CLERK'S CONTRACT and AGREEMENT COVER PAGE

Legistar File ID#: 2019-0835 **Innoprise Contract #:** C20-0005

Year: 2020-2025 **Amount:**

Department: HR - Stephana P

Contract Type: Professional Services

Contractors Name: Ingalls Occupational Health Services

Contract Description: Occupational Health Services program 2020 (with option to renew for 4 additional one year terms)

January 3, 2020

Ms. Michele Netherton, B.S.
Ingalls Occupational Health Program
Business Development Office
1 Ingalls Drive
Harvey, Illinois 60466

RE: *NOTICE TO PROCEED*
Occupational Health Services Program 2020-2025

Dear Ms. Netherton:

This notification is to inform you that the Village of Orland Park has received all necessary contracts, certifications, and insurance documents in order for work to commence on the above stated project as of December 19, 2019.

Please contact Stephana Przybylski at 708-403-6166 with any questions or concerns about the program.

All invoices should be sent directly to the Accounts Payable Department at 14700 S. Ravinia Ave. Orland Park, IL 60462 or emailed to accountspayable@orlandpark.org.

For your records, I have enclosed one (1) original executed contract dated December 12, 2019. If you have any questions, please call me at 708-403-6173.

Sincerely,

Denise Domalewski
Purchasing & Contract Administrator

Encl:
cc: Stephana Przybylski

14700 S. Ravinia Avenue
Orland Park, IL 60462
708.403.6100
OrlandPark.org

ORLAND PARK

VILLAGE HALL

December 12, 2019

Ms. Michele Netherton
Ingalls Memorial Hospital
1 Ingalls Drive
Harvey, Illinois 60466

NOTICE OF AWARD – Occupational Health Services Program 2020-2025

Dear Ms. Netherton:

This notification is to inform you that on December 2, 2019, the Village of Orland Park Board of Trustees approved awarding Ingalls Memorial Hospital /dba Ingalls Occupational Health Program the contract in accordance with the proposal you submitted dated November 5, 2019 for Occupational Health Services.

In order to begin this service, you must comply with the following within ten business days of the date of this Notice of Award, which is by December 30, 2019.

- I am attaching the Contract for Occupational Health Services. Please sign and return directly to me. I will obtain signatures to fully execute the Contract and one fully executed Contract will be returned to you.

- Note that you are required to provide current certificates of insurance upon annual renewals throughout the term of this agreement.

Please deliver this information directly to me, Denise Domalewski, Purchasing & Contract Administrator, at Village Hall located at 14700 S. Ravinia Ave., Orland Park, IL 60462 or email to ddomalewski@orlandpark.org. The signed Contract is required to be in place and received at my office prior to the commencement of work. If you have any questions, please do not hesitate to call me at 708-403-6173 or e-mail me at ddomalewski@orlandpark.org.

Sincerely,

Denise Domalewski
Purchasing & Contract Administrator

cc: Stephana Przybylski

ORLAND PARK

Occupational Health Services Program
(Professional and Consulting Services Contract)

This Contract is made this **12th day of December, 2019** by and between The Village of Orland Park (hereinafter referred to as the "VILLAGE") and Ingalls Memorial Hospital/dba Ingalls Occupational Health Program (hereinafter referred to as the "PROVIDER").

WITNESSETH

In consideration of the promises and covenants made herein by the VILLAGE and the PROVIDER (hereinafter referred to collectively as the "PARTIES,") the PARTIES agree as follows:

SECTION 1: THE CONTRACT DOCUMENTS: This Contract shall include the following documents (hereinafter referred to as the "CONTRACT DOCUMENTS") however this Contract takes precedence and controls over any contrary provision in any of the CONTRACT DOCUMENTS. The Contract, including the CONTRACT DOCUMENTS, expresses the entire agreement between the PARTIES and where it modifies, adds to or deletes provisions in other CONTRACT DOCUMENTS, the Contract's provisions shall prevail. Provisions in the CONTRACT DOCUMENTS unmodified by this Contract shall be in full force and effect in their unaltered condition.

This Contract
The VILLAGE'S Project Manual for the Work as described in Section 2 hereunder
- The Request for Proposals #19-025 dated October 23, 2019
- The Instructions to Proposers

The Proposal dated November 5, 2019 as it is responsive to the VILLAGE's RFP requirements
All Certifications required by the VILLAGE
Certificates of Insurance

SECTION 2: SCOPE OF THE WORK, SERVICES AND PAYMENT: The PROVIDER will perform for the benefit of the VILLAGE the services described in the Request for Proposals dated October 23, 2019, which is included and incorporated herein (the "SERVICES"). The PROVIDER must furnish all professional services, labor, materials, tools, equipment and supervision necessary or appropriate to fully perform the SERVICES and all other duties and responsibilities of the PROVIDER pursuant to this Contract (hereinafter referred to as the "WORK").

Exams
- Pre-employment medical evaluations for safety and non-safety sensitive employees.
- Return to Work (fitness-for-duty) examinations for safety and non-safety sensitive employees.
- U.S. Department of Transportation (DOT) physical exams (FMCSA and FTA) and Medical Examiner's Certification issuance.

- PACE Paratransit annual and bi-annual physical exams including age specific testing (ie. EKG, Audiometry, etc).
- Non-CDL driver fitness exams for child care drivers per applicable standards.
- Physical fitness examination program for patrol officer, sergeant, lieutenant, commander, deputy chief and police chief positions.
- Post-exposure exams and follow-up screenings provided immediately with ongoing monitoring after report of exposure with appropriate treatment options as defined by current medical standards.
- Audiometry and basic vision exams.
- TB screenings
- Respiratory exams consistent with OSHA standards.
- Audiogram, spirometry, respirator fit testing exams.
- Preventative vaccinations as required by industry standards for Village job classifications. For example Hepatitis B vaccine and Hepatitis B antibody, Hepatitis A, tetanus/diphtheria, etc.

Testing

- Pre-employment, DOT (FMCSA & FTA), and PACE Vanpool, NIDA-5 Panel and/or NIDA-10 Panel Split Drug Testing certified collection site performing: pre-employment, random, return-to-duty, reasonable suspicion/reasonable cause, post-accident, and follow-up (direct observation) drug screenings.
- Breath alcohol testing (BAT) certified collection site performing: pre-employment, random, return-to-duty, reasonable suspicion, post-accident, and follow-up alcohol testing.

Other

- Medical consultation to Village Human Resources staff.
- Provide multiple on-site drug and vision testing services each May to be performed at specified village location for approximately 150 seasonal employees, another for approximately 50 seasonal day camp counselors.
- Ability to handle influx of approximately 75 additional medical/drug/vision examinations between May and June.
- All medical services and testing shall be performed at Contractor's facility or facilities. Testing facilities must be certified to appropriate standards. Services shall be provided on an as-needed basis.
- Wellness programs/services and or/provide educational services, preferred.

Administration

Provider's program administration shall include, but is not to be limited to the following:

- Provide services Monday – Friday during normal business hours starting at 7:00 a.m. – 5:00 p.m. Evening and weekend hours are preferred.
- Provide high level of customer service to current and prospective Village employees receiving services. Must be able to schedule employees within 2 business days for return-to-work examinations. Clinic and walk-in scheduling is preferred.
- Provide urgent and after-hours care, weekend availability is also preferred.
- Provide high level of support to Village Human Resources staff regarding occupational health trends, requirements, and health issues impacting Village job classifications.
- Maintain confidential records of all employees/applicants examined by the office.

- Collection site to maintain supply of and ensure use of appropriate Chain of Custody (COC) form for each drug screening. Collection site to be responsible for selecting appropriate agency on each COC form.
- Collection site to take appropriate steps to correct any errors on COC forms in urgent manner following appropriate protocol.
- Provide program monitoring for DOT, PACE, and Non-CDL Driver Fitness exams, vaccination program follow-up, respirator testing record maintenance, etc.
- Maintain records of medical tests, examinations, evaluations, etc. for the retention period required by State and Federal laws and regulations.
- Provide accurate records and reports as required by State and Federal laws and regulations.
- Provide a system that allows for efficient communication and close coordination between the Human Resources staff and the provider's clinical, administrative and billing staff for day-to-day operational needs and questions.
- Meet with Village staff and designated representatives as reasonably requested.
- A minimum of 2 physicians must be on the National Registry of Certified Medical Examiners as required by DOT regulations for medical certification issuance.
- Staff shall be trained and experienced in urine specimen collection for drug testing and shall be breath alcohol technician certified. A minimum of 2 BAT certified staff in practice is required.
- Provide convenient online resources and support available, preferred.
- Comply with all state and federal laws and regulations pertaining to Occupational Health Services licensed in the state of Illinois.

Payment

The VILLAGE agrees to pay the PROVIDER based on the proposed rates pursuant to the provisions of the Local Government Prompt Payment Act (50 ILCS 505/1 *et seq.*).

