. Life Scan has a private, PUBLIC SAFETY ONLY Wellness Center that is located at***
***4130 Salisbury Road, Suite 2400***
***Jacksonville, FL 32216***
***2. On-site services for blood draws and/or physicals at location(s) provided by JFRD.***



Exhibit 'B'

# City of Jacksonville, Florida

*Lenny Curry, Mayor*

Procurement Division
Ed Ball Building
214 N. Hogan Street, Suite 800
Jacksonville, Florida 32202

ONE CITY. ONE JACKSONVILLE.

February 8, 2018

180243

The Honorable Lenny Curry, Mayor
City of Jacksonville
4th Floor, St. James Building
Jacksonville, FL 32202

Dear Mayor Curry:

**Ref: P-05-18 Health Screening Physicals for JFRD Personnel/Ancillary Personnel**
Jacksonville Fire & Rescue Department

The Professional Services Evaluation Committee met today in Board Room 851 on the eighth floor of the Ed Ball Building, for the purpose of concluding fee and contract negotiations with the number one ranked company/firm for the above-captioned project.

The following motion/recommendation was **adopted**:

That the City of Jacksonville enter into a contract with Life Extension Clinics, Inc., d/b/a LifeScan Wellness Center to provide Health Screening Physicals for JFRD Personnel/Ancillary Personnel to: (i) incorporate the attached Scope of Services identified as Exhibit 'A' and Contract Fee Summary identified as Exhibit 'B'; (ii) the initial period of service is for one year from date of execution of the contract with three (3) one-year renewal options available; and (iii) the maximum indebtedness of the City pursuant to this agreement is a not-to-exceed amount of $500,000.00. All other terms and conditions are per the RFP and the city's standard contract language.

If the foregoing meets your approval, we respectfully request your signature and return to my office.

Respectfully submitted,

Gregory Pease, Chief
Procurement Division
Chairman, Professional Services
Evaluation Committee

APPROVED:

Lenny Curry, Mayor

This 16th day of February 2018

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of:
Executive Order No. 2015-05

GP:ab

cc: Council Auditor
Jeff Close OGC
Melba Gray, CAO
Subcommittee Members

# City of Jacksonville, Florida

*Lenny Curry, Mayor*

Procurement Division
Ed Ball Building
214 N. Hogan Street, Suite 800
Jacksonville, Florida 32202

ONE CITY. ONE JACKSONVILLE.

February 8, 2018

The Honorable Lenny Curry, Mayor
City of Jacksonville
4th Floor, St. James Building
Jacksonville, FL 32202

Dear Mayor Curry:

**Ref: P-05-18 Health Screening Physicals for JFRD Personnel/Ancillary Personnel**
Jacksonville Fire & Rescue Department

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If the foregoing meets your approval, we respectfully request your signature and return to my office.

Respectfully submitted,

Gregory Pease, Chief
Procurement Division
Chairman, Professional Services
Evaluation Committee

APPROVED:

Lenny Curry, Mayor

This 10th day of February, 2018

GP: ab

cc: Council Auditor
Jeff Close OGC
Melba Gray, GAD
Subcommittee Members

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of:
Executive Order No. 2015-05

ENTERED

# FIRE AND RESCUE DEPARTMENT

**MEMORANDUM**

02/06/18 09:04:01
Procurement Division

**Date:** **February 5, 2018**

**To:** **Gregory Pease, Chairman**
**Professional Services Evaluation Committee**

**From:** **Gail Loput, Chief of Training Academy**
**Fire & Rescue Department**

**Subject:** **Review of RFP Submittals for P-05-18 Health Screening Physicals for Jacksonville Fire & Rescue Department**

The Jacksonville Fire & Rescue Department has negotiated with the number one consultant that submitted a proposal and was selected to provide the Health Screening Physicals for Jacksonville Fire & Rescue Department (JFRD) Personnel/Ancillary Personnel resulting in the attached Scope of Services (section 4) and the Fee Schedule.

