

**CITY COUNCIL**

**The City of Orange Township, New Jersey**

DATE January 4, 2022

AMENDED

NUMBER 22-2022

**TITLE: A RESOLUTION AUTHORIZING THE AWARD OF A CONTRACT TO OCCUPATIONAL HEALTH CENTERS OF NEW JERSEY, P.A. d/b/a CONCENTRA MEDICAL CENTERS, 375 MCCARTER HIGHWAY, NEWARK, NEW JERSEY 07114-2562 TO ADMINISTER AND PROVIDE EMPLOYMENT MEDICAL EXAMINATIONS FOR THE PERIOD OF JANUARY 1, 2022 TO DECEMBER 31, 2022 IN AN AMOUNT NOT TO EXCEED \$70,000.00**

**WHEREAS,** Request for Qualifications for a provider to administer and provide employment medical examinations was publicly advertised in the Orange Transcript, Star Ledger and on the City of Orange Website on October 14, 2021 with a deadline for qualifications to be submitted by November 30, 2021; and

**WHEREAS,** one (1) proposal was received from the following vendor:

**Occupational Health Centers of New Jersey, P.A.  
d/b/a Concentra Medical Centers  
375 McCarter Highway  
Newark, N.J. 07114-2562**

**WHEREAS,** the Qualified Purchasing Agent for the City of Orange Township did duly examined and studied the bid; and

**WHEREAS,** the Chief Financial Officer of the City of Orange Township has prepared the necessary Certificate of Availability of Funds, a copy of which is attached hereto, certifying that funds are available for this purpose in the Admin-Professional Services Account No. 2-01-20-165-000-519 contingent upon Council approval and inclusion of said item in the Temporary Budget and adopted 2022 Budget.

**NOW, THEREFORE, BE IT RESOLVED** by the City Council of the City of Orange Township, New Jersey, as follows:

1. The Mayor and the City Clerk are hereby authorized and directed to execute a contract in an amount not to exceed \$70,000.00 with Occupational Health Centers of New Jersey, P.A. d/b/a Concentra Medical Centers, 375 McCarter Highway, Newark, New Jersey 07114-2562.
2. That the Agreement herein and this resolution is contingent upon certification of funds and appropriate funding to render payment for the services provided herein.

ADOPTED: January 4, 2022

\_\_\_\_\_  
Joyce Lanier  
Municipal Clerk

\_\_\_\_\_  
Kerry Coley  
Council President



CITY OF ORANGE TOWNSHIP  
FINANCE DEPARTMENT

CERTIFICATION OF FUNDS  
NEXT BUDGET

I, Nile Clements, Chief Financial Officer for the City of Orange Township, do hereby confirm that based on the Quote or RFP, RFQ, bid results or "extraordinary unspecifiable services" without competitive bids for 2022 service contract, and the resolution to be presented to the Council for approval, and contingent upon Council approval and inclusion of said item in the Temporary Budget and adopted 2022 Budget, there will be sufficient funds to contract with:

Vendor Name: Concentra Medical Centers

Address: 375 McCarter Highway

City: Newark

State: New Jersey

Zip Code: 07114-2562

Purpose: Employee Medical Examinations

Vendor ID: CONCE015

Fund: Current Fund

Line Description ADM - Administration - Professional Services

Account Numbers(s): CY'22                      2-01-20-165-000-519                      \$    70,000.00

Amount not to exceed: \$    70,000.00

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Division Head

Date

*Nile Clements*

12/28/2021

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Chief Financial Officer

Date

**BUSINESS ENTITY DISCLOSURE CERTIFICATION  
FOR NON-FAIR AND OPEN CONTRACTS  
Required Pursuant To N.J.S.A. 19:44A-20.8  
CITY OF ORANGE TOWNSHIP, NEW JERSEY**

The following is statutory text related to the terms and citations used in the Business Entity Disclosure Certification form.

**"Local Unit Pay-To-Play Law" (P.L. 2004, c.19, as amended by P.L. 2005, c.51)**

**19:44A-20.6 Certain contributions deemed as contributions by business entity.**

5. When a business entity is a natural person, a contribution by that person's spouse or child, residing therewith, shall be deemed to be a contribution by the business entity. When a business entity is other than a natural person, a contribution by any person or other business entity having an interest therein shall be deemed to be a contribution by the business entity.

**19:44A-20.7 Definitions relative to certain campaign contributions.**

6. As used in sections 2 through 12 of this act:

"business entity" means any natural or legal person, business corporation, professional services corporation, limited liability company, partnership, limited partnership, business trust, association or any other legal commercial entity organized under the laws of this State or of any other state or foreign jurisdiction;

"interest" means the ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit, as appropriate;

**Temporary and Executing**

12. Nothing contained in this act shall be construed as affecting the eligibility of any business entity to perform a public contract because that entity made a contribution to any committee during the one-year period immediately preceding the effective date of this act.