SECTION 3: ASSIGNMENT: PROVIDER shall not assign the duties and obligations involved in the performance of the WORK which is the subject matter of this Contract without the written consent of the VILLAGE.

SECTION 4: TERM OF THE CONTRACT: This Contract shall commence on the date of its execution. The WORK shall commence on January 1, 2020 and continue expeditiously for one (1) year with an option for up to four (4) additional years subject to annual review by the Village. This Contract shall terminate upon completion of the WORK, but may be terminated by either of the PARTIES for default upon failure to cure after ten (10) days prior written notice of said default from the aggrieved PARTY. Either PARTY, for its convenience, may terminate this Contract with sixty (60) days prior written notice.

SECTION 5: INDEPENDENT CONTRACTOR STATUS: To the fullest extent permitted by law, PROVIDER shall be an independent contractor hereunder and neither PROVIDER nor anyone acting on its behalf shall be deemed an agent, employee, joint employee or servant of VILLAGE. Neither VILLAGE nor PROVIDER shall have any right to act on behalf of or bind the other party for any purpose.

PROVIDER represents that all employees utilized by PROVIDER are fully trained. PROVIDER understands that no training will be provided by the VILLAGE. In performing its

obligations pursuant to this Contract, PROVIDER will do nothing that could adversely affect the goodwill or reputation of the VILLAGE.

SECTION 6: INDEMNIFICATION AND INSURANCE: With respect to services performed by the PROVIDER for the VILLAGE, the PROVIDER agrees to the fullest extent permitted by law to indemnify, defend and hold harmless the VILLAGE, its trustees, directors, officers, agents and employees against any and all claims, suits, actions, demands or losses against VILLAGE and pay all reasonable costs (including costs of defense) for damage to the property of, or personal injuries to, or death of, any person or persons, if such claims, suits or losses are caused by the negligent acts or omissions of the PROVIDER during the performance of this Contract. PROVIDER will also indemnify, defend and hold harmless the VILLAGE and its officers, directors, employees, agents, affiliates and representatives, from and against any and all claims, demands, suits, liabilities, injuries, causes of action, losses, expenses, damages or penalties, including, without limitation, court costs and reasonable attorneys' fees, arising or resulting from, or occasioned by or in connection with any and all claims which are based upon or make the contention that any of the Developments or other materials supplied to the VILLAGE or used by the VILLAGE in the manner recommended by the PROVIDER, in whole or in part, constitute infringement of any copyright, trademark, patent, trade secret or other proprietary rights of any third party. This indemnification, defense and hold harmless obligation will survive the termination or expiration of this Contract, whether by lapse of time or otherwise.

VILLAGE agrees to the fullest extent permitted by law to indemnify, defend and hold harmless the PROVIDER, its trustees, directors, officers, agents and employees against any and all claims, suits, actions, demands or losses against PROVIDER and pay all reasonable costs (including costs of defense) for damage to the property of, or personal injuries to, or death of, any person or persons, if such claims, suits or losses are caused by the negligent acts or omissions of the VILLAGE. However, this provision shall not operate to effect a waiver by the VILLAGE of any of the protections afforded to it pursuant to the Illinois Local Governmental and Governmental Employees Tort Immunity Act (745 ILCS 10/1-101, et seq.).

Execution of this Contract by the VILLAGE is contingent upon receipt of Insurance Certificates provided by the PROVIDER in compliance with the CONTRACT DOCUMENTS.

SECTION 7: COMPLIANCE WITH LAWS: PROVIDER agrees to comply with all federal, state and local laws, ordinances, statutes, rules and regulations including but not limited to the Illinois Human Rights Act as follows: PROVIDER hereby agrees that this Contract shall be performed in compliance with all requirements of the Illinois Human Rights Act, 775 ILCS 5/1-101 et seq., and that the PROVIDER and its subcontractors shall not engage in any prohibited form of discrimination in employment as defined in that Act and shall maintain a sexual harassment policy as the Act requires. The PROVIDER shall maintain, and require that its subcontractors maintain, policies of equal employment opportunity which shall prohibit discrimination against any employee or applicant for employment on the basis of race, religion, color, sex, national origin, ancestry, citizenship status, age, marital status, physical or mental disability unrelated to the individual's ability to perform the essential functions of the job, association with a person with a disability, or unfavorable discharge from military service. PROVIDER and all subcontractors shall comply with all requirements of the Act and of the Rules of the Illinois Department of Human Rights with regard to posting information on employees' rights under the Act. PROVIDER and all subcontractors shall place appropriate statements identifying their companies as equal opportunity employers in all advertisements for workers to be employed

in work to be performed under this Contract.

The PROVIDER shall obtain all necessary local and state licenses and/or permits that may be required for performance of the WORK and provide those licenses to the VILLAGE prior to commencement of the WORK.

SECTION 8: NOTICE: Where notice is required by the CONTRACT DOCUMENTS it shall be considered received if it is delivered in person, sent by registered United States mail, delivery receipt requested, delivered by messenger or mail service with a signed receipt, sent by facsimile or e-mail with an acknowledgment of receipt, to the following:

To the VILLAGE:
Denise Domalewski
Purchasing &Contract Administrator
Village of Orland Park
14700 South Ravinia Avenue
Orland Park, Illinois 60462
Telephone: 708-403-6173
Facsimile: 708-403-9212
e-mail: ddomalewski@orlandpark.org

To the PROVIDER:
Michele Netherton
Business Development Manager
Ingalls Memorial Hospital
1 Ingalls Drive
Harvey, Illinois 60466
Telephone: 708-915-4806
Facsimile: 708-862-8057
e-mail: mnethert@ingalls.org

or to such other person or persons or to such other address or addresses as may be provided by either party to the other party.

SECTION 9: STANDARD OF SERVICE: SERVICES shall be rendered to the highest professional standards to meet or exceed those standards met by others providing the same or similar services in the Metropolitan Chicago area. Sufficient competent personnel shall be provided who with supervision shall complete the services required within the time allowed for performance. The PROVIDER'S personnel shall, at all times present a neat appearance and shall be trained to handle all contact with VILLAGE residents or VILLAGE employees in a respectful manner. At the request of the Village Manager or a designee, the PROVIDER shall replace any incompetent, abusive or disorderly person in its employ from the position of services under this agreement.

SECTION 10: PAYMENTS TO OTHER PARTIES: The PROVIDER shall not obligate the VILLAGE to make payments to third parties or make promises or representations to third parties on behalf of the VILLAGE without prior written approval of the VILLAGE Manager or a designee.

SECTION 11: COMPANY PROPERTY: Upon expiration of this Contract or termination for any reason, PROVIDER will forthwith deliver and assign to the VILLAGE all the results performed by PROVIDER pursuant to this Contract including but not limited to all documents, records, notebooks and repositories of or containing secret, confidential or proprietary information concerning the VILLAGE or its business affairs or products, including all copies thereof in the PROVIDER's possession, whether prepared by the PROVIDER or others, and all other property of the VILLAGE in the PROVIDER's possession, including keys and access or security cards providing access to VILLAGE facilities or equipment. In the absence of permission by the VILLAGE, the PROVIDER will not at any time during the term or after termination of this Contract reveal, divulge or make known to any person outside the VILLAGE's business organization, or use for the

PROVIDER's own account, any secret, confidential or proprietary information concerning the VILLAGE or its business, affairs or products (whether or not developed in whole or in part by the PROVIDER's efforts). The PROVIDER will at no time, either during the term or after termination of this Contract make any use of any such information except for the benefit of the VILLAGE.

SECTION 12: COMPLIANCE: The PARTIES shall comply with all of the requirements of the CONTRACT DOCUMENTS including, but not limited to, all other applicable local, state and federal statutes, ordinances, codes, rules and regulations.

SECTION 13: FREEDOM OF INFORMATION ACT COMPLIANCE: The Illinois Freedom of Information Act (FOIA) has been amended and effective January 1, 2010. This amendment adds a new provision to Section 7 of the Act which applies to public records in the possession of a party with whom the VILLAGE has contracted. The VILLAGE will have only a very short period of time from receipt of a FOIA request to comply with the request, and there is a significant amount of work required to process a request including collating and reviewing the information.

The undersigned acknowledges the requirements of FOIA and agrees to comply with all requests made by the VILLAGE for public records (as that term is defined by Section 2(c) of FOIA) in the undersigned's possession and to provide the requested public records to the VILLAGE within two (2) business days of the request being made by the VILLAGE. The undersigned agrees to indemnify and hold harmless the VILLAGE from all claims, costs, penalty, losses and injuries (including but not limited to, attorney's fees, other professional fees, court costs and/or arbitration or other dispute resolution costs) arising out of or relating to its failure to provide the public records to the VILLAGE under this Contract.