Accordingly, this is to recommend the City of Jacksonville enter into a contract with Life Extension Clinics, Inc dba LifeScan Wellness Center, to provide the Health Screen Physicals for JFRD Personnel/Ancillary Personnel that incorporates the attached Scope of Service, and the Fee Schedule. The initial contract period will be for one year from date of execution of contract with three (3) one-year renewals at terms mutually agreeable. The total maximum indebtedness is not-to-exceed amount of $500,000. All other terms and conditions of the Contact are per the City's standard contract language and as provided in the Request for Proposal (RFP).

Attachments: Scope of Services (Section 4)
Fee Schedule (#9)

GL/cd

**Section 4**
**Description of Services and Deliverables**

The individual/firm selected for this work will carry out the following tasks and provide the following:

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Per (NFPA 1500 & 1582)

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B. Cardiac Assessment

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C. Cancer and Disease Assessment

1. Digital Exam with occult screening
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5. 6Diabetes Test (Glucose)
6. Chest x-ray
7. PAP Smear

D. Pulmonary Function Test

E. Lab Test

1. Urinalysis
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4. Thyroid Panel
5. Hem cult



Exhibit 'A'

6. Urine Drug Screen [ Ten (10) panel DOT drug screen with conformation of results sent to the Health and Safety Officer]
7. HAZ-MAT testing for members of the HAZ-MAT Team Per OSHA 29 CFR 1910.120 and NFPA 472. Additional testing will be done on an as needed basis.
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11. HIV Testing

F. Visual Acuity Test

G. Hearing Exam (Audiometric exam per NFPA 1582)

H. Personnel Consultation with review of testing results

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L The testing will be conducted onsite at a location within Duval County, Jacksonville, FL approved by the Director Fire Chief or his/her designee.

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1. The results of the exam will be provided for the Employee to follow up with their Primary Care Physician.

N. Develop computerized data reports and or electronic copies of the results and forward the same to the Health and Safety Officer. The format must be compatible with the JFRD database. The information will be sent to the Health and Safety Officer on a weekly basis.

O. The patient file should be provided to Jacksonville Fire

Rescue as data on a CD or DVD. Other electronic media or methods will be considered depending on the file size. A file nomenclature must be provided indicating the data types and lengths of the various fields in the nomenclature.

P. The following formats are acceptable:
   1. text file
   2. Microsoft Excel, xls
   3. Microsoft Access, mdb
   4. Microsoft SQL Server bak.

Q. No proprietary database formats other than the aforementioned are acceptable to include SCANNED RECORDS.

   1. A text file must meet the following requirements:
   2. A fixed field width must be provided for each column.
   3. A carriage return {CR} and a line feed {LF} should be used for the row delimiter.
   4. Other delimiters may be used, but must have prior approval from JFRD.

R. Staffing
   The firm selected will provide staffing to meet the scheduling of Fire Rescue personnel.

S. Physicals that reveal abnormal results will be reviewed with the patient/employee by a physician, PA, NP who is board certified in emergency medicine, internal medicine, or family practice. The following conditions are considered serious and the employee/patient advised to follow up with their primary care physician and/or specialty physician. Physicals resulting in failure of the PFT portion of the exam should be reported immediately to the Health & Safety Officer:

   1. Abnormal EKG and other related cardiac abnormalities
   2. New onset of Hypertension or uncontrolled Hypertension
   3. Diabetes
   4. Asthma
   5. Failure of the PFT
   6. Any significant abnormal lab values
   7. Any condition that may show cause for a Fit-For-Duty
   8. Any condition that does not meet the current standards of NFPA 1582

T. Final Evaluation will be reviewed and signed by a physician who is board certified in Emergency Medicine, Internal Medicine or Family Practice. This certification must be provided before any contract is awarded.