**The New Jersey Campaign Contributions and Expenditures Reporting Act (N.J.S.A. 19:44A-1 et seq.)**

**19:44A-3 Definitions. In pertinent part...**

p. The term "political party committee" means the State committee of a political party, as organized pursuant to R.S.19:5-4, any county committee of a political party, as organized pursuant to R.S.19:5-3, or any municipal committee of a political party, as organized pursuant to R.S.19:5-2.

q. The term "candidate committee" means a committee established pursuant to subsection a. of section 9 of P.L.1973, c.83 (C.19:44A-9) for the purpose of receiving contributions and making expenditures.

r. the term "joint candidates committee" means a committee established pursuant to subsection a. of section 9 of P.L.1973, c.83 (C.19:44A-9) by at least two candidates for the same elective public offices in the same election in a legislative district, county, municipality or school district, but not more candidates than the total number of the same elective public offices to be filled in that election, for the purpose of receiving contributions and making expenditures. For the purpose of this subsection: ...; the offices of member of the board of chosen freeholders and county executive shall be deemed to be the same elective public offices in a county; and the offices of mayor and member of the municipal governing body shall be deemed to be the same elective public offices in a municipality.

**19:44A-8 and 16 Contributions, expenditures, reports, requirements.**

*While the provisions of this section are too extensive to reprint here, the following is deemed to be the pertinent part affecting amounts of contributions:*

"The \$300 limit established in this subsection shall remain as stated in this subsection without further adjustment by the commission in the manner prescribed by section 22 of P.L.1993, c.65 (C.19:44A-7.2)

**BUSINESS ENTITY DISCLOSURE CERTIFICATION  
FOR NON-FAIR AND OPEN CONTRACTS  
Required Pursuant To N.J.S.A. 19:44A-20.8  
CITY OF ORANGE TOWNSHIP, NEW JERSEY**

**Part I – Vendor Affirmation**

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that

Occupational Health Centers of New Jersey, P.A. dba Concentra Medical Centers (Contractor) has not made and will not make any reportable contributions pursuant to N.J.S.A. 19:44A-1 et seq. that, pursuant to P.L. 2004, c. 19 would bar the award of this contract in the one year period preceding the date of reorganization to any of the following named candidate committee, joint candidates committee; or political party committee representing the elected officials of the **CITY OF ORANGE TOWNSHIP** as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r).

Mims Hackett, Jr.	
Hassan Abdul-Rasheed	
Coram J. Rimes	
Vivian M. Gaunt	
Tency A. Eason	
Edward B. Marable, Jr.	
Donald Page	
Lisa Y. Perkins	

**Part II – Ownership Disclosure Certification**

I certify that the list below contains the names and home addresses of all owners holding 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business entity:

- Partnership     Corporation     Sole Proprietorship     Subchapter S Corporation  
 Limited Partnership     Limited Liability Corporation     Limited Liability Partnership

Name of Stock or Shareholder	Home Address
Ashwin Kansagra	4714 Gettysburg Road, Mechanicsburg, PA, 17055

**Part 3 – Signature and Attestation:**

The undersigned is fully aware that if I have misrepresented in whole or part this affirmation and certification, I and/or the business entity, will be liable for any penalty permitted under law.

Name of Business Entity: Occupational Health Centers of New Jersey, P.A. dba Concentra Medical Centers

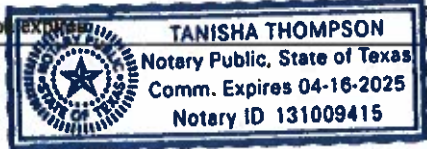
Signed: John R. Anderson, DO Title: Vice President and Treasurer  
3871D381A855485...

Print Name: John R. Anderson, DO, FACOEM Date: December 8, 2021

Subscribed and sworn before me the 8th day of December, ~~20XX~~ 2021

DocuSigned by:  
John R. Anderson, DO  
3871D381A855485... (Affiant)  
 John R. Anderson, DO, FACOEM  
 Vice President and Treasurer  
 (Print name & title of affiant) (Corporate Seal)

My Commission Expires



## **AGREEMENT FOR MEDICAL SERVICES**

**THIS AGREEMENT**, made this \_\_\_\_\_ day of \_\_\_\_\_, 2022, by and between the CITY OF ORANGE TOWNSHIP, a municipal corporation of the State of New Jersey, having its principal office at 29 North Day Street, Orange, New Jersey 07050 (hereinafter referred to as “City”) and Occupational Health Centers of New Jersey, P.A. d/b/a Concentra Medical Centers, 375 McCarter Highway, Newark, N.J. 07114-2562.

### **RECITALS**

**WHEREAS**, Concentra is in the business of providing certain healthcare services through its employees, and/or its designated affiliates and associations as more fully defined herein, including those services as described on Exhibit “A” attached hereto (the “Services”) at a Concentra business location; and

**WHEREAS**, Client desires to engage Concentra, and Concentra desires to accept such engagement, to provide the Services, on the terms and conditions set forth in this Agreement and attached proposal.

**NOW, THEREFORE**, for and in consideration of the mutual covenants and agreements set forth herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

### **AGREEMENT**

**1. Compensation**

(a) Client shall pay Concentra in accordance with the fee schedule annexed to this Agreement as Exhibit “A”. Concentra shall remit payment to Concentra within thirty (30) days of receipt of invoice.

(b) If Client and/or Concentra determine(s) that a change to this Agreement’s Scope of Services is required, then such change to the Scope of Services must be provided by written amendment executed by both parties. The written amendment shall include any change in the Fees associated with any such change to the Scope of Services.

**2. Term and Termination**

**2.1** The initial term of this Agreement (the “Initial Term”) shall be in accordance with the attached resolution commencing on the Effective Date.