SECTION 14: LAW AND VENUE: The laws of the State of Illinois shall govern this Contract and venue for legal disputes shall be Cook County, Illinois.

SECTION 15: MODIFICATION: This Contract may be modified only by a written amendment signed by both PARTIES.

SECTION 16: COUNTERPARTS: This Contract may be executed in two (2) or more counterparts, each of which taken together, shall constitute one and the same instrument.

This Contract shall become effective on the date first shown herein and upon execution by duly authorized agents of the parties.

FOR: THE VILLAGE OF ORLAND PARK

By: _____

Print Name: George Koczwara

Its: Village Manager

Date: 12/23/19

FOR: INGALLS MEMORIAL HOSPITAL

By: _____

Print Name: Brian Sinotte

Its: President

Date: 12/19/19

Contract Effective Jan 1, 2020 thru Jan 1, 2025
No price changes without approval

WARNING: SERVICES ONLY TO BE SCHEDULED AT TINLEY PARK
Village has their own Authorization Forms

INGALLS OCCUPATIONAL HEALTH PROGRAM COMPANY PROFILE

Company:	**Orland Park, Village of (ORLANDVI)**	
Address:	14700 S. Ravinia, Orland Park, IL 60462	
Phone #:	708-403-6157	# of Employees: 650+
Fax #:	708-349-4859 secure	# of Shifts: 3
E-Mail:	sprzybylski@orlandpark.org	aarrigo@orlandpark.org
	hr@orlandpark.org	gflannery@orlandpark.org
	rearley@orlandpark.org	

SIC Code/Description: Municipality

TREATMENT FOR INJURY

Warning: Employee will present WC card issued by Village which authorizes injury treatment, please use systoc company code (ORLANDVI) effective 4.30.18

Card Verbiage:
Ingalls Occupational Medicine Clinic
Mon-Fri 8:00AM to 3:00PM
6701 W 159th St. Tinley Park, IL 60477
Entrance F, Check-In at Main Clinic Reception
Ingalls Family Care Center-Urgent Aid
Mon-Fri 3:00PM to 8:00AM, Sat/Sun 24/7
6701 W 159th St. Tinley Park, IL 60477
Emergency Entrance, Check-In at Emergency Room
Employee must contact HR following any medical treatment.
HR Contact: Angela Arrigo, 708.403.6157
aarrigo@orlandpark.org (BACK of card)

Village of Orland Park
Occupational Health Provider: Ingalls
COMPANY CODE: ORLANDVI – INJURY CARE
Steps To Follow If You Are Injured At Work
□ Contact your supervisor IMMEDIATELY, even if no medical treatment is necessary.
□ For life threatening situations, call 911 or go to the nearest hospital emergency room.
□ All other injuries report to Ingalls and present above Company Code information and Village ID badge. (FRONT of card)

Authorization for Initial Injury:	1) Angela Arrigo; HR Generalist, 708-403-6157 direct hr@orlandpark.org 2) Stephana Przybylski, SPHR Human Resources Director 708-403-6166 ; 708-625-4424 Cell (AFTER HOURS ONLY) hr@orlandpark.org 3) Regina Earley HR Coordinator 708-403-6205 hr@orlandpark.org 4) Gerianne Flannery HR Assistant 708-403-6155 hr@orlandpark.org
After Hours Contact:	Stephana Przybylski, SPHR Human Resources Director 708-403-6166 or 708-625-4424 Cell (AFTER HOURS ONLY) hr@orlandpark.org
Authorization for Referral to Specialist, PT, MRI:	1) CCMSI 630-649-6015 630-505-3025 fax Contact: Kathy Kallas

kkallas@ccmsi.com
2) Angela Arrigo; HR Generalist, 708-403-6157 direct
hr@orlandpark.org

Drug/Alcohol Testing: NO

RTW/Fit for Duty Exam (work related – when indicated on company order)

NOTE: Visit must be linked..99203 Office Visit New/Mod (if we have never seen the patient) OR 99213 Office Visit Est/Mod (if the patient was seen in Occ Med)

Light/Restricted Duty Available: **Yes, case by case basis**

For urgent needs (M-F 8 am- 5 pm), 708-403-6235 or 708-403-6155 and ask receptionist to find contact(s)
For urgent needs outside of business hours call Stephana Przybylski cell 708-625-4424

NOTE: Employee will present WC card issued by Village which authorizes injury treatment, please use systoc company code (ORLANDVI) effective 4.30.18

PHYSICAL TESTING

Authorization for Physicals:
1) Angela Arrigo; HR Generalist, 708-403-6157 direct
hr@orlandpark.org
2) Stephana Przybylski, SPHR Human Resources Director
708-403-6166 or cell 708-625-4424 (AFTER HOURS ONLY)
hr@orlandpark.org
3) Regina Earley HR Coordinator 708-403-6205
hr@orlandpark.org
4) Gerianne Flannery HR Assistant 708-403-6155
hr@orlandpark.org

Type:	**DOT Physical New Hire FMCSA-CDL**		
Components:	DOT Physical	OM100220	$40
	Vision – Acuity/Color/Depth/Peripheral	OM100087	N/C
	U/A Dip	OM100170	$ 7
	Whisper Test	OM100019	N/C
	Drug Screen Collection DOT (DOT & FMCSA Acct. # 173489)	OM100026	$20
NOTE:	**Email copy of DOT medical card and employer COC.**		
	Do NOT send copy of dot physical form.		

Type:	**DOT Physical Recertification FMCSA-CDL**		
Components:	DOT Physical	OM100220	$40
	Vision – Acuity/Color/Depth/Peripheral	OM100087	N/C
	U/A Dip	OM100170	$ 7
	Whisper Test	OM100019	N/C
NOTE:	**Email copy of DOT medical card.**		
	Do NOT send copy of dot physical form.		

Warning Flag: On COC the DOT and FTA boxes must be checked

Type:	**DOT Physical New Hire-FTA-CDL**		
Components:	DOT Physical	OM100006	$40
	Vision – Acuity/Color/Depth/Peripheral	OM100087	N/C
	UA Dip	OM100057	$ 7
	Whisper Test	OM100019	N/C
	Drug Screen Collection DOT (DOT & FTA Acct. # 173490)	OM100026	$20
NOTE:	Email copy of DOT medical card and employer copy of COC.		
	Do NOT send copy of dot physical form.		

Type:	**DOT Physical Re-certification-FTA-CDL**		
Components:	DOT Physical	OM100220	$40

	Vision – Acuity/Color/Depth/Peripheral	OM100087	N/C
	UA Dip	OM100057	$ 7
	Whisper Test	OM100019	N/C
	Drug Screen 10 Panel Non-DOT (Ingalls Lab/Ingalls MRO/PACE)	OM100028	$55

NOTE: Email client, DOT medical card, and employer copy of COC
Do NOT send copy of dot physical form.

Type:	**Pre-placement Physical-General NH**		
Components:	Routine Physical	OM100003	$40
	Vision – Acuity/Color/Depth/Peripheral	OM100087	N/C
	Drug Screen Collection Non-DOT (Acct. # 173492)	OM100029	$20

Type:	**Pre-placement Routine Physical ONLY**		
Components:	Routine Physical	OM100003	$40
	Vision – Acuity/Color/Depth/Peripheral	OM100087	N/C

Type:	**Pre-placement Physical-Seasonal Maintenance**		
Components:	Routine Physical **(Only if box #1 is check on company order)**	OM100003	$40
	Vision – Acuity/Color/Depth/Peripheral **(Only if box #1 is check on company order)**	OM100087	N/C
	Drug Screen Collection Non-DOT (Acct. # 173492)	OM100029	$20

Note: Employee will complete questions and must sign company order, scan into systoc.

Warning: Client will choose type of drug screen on the company order

Type:	**DOT PHYSICAL NEW HIRE (No Med Certification)**		
Components:	Routine Physical	OM100003	$40
	Vision – Acuity/Color/Depth/Peripheral	OM100087	N/C
	Drug Screen Collection DOT (FMCSA Acct. # 173489) (when requested)	OM100026	$20
	Drug Screen Collection DOT (FTA Acct. # 173490) (when requested)	OM100026	$20

Note: Provider to use routine physical form and follow DOT medical guidance.
NO MEDICAL CARD ISSUED.

Type:	**Pre-placement Physical/Driver Fitness Determination Exam For Non-CDL Childcare Workers**		
Components:	Routine Physical	OM100003	$40
	Vision – Acuity/Color/Depth/Peripheral	OM100087	N/C
	UA Dip	OM100057	$ 7
	Whisper Test	OM100019	N/C
	Drug Screen Collection NON-DOT (Acct. # 173492)	OM100029	$20

Note: Provider to use routine form and follow DOT medical guidance. Medical Exam Summary needs in comment section needs to include date of exam is valid through.
NO MEDICAL CARD ISSUED

Type:	**Recertification Physical/Driver Fitness Determination Exam For Non-CDL Childcare Workers**		
Components:	Routine Physical	OM100003	$40
	Vision – Acuity/Color/Depth/Peripheral	OM100087	N/C
	UA Dip	OM100057	$ 7
	Whisper Test	OM100019	N/C

Note: Provider to use routine form and follow DOT medical guidance.
NO MEDICAL CARD ISSUED.

