EXHIBIT “B”
FEE SCHEDULE

RFP 22-411, Firefighter Physicals				
Exhibit "B" - Fee Schedule				
Estimated Quantity	**Unit of Measure**	**Service**	**Unit Cost**	**Extended Cost (qty x unit cost)**
700	person	Comprehensive Medical Exam (defined in the Scope of Work)	$ 732.00	$ 512,400.00
700	person	Chest x-ray: Optional annually, required a minimum every five (5) years	$ 70.00	$ 49,000.00
700	person	Respirator Fit Testing (SCBA Face piece Fit test/N-95 Respirators)	$ 45.00	$ 31,500.00
700	person	Hepatitis B Test (antigen)	$ 55.00	$ 38,500.00
700	person	Hepatitis B Titer (antibody)	$ 30.00	$ 21,000.00
200	person	Hepatitis B Vaccine (3 per series)	$ 195.00	$ 39,000.00
700	person	Hepatitis A Test (antigen)	$ 55.00	$ 38,500.00
700	person	Hepatitis A Titer (antibody)	$ 30.00	$ 21,000.00
700	person	Hepatitis A Vaccine (2 per series)	$ 130.00	$ 91,000.00
700	person	PPD Test	$ 15.00	$ 10,500.00
			TOTAL	**$852,400.00**