**2.2** Either party may terminate this agreement for convenience by providing the other party a thirty (30) day written notice of its intent to terminate.

**3. Compliance with Laws.** In the performance of its duties and obligations pursuant to this Agreement, Concentra shall comply with all laws, rules, and regulations applicable to law or regulation.

**4. Nature of Relationship.** Concentra shall perform this Agreement as an independent contractor to Client and, except as specifically provided in this Agreement, Concentra shall be solely responsible for the means and methods used to perform its obligations to Client. Concentra and Client specifically acknowledge and agree that all individuals who will be performing services hereunder are agents or employees of Concentra and not of the Client. Nothing in this Agreement is intended or shall be construed

to create a joint venture, agency, partnership, employer/employee relationship or any legal or equitable relationship other than that of client and independent contractor.

This Section 4 shall survive the termination of this Agreement.

**5. Confidentiality.**

(a) The parties recognize and acknowledge that in the course of performing their duties and obligations under this Agreement the parties may have access to the other party's trade secrets and confidential or proprietary information (the "Confidential Information") including, but not be limited to, this Agreement and the terms contained herein. Each party hereby agrees that, except when required by law, it will not disclose, in whole or in part, such Confidential Information for its own purposes or for the benefit of any other person, firm, partnership, association, corporation or business organization, entity or enterprise. In connection therewith, each party represents and warrants that any employee or agent of a party that has access to the Confidential Information of the other party has provided reasonable assurances obligating each individual to adhere to and be subject to the terms of this Section 5(a). Both parties shall maintain the confidentiality of medical records generated hereunder in accordance with applicable law and shall protect from disclosure any protected health information, as defined in 45 CFR 164.501, or individually identifiable health information as defined in 45 CFR Parts 160-164 and the federal security standards as contained in 45 CFR Part 164.

(b) The parties agree that, in the event of a disclosure of threatened disclosure of such Confidential Information in a manner inconsistent with the terms of this Agreement, through any means whatsoever, the injured party may terminate this Agreement and may, in addition to any other remedies to which it may be entitled: (i) demand the return of any and all documents or other tangible items which reflect, reveal, disclose, constitute, compromise, or embody such Confidential Information and any or all copies thereof, whereupon the party disclosing, or threatening to disclose, such Confidential Information in a manner inconsistent with the terms of this Agreement shall promptly comply with such demand; (ii) be entitled to institute and prosecute proceedings in a court of competent jurisdiction to obtain temporary and/or permanent injunctive relief to enforce any provision hereof, without the necessity of proof of actual injury, loss or damage; and (iii) recover damages, losses, and expenses of any nature, including without limitation attorneys' fees, arising out of, resulting from or otherwise relating to such disclosure or threatened disclosure. Anything contained in this Section 5(b) to the contrary notwithstanding, each of the parties to this Agreement shall not be required to return or deliver any documents or other tangible items relating to such Confidential information, if such return or delivery would directly violate any express provisions of an applicable order of a court of competent jurisdiction. It is the intention of the parties hereto that, in enforcing the provisions of this Section 5(b), a court may take into consideration, among other factors, each of the parties' interest in maintaining the confidentiality of such Confidential Information. Anything contained in this Section 5(b) to the contrary notwithstanding, the provisions of this Section 5(b) are not intended to cover information, which is in the public domain or becomes generally known.

This Section 5 shall survive the termination of this Agreement.

**6. Indemnification.**

(a) Each party shall indemnify, defend, and hold harmless the other party, and such other party's officers, directors, employees, and affiliates, from and against any and all liability, loss, cost, or expense (including, without limitation, reasonable attorney's fees), arising out of or in connection with the negligence or misconduct of the indemnifying party in performance of its duties and obligations pursuant to this Agreement.

(b) The party seeking indemnification shall promptly in writing the party from whom indemnification is sought of any claim asserted against it for which such indemnification is sought, and shall promptly deliver to the party from whom indemnification is sought a true copy of any such claim including, but not limited to, a true copy of any summons or other process, pleading, or notice issued in any lawsuit or other proceeding to assert or enforce such claim. An indemnifying party hereunder reserves the right to control the investigation, trial, and defense of such lawsuit or action (including all negotiations to effect settlement) and any appeal arising therefrom and to employ or engage attorneys of its own choice.

(c) The party seeking indemnification may, at its own cost, participate in such investigation, trial, and defense of such lawsuit or action and any appeal arising therefrom. The party seeking indemnification and its employees, agents, servants, and representatives shall provide full reasonable cooperation to the indemnifying party at all times during the pendency of the claim or lawsuit, including without limitation, providing them with all available information under the control of the party seeking indemnification or its employees, agents, servants or representatives with respect thereto.

This Section 6 shall survive the termination of this Agreement.

## 7. Medical Records.

(a) Custodian. Concentra shall serve as the custodian of medical records created at the clinic during the term of this Agreement. Concentra, as custodian of records shall abide by all local, state, and federal requirements for such record retention during and after the term of this Agreement. Concentra shall also abide by all applicable laws related to Concentra and the medical service record retention. Client acknowledges that Concentra will provide copies of medical records to any third-party requestor (with the appropriate executed release from the employee/patient, court order, or business affidavit, as applicable).