Type:	**Pre-placement Testing-Lifeguards**		
Components:	Vision – Acuity/Color/Peripheral	OM100087	$20
	Drug Screen Collection Non-DOT (Acct. # 173492)	OM100029	$20

Note: Vision standard 20/40 for Lifeguards

Warning: Client will choose type of drug screen on the company order

Type:	**Pre-placement FT Maintenance**		
Components:	Routine Physical	OM100003	$40
	Vision – Acuity/Color/Depth/Peripheral	OM100087	N/C
	Spirometry	OM100085	$40
	Respirator OSHA Questionnaire Review	OM100089	$30
	Respirator Fit Test (Qualitative) (3M 6000) (Only when requested)	OM100600	$40
	Hepatitis B Antibody (when medically indicated)	OM100045	$30
	Hepatitis B Vaccine #1	OM100073	$60
	Hepatitis A Antibody (when medically indicated)	OM100206	$30
	Hepatitis A Vaccine	OM100202	$70
	Drug Screen Collection Non-DOT (Acct. # 173492) (when requested)	OM100029	$20
	Drug Screen Collection DOT (FMCSA Acct. # 173489) (when requested)	OM100026	$20

Note: Masks (sm, med & large on file at Tinley Park clinic)
Refer to CDC guidelines. Offer Hep B and Hep A Series, document if employee declines.
Perform titer if employee states he has already had series.
MUST PROVIDE RESPIRATOR CLEARANCE

Type:	**Pre-placement PT Patrol**		
Components:	Routine Physical	OM100003	$40
	Vision – Acuity/Color/Depth/Peripheral	OM100087	N/C
	Audiogram	OM100020	$22
	EKG	OM100021	$75
	Spirometry	OM100085	$40
	Respirator OSHA Questionnaire Review	OM100089	$30
	Tdap **(Pertussis, diphtheria & tetanus)**	OM101030	$60
	TB Intradermal	OM100079	$20
	Hepatitis B Antibody (when medically indicated)	OM100045	$30
	Hepatitis B Vaccine #1	OM100073	$60
	Hepatitis A Antibody (when medically indicated)	OM100206	$30
	Hepatitis A Vaccine	OM100202	$70
	Drug Screen Collection Non-DOT (Acct. # 173492)	OM100029	$20

Note: Refer to CDC guidelines. Offer Hep B and Hep A Series, document if employee declines.
Perform titer if employee states he has already had series.
MUST PROVIDE RESPIRATOR CLEARANCE

Type:	**Pre-placement DA/Animal Control**		
Components:	Routine Physical	OM100003	$40
	Vision – Acuity/Color/Depth/Peripheral	OM100087	N/C
	Tdap **(Pertussis, diphtheria & tetanus)**	OM101030	$60
	TB Intradermal	OM100079	$20
	Hepatitis B Antibody (when medically indicated)	OM100045	$30
	Hepatitis B Vaccine #1	OM100073	$60
	Hepatitis A Antibody (when medically indicated)	OM100206	$30
	Hepatitis A Vaccine	OM100202	$70
	Drug Screen Collection Non-DOT (Acct. # 173492)	OM100029	$20

Note: Refer to CDC guidelines. Offer Hep B and Hep A Series, employee can decline.
Perform titer if employee states he has already had series.

Type:	**Pre-placement TCO**		
Components:	Routine Physical	OM100003	$40
	Vision – Acuity/Color/Depth/Peripheral	OM100087	N/C
	Audiogram	OM100020	$22
	Drug Screen Collection Non-DOT (Acct. # 173492)	OM100029	$20

Type:	**Pre-placement Pre-School**		
Components:	Routine Physical	OM100003	$40

	Vision – Acuity/Color/Depth/Peripheral	OM100087	N/C
	TB Intradermal	OM100079	$20
	Drug Screen Collection Non-DOT (Acct. # 173492)	OM100029	$20

Note: Offer TB, if employee states they have had TB they must provide proof of immunization.

Type:	**Pre-placement – Drug Collection ONLY**		
Components:	Drug Screen Collection Non-DOT (Acct. # 173492)	OM100029	$20

Type:	**Respirator Physical Exam (Annual)**		
	Respirator Physical (if medically indicated)	OM100002	$30
	Spirometry	OM100085	$40
	Respirator OSHA Questionnaire Review	OM100089	$30
	Respirator Fit Test (Qualitative) (3M 6000)	OM100600	$40

Note: Masks (sm, med & large on file at Tinley Park clinic) MUST PROVIDE RESPIRATOR CLEARANCE

Warning: Client will choose type of drug screen on the company order

Type:	**Return to Work Exam**		
Components:	Return to Work Physical	**See billing**	
	Drug Screen Collection DOT (FMCSA Acct. # 173489) (when requested)	OM100026	$20
	Drug Screen Collection DOT (FTA Acct. # 173490) (when requested)	OM100026	$20
	Drug Screen Collection Non-DOT (Acct. # 173492) (when requested)	OM100029	$20

Type:	**Fitness for Duty Exam (non-work related see company order)**		
Components:	Physical-Fitness for Duty Level 1		
	Physical-Fitness for Duty Level 2		
	Physical-Fitness for Duty Level 3		
	Drug Screen Collection DOT (FMCSA Acct. # 173489) (when requested)	OM100026	$20
	Drug Screen Collection DOT (FTA Acct. # 173490) (when requested)	OM100026	$20
	Drug Screen Collection Non-DOT (Acct. # 173492) (when requested)	OM100029	$20
	Drug Screen 10 Panel Non-DOT (Ingalls Lab/Ingalls/PACE)	OM100028	$55

NOTE: Visit must be linked..99203 Office Visit New/Mod (if we have never seen the patient) OR 99213 Office Visit Est/Mod (if the patient was seen in Occ Med)

DRUG/ALCOHOL TESTING

Warning: Client will choose type of drug screen on the company order
COC's on file at Tinley Park Clinic and UA
Employer copy of COC should be addressed Attention: Human Resources @ Village of Orland Park 14700 S. Ravinia, Orland Park, IL 60462
If removing employee from safety sensitive position, please send email in writing to client and call.
Client elects to accept dilute sample as negative effective 9.27.18

Authorization Drug/Alcohol Testing:

1) Angela Arrigo; HR Generalist, 708-403-6157 direct
hr@orlandpark.org
2) Stephana Przybylski, SPHR Human Resources Director708-403-6166 direct 708-625-4424 Cell **(AFTER HOURS ONLY)**
hr@orlandpark.org
3) Regina Earley HR Coordinator 708-403-6205
hr@orlandpark.org
4) Gerianne Flannery HR Assistant 708-403-6155
hr@orlandpark.org

Laboratory: LabCorp
MRO: First Advantage site TP #061580
Stuart B Hoffman M.D. FACP
480 Quadrangle Drive, Suite D
Bolingbrook, IL 60440
888-794-6574 866-355-1297 Fax
cs@favd.com

COC's Fax: 866-355-1297
Accounts: (FMCSA) Acct. # 173489
Accounts: (FTA (PACE) Acct. # 173490)
Accounts: (Non-DOT Acct. # 173492)

*FMCSA and FTA (PACE) forms are pre-marked by lab which must be requested and verified by clinic.

Type:	**Drug Screen Collection DOT (FMCSA Acct. # 173489)**	**OM100026**	**$20**
	(Pre-employment, random, reasonable suspicion/cause, post-accident, return to duty Follow up, other)		
	Breathalyzer DOT (initial)	OM100030	$20
	Breathalyzer DOT (confirm)	OM100031	$35
	Drug Screen Collection DOT (FTA (PACE) Acct. # 173490)	**OM100026**	**$20**
	(Pre-employment, random, reasonable suspicion/cause, post-accident, return to duty Follow up, other)		
	Attach PACE compliance form		
	Drug Screen Collection Non-DOT (Acct. # 173492)	**OM100029**	**$20**
	(Pre-employment, random, reasonable suspicion/cause, post-accident, periodic, other)		
	Breathalyzer Non-DOT (initial)	OM100032	$20
	Breathalyzer Non-DOT (confirm)	OM100033	$35

Laboratory: Ingalls Lab
MRO: Ingalls MRO

Type:	Drug Screen 10 Panel Non-DOT	OM100028	$55
	(PACE Re-Certification, PACE return to work after 30 days)		

Note: FAX BAT RESULTS TO FIRST ADVANTAGE 866-418-7530.

