

EXHIBIT "B"

FEE SCHEDULE

RFP 22-411, Firefighter Physicals				
Exhibit "B" - Fee Schedule				
<u>Estimated Quantity</u>	<u>Unit of Measure</u>	<u>Service</u>	<u>Unit Cost</u>	<u>Extended Cost (qty x unit cost)</u>
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