(b) Access. Client understands and acknowledges that the Client is not entitled to access any patient medical records except to the extent allowed by law. Concentra is a "covered entity" as enumerated in 45 CFR §160.103. As a covered entity, Concentra may only disclose protected health information as authorized by and to the extent allowed by law.

(c) Retention and Destruction. Upon the termination of this Agreement for any reason, Concentra shall maintain all records created against the statutory and regulatory requirements. Should Client request records be maintained by Concentra beyond any state, local or federal rule due to an ongoing audit or legal matter, then Client shall be invoiced for such retention for as long as such records are retained until written notice from Client to destroy such retained records.

This Section 7 shall survive the termination of this Agreement.

8. Audit. Upon Client providing thirty (30) days advance written notice to Concentra, Client may inspect the books, procedures, and records of Concentra (excluding financial data and Confidential Information) to monitor compliance with this Agreement. Any such audit shall be at Client's sole expense. Client shall pay all reasonable fees incurred by Concentra to complete the audit (including, but not limited to, reasonable copy charges, and Concentra employees to provide requested materials for such audit), to be invoiced as a separate line item on the next monthly billing statement as a standard Service provided under this Agreement.

9. Breach. If either party commits a material breach of its obligations under this Agreement, other than a breach of a payment obligation, the non-breaching party will provide thirty (30) days written notice describing the material breach to the breaching party. The breaching party will have thirty (30) days to cure

such breach. If the breach is not cured within such period, then the party not in breach may terminate this Agreement upon thirty (30) days' prior, written notice to the other party

**10. Miscellaneous.**

(a) Entire Agreement; Amendment. All exhibits referenced in this Agreement ("Exhibits") shall be attached and incorporated herein. This Agreement and all Exhibits contains the entire agreement and understanding of the parties with respect to the subject matter hereof, and supersedes any and all prior agreements, understandings, and arrangements, written or oral, between the parties hereto regarding the subject matter hereof. Only a written instrument executed by both parties may amend this Agreement.

(b) Notices. All notices required or permitted under this Agreement shall be in writing and shall be deemed to have been properly given: (i) when personally delivered; (ii) if sent via overnight delivery by a nationally recognized overnight carrier, upon the delivery date; or (iii) if sent by United States mail, three (3) business days after deposit in postage prepaid, certified or registered mail, to the following respective addresses (or to such other address or addresses as either party may designate writing):

Concentra: Occupational Health Centers of New Jersey, P.A.  
d/b/a Concentra Medical Centers  
375 McCarter Highway  
Newark, N.J. 07114  
Attn: Legal Contracts

Client: City of Orange Township  
29 N. Day street  
Orange, N.J. 07050  
Attention: Business Administrator

(c) Adequate Assurances. If reasonable grounds for insecurity arise with respect to Client's ability to pay for the Services in a timely fashion, Concentra may demand in writing adequate assurances of Client's ability to meet its payment obligations under this Agreement. Unless Client provides such assurances in a reasonable time and manner acceptable to rights and remedies available, Concentra may in its sole discretion: (a) partially or totally suspend its performance of Services while awaiting assurances from client, without any liability; and/or (b) require payment from Client in advance for Services not yet provided, without any liability.

(d) Force Majeure. Neither party shall be liable for failure to perform any duty or obligation that either may have under this Agreement where such failure has been occasioned by any act of God, fire, inevitable accident, war, or any cause outside the reasonable control of the party who had the duty to perform.

(e) Waiver. The failure of either party to exercise or enforce any right conferred upon it hereunder shall not be deemed to be a waiver of any such right, nor operate to bar the exercise or performance thereof at any time or times thereafter, nor shall its waiver of any right hereunder at any given time, including rights to any payment, be deemed a waiver thereof for any other time.

(f) Assignment: Binding Effect. Neither party may assign this Agreement to any other person or entity without the prior written consent of the other party; provided however that Client acknowledges that certain professional Services to be rendered by Concentra may be rendered by a professional association affiliated with Concentra. Notwithstanding anything contained herein to the contrary, either



party may assign this Agreement, without consent, to the surviving entity in the event of a merger or sale of substantially all the assets. Either party may assign this Agreement to a subsidiary or affiliate upon written notice to the other party. Subject to the foregoing, this Agreement inures to the benefit of, and is binding upon, the parties hereto and their respective successors and assigns.

(g) Severability. If any provision of this Agreement is held to be illegal, invalid, or unenforceable by a court of competent jurisdiction, the parties shall, if possible, agree on a legal, valid, and enforceable substitute provision that is as similar in effect to the deleted provision as possible. The remaining portion of the Agreement not declared illegal, invalid, or unenforceable shall, in any event, remain valid and effective for the remaining Term unless the provision found illegal, invalid, or unenforceable goes to the essence of this Agreement.

(h) Governing Law. This Agreement shall be governed by, and construed and enforced in accordance with, the laws of the state in which the Services are performed, without regard to conflict/choice of law principles.