ANCILLARY TESTING

Authorization for Ancillary Testing:

1) Angela Arrigo; HR Generalist, 708-403-6157 direct
hr@orlandpark.org
2) Stephana Przybylski, SPHR Human Resources Director
708-403-6166 or cell 708-625-4424 (AFTER HOURS ONLY)
hr@orlandpark.org
3) Regina Earley HR Coordinator 708-403-6205
hr@orlandpark.org
4) Gerianne Flannery HR Assistant 708-403-6155
hr@orlandpark.org

Type:	Tdap **(Pertussis, diphtheria & tetanus)**	OM101030	$60
	TB Intradermal	OM100079	$20
	Tetanus/diphtheria Td	OM100080	$25
	Hepatitis B Antibody	OM100045	$30
	Hepatitis B Vaccine #1	OM100073	$65
	Hepatitis B Vaccine #2	OM100074	$65
	Hepatitis B Vaccine #3	OM100075	$65
	Hepatitis A Vaccine #1	OM100202	$70
	Hepatitis A Vacciine #2	OM100203	$70
	Hepatitis A Antibody	OM100206	$30

Flu Vaccine (Ingalls)	OM100071	$30

NOTE: Scheduling note: If scheduling for Quantiferon/IGRA lab test is sent out via Ingalls lab to University of Chicago, must be drawn before 1pm M-F only in the occmed clinic only, no holidays

Quantiferon/IGRA (TB) lab test	OM101213	$40
Audiogram	OM100020	$22
Chest X-Ray PA/LAT (positive TB)	OM100091	$75
Vision Only – Acuity/Color/ Peripheral (Lifeguard Vision)	OM100087	$20
Vision – Acuity/Color/Depth/Peripheral	OM100087	$20
Onsite Less than minimum fee (less than 15 people)	OM101025	$150 flat fee
MMR Titre	OM100118	$75
Varicella Titre	OM100129	$35
Varicella Vaccine	OM100060	$140

BILLING INSTRUCTIONS

Workers Compensation:
CCMSI (self-Insured)
3333 E. Warrenville Road
Lisle, IL 60532
800-628-5618

Injury Treatment/fit for duty/RTW – work related
CCMSI
3333 E. Warrenville Road
Lisle, IL 60532
800-628-5618

Note: If patient was treated at Ingalls for the WI and a HICFA form can be produced for the bill that is what is preferred, if patient's initial injury was not seen or treated at Ingalls then forward a regular invoice to CCMSI for payment.

Physical/Ancillary/Drug Collections/Alcohol Billing:
Village of Orland Park
Attn. Stephana Przybylski, SPHR HR Director
14700 S. Ravinia
Orland Park, IL 60462
sprzybylski@orlandpark.org

RTW/Fit for Duty – Non-work related Physical/ Billing:
Village of Orland Park
Attn. Stephana Przybylski, SPHR HR Director
14700 S. Ravinia
Orland Park, IL 60462
sprzybylski@orlandpark.org

Note: effective Purchase Order: please place on all invoices for Pre-employment exams and employee medical exams of employer services.
Purchase Order: 17-000697

02/13/15
Stephana Przybylski wants all pre-employment services on one invoices; all the rest on another invoice.
03/25/15
Stephana Przybylski wants her billing changed to receive drug/alcohol charges (not First Advantage)...so the drug/alcohol would be billed separately same as physicals (i.e., new hires / everything else).
4/29/15
Just got off the phone with Stephana....
She wants all services (physicals, drug screen collections& BATs) to go to her, not First Advantage. Billing will bill all New Hires on one invoice and fit for duty/random testing on the "Other" invoice.
Can you update the profile to reflect that please. Thanks.

AT THE FOREFRONT
UChicago Medicine
Ingalls Memorial

Proposal Summary Sheets

PROPOSAL SUMMARY SHEET
RFP # 19-025
Occupational Health Services

IN WITNESS WHEREOF, the parties hereto have executed this proposal as of date shown below.

Organization Name: Ingalls Memorial Hospital

Street Address: 1 Ingalls Drive

City, State, Zip: Harvey, IL 60426

Contact Name: Michele Netherton

Phone: 708 915 4806 Fax: 708 862 8057

E-Mail address: mnetherton@ingalls.org

See proposal for pricing

Signature of Authorized Signee: Michele Netherton

Title: Business Development Manager

Date: 11-4-19

ACCEPTANCE: This proposal is valid for ninety (90) calendar days from the date of submittal.

CERTIFICATE OF COMPLIANCE

The undersigned Brian Sinotte, as President, and on behalf of Ingalls Memorial Hospital, certifies that:

1) **BUSINESS ORGANIZATION:**

The Proposer is authorized to do business in Illinois: Yes [X] No [ ]

Federal Employer I.D. #: 36-2170866
(or Social Security # if a sole proprietor or individual)

The form of business organization of the Proposer is (*check one*):

__ Sole Proprietor
__ Independent Contractor *(Individual)*
__ Partnership
__ LLC
_X_ Corporation Illinois October 13, 1922
(State of Incorporation) *(Date of Incorporation)*

2) **ELIGIBILITY TO ENTER INTO PUBLIC CONTRACTS: Yes [X] No [ ]**

The Proposer is eligible to enter into public contracts, and is not barred from contracting with any unit of state or local government as a result of a violation of either Section 33E-3, or 33E-4 of the Illinois Criminal Code, or of any similar offense of "Bid-rigging" or "Bid-rotating" of any state or of the United States.

3) **SEXUAL HARRASSMENT POLICY: Yes [X] No [ ]**

Please be advised that Public Act 87-1257, effective July 1, 1993, 775 ILCS 5/2-105 (A) has been amended to provide that every party to a public contract must have a written sexual harassment policy in place in full compliance with 775 ILCS 5/2-105 (A) (4) and includes, at a minimum, the following information: (I) the illegality of sexual harassment; (II) the definition of sexual harassment under State law; (III) a description of sexual harassment, utilizing examples; (IV) the vendor's internal complaint process including penalties; (V) the legal recourse, investigative and complaint process available through the Department of Human Rights (the "Department") and the Human Rights Commission (the "Commission"); (VI) directions on how to contact the Department and Commission; and (VII) protection against retaliation as provided by Section 6-101 of the Act. (Illinois Human Rights Act). (emphasis added). Pursuant to 775 ILCS 5/1-103 (M) (2002), a "public Contract" includes "...every contract to which the State, any of its political subdivisions or any municipal corporation is a party."

4) EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE: Yes [X] No [ ]

During the performance of this Project, Proposer agrees to comply with the "Illinois Human Rights Act", 775 ILCS Title 5 and the Rules and Regulations of the Illinois Department of Human Rights published at 44 Illinois Administrative Code Section 750, et seq. The

Proposer shall: (I) not discriminate against any employee or applicant for employment because of race, color, religion, sex, marital status, national origin or ancestry, age, or physical or mental handicap unrelated to ability, or an unfavorable discharge from military service; (II) examine all job classifications to determine if minority persons or women are underutilized and will take appropriate affirmative action to rectify any such underutilization; (III) ensure all solicitations or advertisements for employees placed by it or on its behalf, it will state that all applicants will be afforded equal opportunity without discrimination because of race, color, religion, sex, marital status, national origin or ancestry, age, or physical or mental handicap unrelated to ability, or an unfavorable discharge from military service; (IV) send to each labor organization or representative of workers with which it has or is bound by a collective bargaining or other agreement or understanding, a notice advising such labor organization or representative of the Vendor's obligations under the Illinois Human Rights Act and Department's Rules and Regulations for Public Contract; (V) submit reports as required by the Department's Rules and Regulations for Public Contracts, furnish all relevant information as may from time to time be requested by the Department or the contracting agency, and in all respects comply with the Illinois Human Rights Act and Department's Rules and Regulations for Public Contracts; (VI) permit access to all relevant books, records, accounts and work sites by personnel of the contracting agency and Department for purposes of investigation to ascertain compliance with the Illinois Human Rights Act and Department's Rules and Regulations for Public Contracts; and (VII) include verbatim or by reference the provisions of this Equal Employment Opportunity Clause in every subcontract it awards under which any portion of this Agreement obligations are undertaken or assumed, so that such provisions will be binding upon such subcontractor. In the same manner as the other provisions of this Agreement, the Proposer will be liable for compliance with applicable provisions of this clause by such subcontractors; and further it will promptly notify the contracting agency and the Department in the event any subcontractor fails or refuses to comply therewith. In addition, the Proposer will not utilize any subcontractor declared by the Illinois Human Rights Department to be ineligible for contracts or subcontracts with the State of Illinois or any of its political subdivisions or municipal corporations. Subcontract" means any agreement, arrangement or understanding, written or otherwise, between the Proposer and any person under which any portion of the Proposer's obligations under one or more public contracts is performed, undertaken or assumed; the term "subcontract", however, shall not include any agreement, arrangement or understanding in which the parties stand in the relationship of an employer and an employee, or between a Proposer or other organization and its customers. In the event of the Proposer's noncompliance with any provision of this Equal Employment Opportunity Clause, the Illinois Human Right Act, or the Rules and Regulations for Public Contracts of the Department of Human Rights the Proposer may be declared non-responsible and therefore ineligible for future contracts or subcontracts with the State of Illinois or any of its political subdivisions or municipal corporations, and this agreement may be canceled or avoided in whole or in part, and such other sanctions or penalties may be imposed or remedies involved as provided by statute or regulation.