*(End of Section 4 - Remainder of page intentionally left blank)*

## 9. Quotation of Rates, Fees, or Charges and Other Detailed Cost Proposal or Cost Breakdown Information

| **Life Scan Wellness Centers**<br>**Comprehensive Physical Exam Per RFP P-41-13** | **$ 395.00** |
|---|---|
| ***Hands-on Physical Exam (NFPA 1582 Compliant))*** | included |
| Health History Questionnaire or PAR-Q | included |
| Mental Health and Sleep Disorder Assessments | included |
| Vision (Titmus) | included |
| Audiometry | included |
| Skin cancer assessment | included |
| Breast Exam for Women | included |
| Personal Consultation with review of testing results | included |
| ***Cardio Pulmonary Assessments*** | |
| Echocardiogram (Heart Ultrasound) | included |
| Resting EKG | included |
| Treadmill Stress Test with EKG, Bruce Protocol | included |
| Carotid Arteries Ultrasound | included |
| Aortic Aneurysm Ultrasound | included |
| Pulmonary Function Test, Spriometry | included |
| ***Cancer and Disease Assessments*** | |
| Digital Rectal with colon cancer screening (Hemoccult) | included |
| Thyroid Ultrasound | included |
| Liver, Pancreas, Gall Bladder, Spleen, & Kidney Ultrasounds | included |
| Bladder Ultrasound | included |
| Pelvic Exam with Ultrasound for Women (external, Ovaries and Uterus) | included |
| Testicular Ultrasound for Men | included |
| Prostate Ultrasound for Men | Included |
| ***Blood and Laboratory Tests*** | |
| Urinalysis | included |
| Lipid Panel | included |
| Diabetes Tests (Hemoglobin A1C and Glucose) | included |
| Complete Blood Count | included |
| Comprehensive Metabolic Panel | included |
| TSH Thryoid Test | included |
| PSA (men) | included |
| CA-125 (women) | included |
| ***Fitness Assessments (NFPA 1583/WFI Guidelines)*** | |
| Cardiovascular Endurance VO2 Max Calculation | included |
| Body Composition Analysis | included |
| Muscular Strength and Muscular Endurance | included |
| Flexibility Testing | included |
| Nutrition and Diet Recommendations | included |
| Exercise Prescription | included |
| ***Medical Clearances*** | |
| OSHA Respirator Medical Clearance | included |
| NFPA 1582 Firefighter Medical Clearance | included |
| **TOTAL FLAT RATE** | **$395.00** |

Exhibit 'B'

| ***Additional Tests Requested by RFP P-05-18*** | |
|---|---|
| Chest X-Ray with Radiologist review | 65.00 |
| Cholinestrese and Heavy Metals (Hazmat Tests) | 127.00 |
| Hepatitis A Test | 55.00 |
| Hepatitis B Test | 55.00 |
| Hepatitis C Test | 55.00 |
| Hepatitis A Titer | 30.00 |
| Hepatitis B Titer | 30.00 |
| Hepatitis A Vaccine (2 shot series) | 65.00 EACH |
| Hepatitis B Vaccine (3 shot series) | 65.00 EACH |
| Urine Drug (10 Panel) | 35.00 |
| Drug Rescreen with Confirmation | 50.00 |
| Medical Review Officer (MRO) as indicated | 100.00 |
| HIV Test | 40.00 |
| PAP Smear | 45.00 |
| ***OTHER TESTS AVAILABLE*** | |
| ABO Blood Type | 22.00 |
| OSHA Respirator Mask Fit Testing (Portacount) | 45.00 |
| Lumbar X-Ray with Radiologist review | 65.00 |
| Tetnus/DP | 40.00 |
| Nicotine/Cotinine Screening | 65.00 |
| Post Offer Police and Firefighter Examinations | TBD based on testing requirements |
| Quantiferon Gold (TB Blood Test) | 65.00 |
| Testosterone Blood Test | 21.00 |
| Cardiac Calcification Scoring with CT | TBD by Market Price |
| CTA, Coronary Arteries with Lung CT | TBD by Market Price |
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***LOCATION Options:***
***1. Life Scan has a private, PUBLIC SAFETY ONLY Wellness Center that is located at***
***4130 Salisbury Road, Suite 2400***
***Jacksonville, FL 32216***
***2. On--site services for blood draws and/or physicals at location(s) provided by JFRD.***



Exhibit B