(i) Legislative Modification. Notwithstanding any other provision to the contrary: (a) in the event that any federal, state, or local law, rule, regulation, or interpretation thereof at any time during the Term of this Agreement prohibits, restricts, or in any way materially changes the method or amount of reimbursement or payment for Services under this Agreement, then this Agreement shall, in good faith, be amended by the parties to provide for payment of compensation in a manner consistent with any such prohibition, restriction, or limitation; and (b) with respect to any law, rule, regulation, or interpretation thereof which results in a material increase in the cost of Services provided by Concentra hereunder, Concentra shall have the right to increase its fees to reach that level of prices at which it is willing to provide Services hereunder. With respect to any other prohibition, restriction, or change that causes this Agreement to be impermissible or materially different in its effect than contemplated herein, the parties hereto will, in good faith, negotiate and amend this Agreement to cause their relationship to be as consistent as possible with that which is created herein; if this Agreement is not so amended in writing prior to the effective date of said prohibition, restriction, or change, either party may terminate this Agreement upon advance written notice to the other party.

(j) Corporate Authority. Each party represents and warrants that it has the requisite corporate power and authority to enter into this Agreement, to engage the other in the performance set forth herein, and to perform its obligations hereunder. The execution, delivery and performance by each party of this Agreement have been duly authorized by all requisite corporate action on the part of each party respectively.

(k) Publicity. Each party shall request prior written approval for any advertising, written sales promotions, tours, press releases and other publicity matters relating to this Agreement or in which the other party's name is mentioned. However, either party may, without prior written approval of the other party, include the other party's name and a factual description of the work performed under this Agreement in its lists of references and in the experience section of proposals to third parties, in internal business planning documents, in its annual report to shareholders, and whenever required for legal, accounting or regulatory purposes.

Agreement Structure. This Agreement is the result of an arm's length negotiation between the parties and each of the parties has agreed to the use of the particular language on this Agreement. The parties further acknowledge that any questions of doubtful or unclear interpretations are not to be resolved.

(l) by any rule or interpretation against the drafters, and that each party has participated in drafting this Agreement. Accordingly, this Agreement is to be construed without regard to the party or parties responsible for its drafting or preparation.

(m) Counterparts. This Agreement may be executed in counterparts and delivered to each of the parties by facsimile. Facsimile, photocopy, or electronic signatures are deemed an original instrument, but all such counterparts taken together constitute on and the same agreement.

Order of Precedence. In the event of conflicts or discrepancies among this Agreement and other documents used in setting forth the services and fees, interpretations will be based on the following priorities, from highest to lowest: this Agreement; the Exhibits attached to this Agreement; any PO or Change.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the Effective Date.

CITY OF ORANGE TOWNSHIP

By:

\_\_\_\_\_  
Dwayne D. Warren, Esq., Mayor

ATTEST:

\_\_\_\_\_  
Joyce Lanier, Municipal Clerk

OCCUPATIONAL HEALTH CENTERS  
OF NEW JERSEY, P.A. d/b/a  
CONCENTRA MEDICAL CENTERS

By: \_\_\_\_\_

Approved as to form and sufficiency:

\_\_\_\_\_  
Gracia Robert Montilus  
City Attorney



## STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

**Taxpayer Name:** CONCENTRA HEALTH SERVICES, INC.  
**Trade Name:** PRIZM ENVIRONMENTAL & OCCUPATIONAL MEDICINE  
**Address:** 4714 GETTYSBURG ROAD  
MECHANISBURG, 00000  
**Certificate Number:** 0894322  
**Effective Date:** November 14, 1996  
**Date of Issuance:** February 11, 2020

**For Office Use Only:**  
20200211090704222



**Program Specifications  
Proposal for  
The City of Orange  
Township**

**PRESENTED BY**

**Patricia Gurczeski**  
Key Account Manager

375 McCarter Hwy  
Newark, NJ 07114

**Mobile:** 201.470.1679

**Email:** [patricia\\_gurczeski@concentra.com](mailto:patricia_gurczeski@concentra.com)



November 30, 2021

The City of Orange Township  
29 North Day Street  
2nd Floor, Room 202  
Orange, NJ 07050

RE: Program Specifications

To Whom it May Concern:

Concentra® is pleased to present to The City of Orange Township (the City) our proposal to administer employment medical examinations, which adheres to all specifications and includes all relevant attachments.

As the City's incumbent provider and as the nation's leader in occupational health care, Concentra is highly qualified and well positioned to perform the services the City is seeking. Our national footprint, strong infrastructure, health care expertise, and commitment to service excellence would provide ongoing tangible benefits for the City – supporting you in your efforts to meet your program objectives.

Concentra draws from a pool of experienced professionals to serve our clients' needs. We assign an initial point of contact during the procurement and contracting phases and designate operational resources to provide ongoing account management and program support. The operations director would monitor contract deliverables and program expectations to help ensure we achieve successful outcomes that effectively meet the program objectives. In addition, the account management team would help ensure the services rendered under the contract remain compliant with all applicable local, state, and federal regulations.

Should you have any questions or concerns regarding our response, please contact *Patricia Gurczeski*, *Key Account Manager*, via phone: 201.470.1679 or by email: [patricia\\_gurczeski@concentra.com](mailto:patricia_gurczeski@concentra.com).

Concentra affirms that:

- All information contained herein is current, complete, accurate, and remains valid for 180 days following the due date, November 30, 2021
- The City anticipates a contract term of one year, subject to annual appropriation with a two-year extension option, upon written agreement of the parties

Concentra values the City's consideration of our response. We are confident that when our experience and capabilities, geographic footprint, and account management strategy are taken into account, Concentra will emerge as your ideal partner for the requested services. We look forward to the opportunity to continue serving as the preferred Program Specifications partner with The City of Orange Township and its employees.