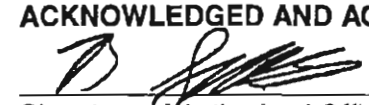
5) **TAX CERTIFICATION: Yes [X] No [ ]**

Contractor is current in the payment of any tax administered by the Illinois Department of Revenue, or if it is not: (a) it is contesting its liability for the tax or the amount of tax in accordance with procedures established by the appropriate Revenue Act; or (b) it has entered into an agreement with the Department of Revenue for payment of all taxes due and is currently in compliance with that agreement.

6) **AUTHORIZATION & SIGNATURE:**

I certify that I am authorized to execute this Certificate of Compliance on behalf of the Contractor set forth on the Proposal, that I have personal knowledge of all the information set forth herein and that all statements, representations, that the Proposal is genuine and not collusive, and information provided in or with this Certificate are true and accurate. The undersigned, having become familiar with the Project specified, proposes to provide and furnish all of the labor, materials, necessary tools, expendable equipment and all utility and transportation services necessary to perform and complete in a workmanlike manner all of the work required for the Project.

ACKNOWLEDGED AND AGREED TO:



Signature of Authorized Officer

Brian Sinotte

Name of Authorized Officer

President

Title

11/4/2019

Date

REFERENCES

ORGANIZATION	Metropolitan Reclamation District of Chicago
ADDRESS	111 E Erie
CITY, STATE, ZIP	Chicago IL 60611
PHONE NUMBER	312-751-5165
CONTACT PERSON	James Fisher, Compensation Manager
DATE OF PROJECT	January 1, 2017 - December 31, 2019 Pre-employment Physicals for all District employees
ORGANIZATION	Ford Motor Company
ADDRESS	12600 S. Torrence Ave
CITY, STATE, ZIP	Chicago IL 60633
PHONE NUMBER	773-646-7530
CONTACT PERSON	Katrina Hubberd, Senior Nurse Medical Dept.
DATE OF PROJECT	Past 6 months (New Hire Physicals - Ford Hired 2,500 new employees)
ORGANIZATION	Health Dynamics
ADDRESS	377 W. River Woods Parkway
CITY, STATE, ZIP	Glendale, WI 53212
PHONE NUMBER	414-443-0200
CONTACT PERSON	Kimberly Franks
DATE OF PROJECT	On going since 2004 Ex-executive Physicals for Unions
Proposer's Name & Title:	Michele Nethercott, Business Development Manager
Signature and Date:	Michele Nethercott 11-4-19

INSURANCE REQUIREMENTS

Please submit a policy Specimen Certificate of Insurance showing bidder's current coverage's

WORKERS COMPENSATION & EMPLOYER LIABILITY
$500,000 – Each Accident $500,000 – Policy Limit
$500,000 – Each Employee
Waiver of Subrogation in favor of the Village of Orland Park

AUTOMOBILE LIABILITY
$1,000,000 – Combined Single Limit
Additional Insured Endorsement in favor of the Village of Orland Park

GENERAL LIABILITY (Occurrence basis)
$1,000,000 – Each Occurrence $2,000,000 – General Aggregate Limit
$1,000,000 – Personal & Advertising Injury
$2,000,000 – Products/Completed Operations Aggregate
Additional Insured Endorsement & Waiver of Subrogation in favor of the Village of Orland Park

EXCESS LIABILITY (Umbrella-Follow Form Policy)
$2,000,000 – Each Occurrence $2,000,000 – Aggregate
EXCESS MUST COVER: General Liability, Automobile Liability, Workers Compensation

MALPRACTICE LIABILITY
$1,000,000 – Each Occurrence $3,000,000 – Aggregate
EXCESS MUST COVER: General Liability, Automobile Liability, Workers Compensation

Any insurance policies providing the coverages required of the Contractor shall be specifically endorsed to identify "The Village of Orland Park, and their respective officers, trustees, directors, employees and agents as Additional Insureds on a primary/non-contributory basis with respect to all claims arising out of operations by or on behalf of the named insured." If the named insureds have other applicable insurance coverage, that coverage shall be deemed to be on an excess or contingent basis. The policies shall also contain a Waiver of Subrogation in favor of the Additional Insureds in regards to General Liability and Workers Compensation coverage's. The certificate of insurance shall also state this information on its face. Any insurance company providing coverage must hold an A VII rating according to Best's Key Rating Guide. Permitting the contractor, or any subcontractor, to proceed with any work prior to our receipt of the foregoing certificate and endorsement however, shall not be a waiver of the contractor's obligation to provide all of the above insurance.

The proposer agrees that if they are the selected contractor, within ten days after the date of notice of the award of the contract and prior to the commencement of any work, you will furnish evidence of Insurance coverage providing for at minimum the coverages and limits described above directly to the Village of Orland Park, Denise Domalewski, Contract Administrator, 14700 S. Ravinia Avenue, Orland Park, IL 60462. Failure to provide this evidence in the time frame specified and prior to beginning of work may result in the termination of the Village's relationship with the selected proposer.

ACCEPTED & AGREED THIS 4th DAY OF NOVEMBER, 2019

Signature

Brian Sinotte, President
Printed Name & Title

Authorized to execute agreements for:,
Ingalls Memorial Hospital
Name of Company

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
11/4/2019

PRODUCER
Ingalls Casualty Insurance Limited
PO Box 10233
171 Elgin Avenue, George Town
Willow House, Cricket Square
Grand Cayman KY1 -1002
CAYMAN ISLANDS

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY A	Ingalls Casualty Insurance Limited
COMPANY B	
COMPANY C	
COMPANY D	

INSURED
Ingalls Memorial Hospital
1 Ingalls Drive
Harvey, IL 60426

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE -0b(MM/DD/YY)	POLICY EXPIRATION DATE -0b(MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				GENERAL AGGREGATE	$ 2,000,000
	[ ] COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG.	$ 2,000,000
	[ ] CLAIMS MADE [X] OCCUR.				PERSONAL & ADV. INJURY	$ 1,000,000
	[ ] OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	$ 1,000,000
	[ ]				FIRE DAMAGE (Any one fire)	$
	[ ]				MED. EXPENSE (Any one person)	$
	AUTOMOBILE LIABILITY					
	[ ] ANY AUTO				COMBINED SINGLE LIMIT	$
	[ ] ALL OWNED AUTOS				BODILY INJURY (Per person)	$
	[ ] SCHEDULED AUTOS					
	[ ] HIRED AUTOS				BODILY INJURY (Per accident)	$
	[ ] NON-OWNED AUTOS					
	[ ]				PROPERTY DAMAGE	$
	[ ]					
	GARAGE LIABILITY				AUTO ONLY – EA ACCIDENT	$
	[ ] ANY AUTO				OTHER THAN AUTO ONLY:	
	[ ]				EACH ACCIDENT	$
	[ ]				AGGREGATE	$
	EXCESS LIABILITY				EACH CLAIM	$ 2,000,000
A	[X] UMBRELLA FORM	EXL-19/20-1	07/01/19	07/01/20	AGGREGATE	$ 2,000,000
	[ ] OTHER THAN UMBRELLA FORM					$
	WORKER'S COMPENSATIONAND EMPLOYER'S LIABILITY				[ ] WC STATU-TORY LIMITS [ ] OTH ER	
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE. [ ] INCL [ ] EXCL				EACH ACCIDENT	$
					DISEASE-POLICY LIMIT	$
					DISEASE-EACH EMPLOYEE	$
	OTHER					
	PROFESSIONAL LIABILITY				1,000,000 – Each Occurrence $3,000,000 – Aggregate	

DESCRIPTIONS OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The Village of Orland Park, and their respective officers, trustees, directors, employees and agents as Additional Insureds on a primary/non-contributory basis with respects to the General Liability and Excess Liability coverage. Waiver of Subrogation in favor of the Additional Insureds where required by written contract.