Respectfully submitted,

John R. Anderson, DO, FACOEM  
Vice President and Treasurer  
Occupational Health Centers of New Jersey, P.A. dba Concentra Medical Centers

## Table of Contents

A. Description of Firm.....	1
B. Advantages of Contracting with Firm for Medical Services .....	4
C. Additional Information .....	6
D. Costs and Fees.....	13
E. Contact Administration/Transition .....	14
F. Ordinances/Statutes .....	19
G. M/WBE and DBE Participation.....	20
Attachments .....	21

## A. Description of Firm

The City has unique service specifications and Concentra can deliver customized clinical solutions to help you achieve your program goals and objectives. We treat one in every five work-related injuries/illnesses, more than 18 million since 1979. We maintain policies and procedures to ensure ongoing compliance with standard regulating bodies, including the Occupational Safety and Health Administration (OSHA), the U.S. Department of Transportation (DOT), the Americans with Disabilities Act (ADA), the Family and Medical Leave Act (FMLA), the National Fire Protection Association (NFPA), police officer standards, and many others. Our approach successfully combines evidence-based medicine with our clinical expertise and superior service discipline to deliver convenient access to quality care and measurable cost savings.

### A Best-in-Class Occupational Health Model

With a clear and compelling vision and a notable record of accomplishments, we offer our best-in-class solution and a health care experience that is second to none. As clients come to know us, they discover Concentra's value in everything we do.

### Clinical Foundation

Concentra was founded by physicians as a medical practice and the delivery of high-quality medical care continues to be our core competency to this day. We hire and retain some of the finest clinicians in the industry and have established a model for workplace health unequalled in the industry. Concentra's Medical Expert Panels work to identify health trends, research new treatment approaches, monitor regulatory changes and develop clinical practice guidelines and best practices.

Examples include, but are not limited to:

- Developed the FReSH program (Functional Restoration/Status of Healing Scale), a new approach to pain management, which focuses on functional movement and improvements in the healing process. This program encourages patients to take a more active role in their recovery which means injured employees return to work faster, making your company more productive.

Developed a Sleep Evaluation Worksheet (SEW) used by our clinicians to evaluate individuals in safety sensitive positions for the presence of sleep disorders that may pose a hazard to themselves and their workplace. This was created due to the lack of guidelines in the FMCSA's Medical Examiner Handbook and to provide consistency and direction for our medical examiners. The SEW incorporates recommendations from the FMCSA's Medical Expert Panel and the Medical Review Board. Concentra has also built the clinical infrastructure to keep us at the forefront in workplace health and our Enterprise Quality Improvement Program Committee monitors key quality measures and oversees improvement initiatives.

### Expertise and Innovation

Concentra played a significant role in creating the workplace health industry model that exists today. We apply our proven methodologies to occupational medicine and workers' compensation and have developed evidence-based clinical guidelines to help improve treatment and overall outcomes. We established the Concentra Occupational Health Research Institute (COHRI) in 2000 to promote scientific research and continuing medical education in occupational health.



## A National Leader Applying Proven Approaches



**More than 18 million** occupational injuries treated since 1979



**One in every five** workplace injuries in the United States are treated at Concentra



**Approx. 800,000 injuries** treated in our centers in 2019



**Over 600,000 cases** seen by Concentra Advanced Specialists (CAS)



**50,000 patients** seen at Concentra onsite clinics and medical centers each day

### Unmatched Access

With Concentra, your employees would utilize our *Newark New Jersey* medical center as the main service site, but would also have access to our extensive network of more than 515 Concentra medical centers nationwide. In addition, Concentra Telemed® and Concentra Telerehab® extend access to care beyond the centers' walls and standard working hours. Our integrated approach ensures continuity of care by leveraging the same electronic medical record and practice model regardless of access point.

Concentra's Transportation Solution provides injured employees with scheduled and real-time rides to and from Concentra medical centers. Available nationwide, our transportation solution is provided free of cost for employee transportation after initial injury, for follow-up appointments, and for scheduled physical therapy visits. After an employee reports an injury to his/her supervisor, the supervisor calls the local Concentra medical center to request a ride. A few minutes later, a driver sends a text message notifying the employee of the estimated time of arrival for pickup. After the visit, center team members arrange for the employee's ride back to the workplace or home, depending on the severity of the injury and the treating clinician's recommended treatment plan. The City's employees would have prompt access to expert care, convenient rides with no smartphone app or tip required, and reduced time away from work.

### Our Mission

Our company mission is to improve the health of America's workforce, one patient at a time. We take a customized approach that enables us to meet the diverse needs of our customers across the U.S. We attribute our success to our commitment to put our customers' people first, delivering personalized attention that optimizes employee health and productivity.

### Clients Who Receive Medical Services

It has been Concentra's privilege to serve as the preferred provider for occupational health care services for the following clients. During our relationship, Concentra has gained extensive knowledge of each client's guidelines and operational procedures. While the entire list of our clients who receive medical services would be too extensive to include, we have provided a sample listing below for the City.



**Regional/Local Area Clients****City of Trenton  
Injury Services****City of Paterson  
Non-Injury Services****City of Newark  
Injury & Non-Injury Services****City of Elizabeth  
Injury & Non-Injury Services****City of Perth Amboy  
Injury & Non-Injury Services****Newark Board of Education  
Injury Services****City of Plainfield  
Injury & Non-Injury Services****East Orange School District  
Injury Services****City of East Orange  
Injury & Non-Injury Services****City of Passaic  
Injury & Non-Injury Services**

## B. Advantages of Contracting with Firm for Medical Services

Concentra understands that the City is seeking a medical services provider to administer employment medical examinations. Concentra further acknowledges that the City desires program components consisting of a minimum of the following:

- Pre-employment and post employment physicals and psychological examinations
- Random substance abuse and alcohol abuse examinations
- Venipuncture
- CHem23
- CBC with Manual Diff
- UA
- VDRL
- T4
- Titmus visual Screening
- Mantoux test
- NIOSH approved Audiometry
- Agility Screening
- Chest X-Ray (Frontal and Lateral)
- Treadmill Stress Test CPT 93017 – Provided by Access Medical
- Stress Test CPT 93017
- Range of Motion Evaluation
- Pregnancy Test for ALL females

### Concentra's Solution

Concentra has extensive experience performing the requested services and we are confident our expertise and best practices approach to employment medical services make us the right company to assist the City in meeting its program objectives.

[Concentra's longevity in health care and our experience serving clients like the City would prove valuable during our engagement.]

Concentra would successfully perform the requested scope of services proficiently and in the most cost-effective manner through our extensive network of medical centers, our skilled clinicians and account management team staff, and our operational efficiency.

Concentra assures the City that we would:

- Leverage our decades of experience and use company best practices that are compliant with the Department of Transportation (DOT), Occupational Safety and Health Administration (OSHA), and other regulated examinations
- Maintain policies and procedures to ensure ongoing compliance with the Americans with Disabilities Act (ADA), the Family and Medical Leave Act (FMLA), the National Fire Protection Association (NFPA), police officer standards, and many others
- Conduct drug screenings in accordance with DOT standard, 49 CFR Part 40
- Utilize a Substance Abuse and Mental Health Services Administration (SAMHSA)-certified, College of American Pathologists-Forensic Drug Testing (CAP-FDT) accredited, and Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory for specimen analysis
- Utilize our *Newark New Jersey* medical center as the main service site
- Employ only properly certified and trained staff to perform the scope of work
- Assign a designated team of qualified professionals to oversee [the] the City's program and ensure continued compliance
- Document patient visits and generate meaningful reports

- Maintain records securely to ensure confidentiality of personal health information in accordance with the guidelines outlined by the Health Insurance Portability and Accountability Act (HIPAA)

*We have the experience and resources, and qualified personnel, and are readily able to serve the City efficiently and professionally.*

## C. Additional Information

1. Professionals responsible for conducting the employment physical examinations which may include psychological questions to assess the candidate. If the provider determines a psychological evaluation is required, then that evaluation shall be performed at an additional charge as provided herein. Provide a list of medical personnel and their credentials.

The following individuals will conduct the employment physical examinations out of the Newark Concentra medical center.

- Aza Weir, Center Operations Director
- Anthony Santigate, PT, Center Therapy Director
  - ✓ Bachelor of Physical Therapy, NYU
- Purvee Patel, MD, Center Clinician
  - ✓ MD, Medical University of Silesia, Poland
  - ✓ Residency, Somerset Medical Center, NJ
  - ✓ Board certified in Family Medicine

### 2. Location of examination site(s).

Concentra proposes that our center closest to the City, the **Newark New Jersey** center, serve as the primary site for employees to obtain employment medical examinations. While the Newark New Jersey center is fully capable of providing all required services in one facility, all Concentra medical centers are available as convenience necessitates. All Concentra medical centers maintain the essential staffing resources, required equipment, and licensed and credentialed clinicians to perform your requested scope of services. *Please note that hours are subject to change.*

#### Concentra Medical Centers Near the City

##### **Newark New Jersey**

375 McCarter Hwy  
Newark, NJ 07114  
M – F: 8:00 a.m. – 6:00 p.m.  
4.5 miles

##### **Elizabeth**

595 Division Street  
Elizabeth, NJ 07201  
M – F: 8:00 a.m. – 5:00 p.m.  
7.2 miles

##### **Elizabeth Dowd Ave**

606 Dowd Avenue  
Elizabeth, NJ 07201-2119  
M – F: 8:00 a.m. – 5:00 p.m.  
7.6 miles

##### **Secaucus**

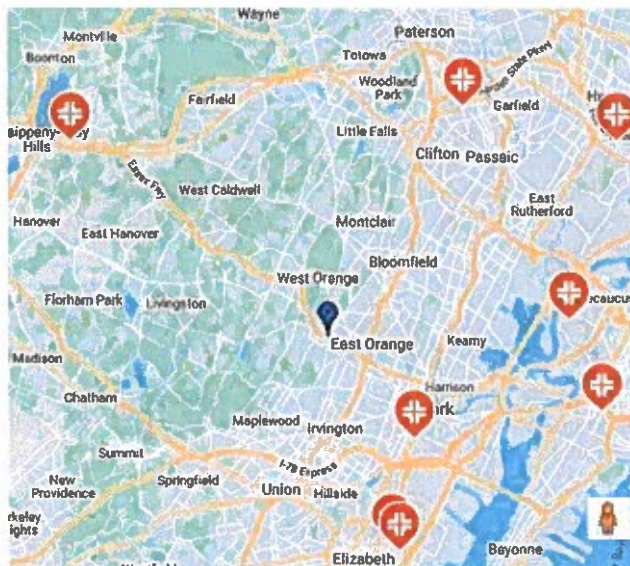
30 Seaview Drive  
Secaucus, NJ 07094  
M – F: 8:00 a.m. – 5:00 p.m.  
8 miles