CERTIFICATE HOLDER

The Village of Orland Park
14700 South Ravinia Avenue
Orland Park, Illinois 60462

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/29/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
CN102508277-Ingal-AUWC-19-20	INSURER A : Liberty Mutual Insurance Company	23043
INSURED INGALLS MEMORIAL HOSPITAL ONE INGALLS DRIVE HARVEY, IL 60426	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-009393676-01 **REVISION NUMBER:** 4

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	[ ] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	[ ] OTHER:							$
A	AUTOMOBILE LIABILITY			AS2-661-067032-039	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[X] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EW5-66N-067032-019	07/01/2019	07/01/2020	[X] PER STATUTE [ ] OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) Y / N [N]	N / A		SIR: $750,000			E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THE VILLAGE OF ORLAND PARK, AND THEIR RESPECTIVE OFFICERS, TRUSTEES, DIRECTORS, EMPLOYEES AND AGENTS AS ADDITIONAL INSUREDS (EXCEPT FOR WORKERS COMPENSATION) ON A PRIMARY/NON-CONTRIBUTORY BASIS WHERE REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION IN FAVOR OF THE ADDITIONAL INSUREDS WHERE REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

THE VILLAGE OF ORLAND PARK
14700 SOUTH RAVINIA AVENUE
ORLAND PARK, IL 60462

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE of Marsh USA Inc.

Manashi Mukherjee Manashi Mukherjee

Ingalls Memorial Hospital					
Human Resources		Section	General		
Reviewed By:	MARISELA OLMOS			03/2016	
Approved By:	MARISELA OLMOS (IMH MGR HUMAN RESOURCES)			01/09/2018	
Title	**Non-Discrimination and Harassment**			Pages	4

PURPOSE:

1.0 Ingalls is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminatory practices, including harassment. Therefore, Ingalls expects that all relationships among any persons employed by, or engaged in business activities with the organization (including outside vendors, contractors, consultants, patients, students, volunteers or visitors) will be business-like and free from bias, prejudice, and harassment. Discrimination or harassment in hiring, firing, wages, terms, conditions or privileges of employment is strictly prohibited.

1.1 Equal Employment Opportunity

1.2 Ingalls offers equal employment opportunity without discrimination or harassment on the basis of race, color, religion, sex, sexual orientation, age, disability, marital status, citizenship, national origin, or any other characteristic protected by law. Ingalls prohibits any such discrimination or harassment to all employees or applicants for employment.

1.3 Employees and applicants for employment will be given fair and equal treatment in job, leadership, training, transfer and promotion opportunities, compensation and benefits. Ingalls will make reasonable accommodations for the physically and mentally challenged. Toward that end, Ingalls will continue its program of self-identification and cooperating with the Occupational Health Service Department.

2.0 Retaliation Is Prohibited

2.1 Ingalls encourages reporting of perceived incidents of discrimination or harassment. It is the policy of Ingalls to investigate such reports. Ingalls prohibits retaliation against any individuals who report discrimination or harassment or participate in an investigation of such reports.

3.0 Definitions of Harassment

3.1 Sexual harassment constitutes discrimination and is illegal under federal, state and local laws. For the purposes of this policy, sexual harassment is defined in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example:

3.1a submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;

3.1b submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or

3.1c such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

3.1d sexual harassment may include a range of subtle and not so subtle behaviors and may involve individuals of the same or different gender. Depending on the circumstances, these behaviors may include, but are not limited to:

(1) unwanted sexual advances or requests for sexual favors;
(2) sexual jokes and innuendo;
(3) verbal abuse of a sexual nature;
(4) commentary about an individual's body, sexual prowess, or sexual deficiencies;
(5) leering, whistling, or touching;
(6) insulting or obscene comments or gestures;
(7) display in the workplace of sexually suggestive objects or pictures;
(8) and other physical, verbal or visual conduct of a sexual nature.

3.1e In determining whether alleged conduct constitutes sexual harassment, the record, as a whole, will be examined together with the totality of the circumstances, such as the nature of the sexual advances and the context in which the alleged incident(s) occurred. The determination concerning a particular action will be made from the reviewed facts, on a case-by-case basis.

3.2 Harassment on the basis of other protected characteristics is also strictly prohibited. Under this policy, harassment is verbal or physical conduct that offends or shows hostility or aversion toward an individual because of his/her race, color, religion, sex, sexual orientation, national origin, age, disability, marital status, citizenship or other characteristic protected by law and that:

3.2a has the purpose or effect of creating an intimidating, hostile or offensive work environment;

3.3b has the purpose or effect of unreasonably interfering with an individual's work performance; or

3.3c otherwise adversely affects an individual's employment opportunities.

3.4 Harassing conduct includes, but is not limited to: epithets, slurs or negative stereotyping; threatening intimidating or hostile acts; offensive jokes; and written or graphic material that offends or shows hostility or aversion toward an individual or group and that is placed on walls or elsewhere on the employer's premises or circulated in the workplace.

4.0 Individuals and Conduct Covered

4.1 These policies apply to all applicants and employees, whether related to conduct engaged in by fellow employees or someone not employed by Ingalls (e.g., an outside vendor, contractor, volunteer, consultant, patient, student, or visitor). Conduct prohibited by these policies is unacceptable in the workplace and also in work-related settings outside the workplace, such as business trips, business meetings and business-related social events.

5.0 Reporting an Incident of Harassment, Discrimination or Retaliation

5.1 Ingalls encourages reporting of perceived incidents of discrimination, harassment or retaliation, regardless of the offender's identity or position. Individuals who believe that they have been the victim of such conduct should discuss their concerns with their immediate supervisor, any member of Senior Management, the Director of Human Resources, the General Counsel, the Director of Risk Management, the Corporate Compliance Officer, or the Corporate Compliance Hotline (ext. 5678). See the Complaint Procedure described below.

5.2 In addition, Ingalls encourages individuals who believe they are being subjected to such conduct, to promptly advise the offender that his or her behavior is unwelcome and request that it be discontinued. Often this action alone will resolve the problem. Ingalls recognizes, however, that an individual may prefer to pursue the matter through informal or formal complaint procedures.

6.0 Complaint Procedure

6.1 Informal Procedure

6.1a If for any reason an individual does not wish to address the offender directly, or if such action does not successfully end the offensive conduct, the individual should notify his/her immediate supervisor, the Director of Human Resources, the General Counsel, the Director of Risk Management, the Corporate Compliance Officer, or the Corporate Compliance Hotline (ext. 5678), who may, if the individual so requests, talk to the alleged offender on the individual's behalf. In addition, there may be instances in which an individual seeks only to discuss matters with one of the Ingalls designated representatives (referenced in Section 5.1 above), and such discussion is encouraged.

6.1b An individual reporting harassment, discrimination or retaliation should be aware, however, that Ingalls may decide it is necessary to take action to address such conduct beyond an informal discussion. This decision will be discussed with the individual. The best course of action in any case will depend on many factors and, therefore, the informal procedure is not a required first step for the reporting individual.

6.2 Formal Procedure

6.2a As noted above, individuals who believe they have been the victim of conduct prohibited by this policy, or believe they have witnessed such conduct, should discuss their concerns with the Director of Human Resources, or any other

management personnel, but not necessarily the complaining parties' direct supervisor.

6.2b Ingalls encourages employees to promptly report complaints or concerns so that rapid and constructive action may be taken. Therefore, while no fixed reporting period has been established, early reporting and intervention have proven to be the most effective method of resolving actual or perceived incidents of harassment.

6.2c A reported allegation of harassment, discrimination or retaliation will be investigated promptly. The investigation may include individual interviews with the parties involved and, where necessary, with the individual who may have observed the alleged conduct or may have other relevant knowledge. It is the organization's expectation that anyone having knowledge pertaining to the allegations cooperate with the investigation.

6.2d Confidentiality should be maintained throughout the investigatory process to the extent possible. Employees should be informed that confidentiality will be protected to the extent possible, but confidentiality and/or anonymity cannot be guaranteed. Employees should also be informed that there may be situations where they may be required to actively participate in the investigation and/or subsequent disciplinary or legal proceedings.

6.2e Retaliation against an individual for reporting harassment or discrimination, or for participating in an investigation of a claim of harassment or discrimination, is a serious violation of this policy. Those employees who participate in retaliatory behavior will be subject to disciplinary action up to and including termination. Acts of retaliation should be reported immediately so that management has an opportunity to conduct a prompt investigation.

6.2f Misconduct constituting harassment, discrimination or retaliation should be dealt with appropriately. Responsive action may include, for example, training, referral to counseling, withholding of a promotion or pay increase, reassignment, disciplinary action consistent with Ingalls disciplinary policy, or other action that Ingalls deems appropriate under the circumstances.

6.2g False and malicious complaints of harassment, discrimination or retaliation may result in appropriate disciplinary action.

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Services and Pricing

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EMPLOYER SERVICES -DOT

Type: **DOT Physical – New Hire FMCSA-CDL**

Component	Cost
DOT Physical	$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
U/A Dip	$7.00
Whisper Test	-0-
Drug Screen DOT Collection	$20.00
TOTAL PER EMPLOYEE COST	$67.00

Type: **DOT Physical Re-certification – FMCSA-CDL**

Component	Cost
DOT Physical	$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
U/A Dip	$7.00
Whisper Test	-0-
TOTAL PER EMPLOYEE COST	$47.00

Type: **Dot Physical New Hire- FTA-CDL**

Component	Cost
DOT Physical	$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
U/A Dip	$7.00
Whisper Test	-0-
Drug Screen DOT Collection	$20
TOTAL PER EMPLOYEE COST	$67.00

Type: **DOT Physical Re-certification-FTA-CDL**

Component	Cost
DOT Physical	$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
U/A Dip	$7.00
Whisper Test	-0-
Drug Screen 10 Panel Non-DOT Ingalls	$55
TOTAL PER EMPLOYEE COST	$102.00

Type: **DOT Physical – New Hire (No Med Certification)**

Component	Cost
DOT Physical	$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
Drug Screen DOT Collection	$20.00
TOTAL PER EMPLOYEE COST	$60.00

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EMPLOYER SERVICES - PHYSICAL NON-DOT

Type: **Non-DOT Pre-Placement Physical-General NH**

Component	Cost
Routine Physical	$40.00
Vision	-0-
Drug Screen DOT Collection	$20.00
TOTAL PER EMPLOYEE COST	$60.00

Type: **Non-DOT Pre-Placement Physical ONLY**

Component	Cost
Routine Physical	$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
TOTAL PER EMPLOYEE COST	$40.00

Type: **Non-Dot Pre-Placement Physical –Seasonal Maintenance**

Component	Cost
Routine Physical	$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
Drug Screen Non-DOT Collection	$20.00
TOTAL PER EMPLOYEE COST	$60.00

Type: **Non-DOT Pre-Placement Physical /Driver Fitness Determination Exam for Non-CDL Childcare Worker**

Component	Cost
Routine Physical	$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
U/A Dip	$7.00
Whisper Test	-0-
Drug Screen Non-DOT Collection	$20.00
TOTAL PER EMPLOYEE COST	$67.00

Type: **Re-certification Physical /Driver Fitness Determination Exam for Non-CDL Childcare Worker**

Component	Cost
Routine Physical	$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
U/A Dip	$7.00
Whisper Test	-0-
TOTAL PER EMPLOYEE COST	$47.00

Type: Non-DOT Pre-Placement Physical Testing- Lifeguards

Component	Cost
Vision – Acuity/Color/Depth/Peripheral	$20.00
Drug Screen Non-DOT Collection	$20.00
TOTAL PER EMPLOYEE COST	$40.00

Type: Non-DOT Pre-Placement Physical FT Maintenance

Component	Cost
Routine Physical	$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
Spirometry	$40.00
Respirator OSHA Questionnaire Review	$30.00
Respirator Fit Test	$40.00
Hepatitis B Antibody	$30.00
Hepatitis B Vaccine	$60.00
Hepatitis A Antibody	$30.00
Hepatitis A Vaccine	$70.00
Drug Screen Non-DOT Collection	$20.00
TOTAL PER EMPLOYEE COST	$360.00

Type: Non-DOT Pre-Placement Physical PT Patrol

Component	Cost
Routine Physical	$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
Audiogram	$22.00
EKG	$75.00
Spirometry	$40.00
Respirator OSHA Questionnaire Review	$30.00
Tdap (Pertussis, Diphtheria, Tetanus)	$60.00
TB Intradermal	$20.00
Hepatitis B Antibody	$30.00
Hepatitis B Vaccine	$60.00
Hepatitis A Antibody	$30.00
Hepatitis A Vaccine	$70.00
Drug Screen Non-DOT Collection	$20.00
TOTAL PER EMPLOYEE COST	$497.00

Type: Non-DOT Pre-Placement Physical DA/Animal Control

Component	Cost
Routine Physical	$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
Tdap (Pertussis, Diphtheria, Tetanus)	$60.00
TB Intradermal	$20.00
Hepatitis B Antibody	$30.00
Hepatitis B Vaccine	$60.00
Hepatitis A Antibody	$30.00
Hepatitis A Vaccine	$70.00
Drug Screen Non-DOT Collection	$20.00
TOTAL PER EMPLOYEE COST	$330.00

Type: **Non-Dot Pre-Placement Physical TCO**

Component	Cost
Routine Physical	$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
Audiogram	$22.00
Drug Screen Non-DOT Collection	$20.00
TOTAL PER EMPLOYEE COST	$82.00

Type: **Non-Dot Pre-Placement Physical –Pre-School**

Component	Cost
Routine Physical	$40.00
Vision – Acuity/Color/Depth/Peripheral	-0-
TB Intradermal	$20.00
Drug Screen Non-DOT Collection	$20.00
TOTAL PER EMPLOYEE COST	$80.00

Type: **Non-Dot Pre-Placement Drug Collection ONLY**

Component	Cost
Drug Screen Non-DOT Collection	$20.00
TOTAL PER EMPLOYEE COST	$20.00

Type: **Respirator Physical Exam (Annual)**

Component	Cost
Respirator Physical	$30.00
Spirometry	$40.00
Respirator OSHA Questionnaire Review	$30.00
Respirator Fit Test	$40.00
TOTAL PER EMPLOYEE COST	$140.00

Type: **Return to Work Exam**

Component	Cost
Return to Work Physical	$65.00
Drug Screen Non-DOT Collection	$20.00
TOTAL PER EMPLOYEE COST	$85.00

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BREATHALYZER DOT AND NON-DOT

Component	Cost
Breathalyzer DOT (initial)	$20.00
Breathalyzer DOT (confirmation)	$35.00
Breathalyzer Non-DOT (initial)	$20.00
Breathalyzer Non-DOT (Confirmation)	$35.00

The Breathalyzer service listed above is based upon each employee visit, the initial Breathalyzer is completed and if negative the testing is complete. If a confirmation test is required to determine alcohol level then a second test called the confirmation test is completed.

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Fitness for Duty Exams

Component	Cost
Fitness for Duty Physical- Level I	**$100.00**
Fitness for Duty Physical- Level II	**$225.00**
Fitness for Duty Physical- Level III	**$485.00**

Fitness for duty is broken into three categories of levels of service. Every case starts at level one for each visit/scope of work time and does not elevate to the next level unless determined by the medical provider based upon certain physician functions necessary by the medical provider to determine fitness for duty such as but not limited to:

Multiple physician reviews, multiple office visits to clinic, multiple telephonic conservations with (PMD, consultants, WC Carrier, client) visit to job site/company (work capacity evaluation), meetings with HR, union representatives, validity testing, IME, FCE are examples of case level of progression to the next level. The client will be notified before a move to the next level.

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Fit-for-Duty Exams

Fit for Duty Exams

Sometimes, employers may worry that an employee's medical condition or observed behavior or performance makes it unsafe for them to perform their job. A fit-for-duty exam determines if the employee is physically and/or psychologically able to safely perform their current role.

Job performance: Conducted if you're concerned that an employee cannot perform the essential functions of the job or that an employee can't perform up to the standards of other workers, and medical condition may be present.

What's needed for Fitness for Duty Exam?

The ultimate goal of fitness for duty exams is to determine whether a worker is up to the physical demands of a position.

Information, information, information. The more information the medical professional conducting the fitness for duty exam has, the better.

- A job description that covers essential functions and physical demands.
- Medical records. The employee might say one thing — but the records will tell another story.
- Any observed behaviors or history of performance or attendance gaps.

INGALLS OCCUPATIONAL HEALTH PROGRAM

www.IngallsOccupationalHealth.org

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IMMUNIZATIONS

Component	Cost
Tdap (Tetanus, Diphtheria, Pertussis)	$60.00 per vaccine
TD (Tetanus/Diphtheria)	$25.00 per vaccine
TB Intradermal	$20.00 per vaccine
TB Read Only	$0
Hepatitis B Antibody	$30.00
Hepatitis B Vaccine # 1	$65.00 per vaccine
Hepatitis B Vaccine # 2	$65.00 per vaccine
Hepatitis B Vaccine # 3	$65.00 per vaccine
Hepatitis C Antibody	$30.00
Hepatitis A Antibody	$30.00
Hepatitis A Vaccine #1	$70.00 per vaccine
Hepatitis A Vaccine #2	$70.00 per vaccine
Flu Vaccine	$30.00 per vaccine
Quantiferon / IGRA (TB) Lab Test	$40.00

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Exposure Protocol

Exposure Panel

If a patient is exposed to blood products, contaminate-
Patient is seen as an injury in the clinic and the labs will be drawn as follows:

1. Initial injury
2. 6 weeks
3. 12 weeks
4. 6 months