##### **Clifton**

283 Piaget Ave  
Clifton, NJ 07011  
M – F: 8:00 a.m. – 5:00 p.m.  
8.8 miles

##### **Jersey City**

574 Summit Ave  
Jersey City, NJ 07306  
M – F: 8:00 a.m. – 5:00 p.m.  
9.4 miles



**Parsippany**

190 Baldwin Road  
Parsippany, NJ 07054  
M – F: 8:00 a.m. – 5:00 p.m.  
10.7 miles

**Teterboro**

150 North Street  
Teterboro, NJ 07608  
M – F: 8:00 a.m. – 5:00 p.m.  
11.5 miles

**3. Hours during which the service will be available.**

The primary clinic available for the City's employees is open from 8:00 a.m. – 6:00 p.m., Monday – Friday.

**4. Procedure(s) for scheduling employment physical examinations and reporting the applicant's or candidate's suitability for employment with the City to City of Orange. Average reporting time standards.****Appointment Scheduling**

Concentra would provide the City's employees with prompt service. Although our medical centers are primarily "first come, first served," Concentra can accommodate scheduled appointments if requested at least 24 hours in advance. Scheduled appointments are prioritized before walk-in visits.

For drug/alcohol testing, our centers implement "fast-track" services where we strive to provide a 30-minute-or-less total time in-center for drug specimen collection and/or breath alcohol testing.

**Results Reporting****Physical Examinations**

Concentra evaluates and reports all medical information back to an employer's designated representative within 24 hours of receiving all relevant data. The report provides a recommendation based on the results and any recommended referrals and/or restrictions. The clinician notes if additional testing is necessary and advises of the clearance status for job placement. If the results require supplemental testing, Concentra would notify the City's designated representative prior to performing any additional testing. *Depending on the specific components tested for (for example, blood or urine analysis), results may take up to five days to report.*

**Drug and Alcohol Testing**

Upon laboratory receipt of a Concentra Medical Compliance Administration (CMCA) drug screen, average turnaround time for a negative result is 24 to 48 hours. Turnaround time for a non-negative result varies for Department of Transportation (DOT) vs. non-DOT tests. Non-negative results, including medical review officer (MRO) review, take 48 to 72 hours depending on the MRO verifications. CMCA reports results daily.

**5. Frequency with which doctors from the firm have provided expert witness testimony to justify the disqualification of a prospective employee. (Describe the type of legal proceeding.)**

Concentra can provide this service, upon request, and with a subpoena. As a corporation, we do not have a record of the frequency with which our doctors have provided expert witness testimony to justify the disqualification of a prospective employee.

**6. Provide copies of forms used in employment physical examinations, and several completed forms that demonstrate situations in which recommendations were made to not hire.**

Concentra affirms we have provided copies of forms, per the City's request. They are included as part of **Attachment A: Sample Forms.**



**7. What computerized random selection software will be employed for Drug and Alcohol testing pools?**

The Concentra Medical Compliance Administration (CMCA) random selection program eliminates manipulation of the selection process and adheres to Department of Transportation (DOT) standards.

We use a pool management feature in our drug testing program to capture information needed to schedule random pool selections within the required time frame, including:

- Name of pool
- Selection interval (i.e., monthly or quarterly)
- Last selected (i.e., period the last pool was selected)
- Scheduled (i.e., pool that has been scheduled)

Web users can view the employee list for each random pool group, add and remove members from the random pool group, and view the current random selection 24 hours a day, seven days a week.

Once pools have been established, the random selection process would be conducted. To proceed:

- The employer's designated contact updates additions and deletions of pool employees via the web, or email if web is not available
- CMCA imports records from the employer database and creates pool groups to meet specified criteria
- Once the pool has been created, employees have been imported to the pool, and year-to-date statistics have been verified, random selection is electronically run
- CMCA prints a master random selection list and sends employee notification and instruction letters to the employer contact
- CMCA reports whether employees have completed their drug tests and reports on outstanding tests

**8. How will the multiple work sites and broad geographical area be serviced?**

Concentra proposes that our center closest to the City, the **Newark New Jersey** center, serve as the primary site for employees to obtain employment medical examinations. While the Newark New Jersey center is fully capable of providing all required services in one facility, all Concentra medical centers are available as convenience necessitates. All Concentra medical centers maintain the essential staffing resources, required equipment, and licensed and credentialed clinicians to perform your requested scope of services. *Please note that hours are subject to change.*

**9. Will samples for drug and alcohol screening be collected by the firm responding to the RFP? If not, name the firm that will collect the samples.**

Concentra will conduct all collections, using our certified staff members. Concentra's certification course meets and exceeds the DOT training model. To help ensure consistency among all Concentra markets in adhering to DOT regulations, we developed a three-phase *Collector Certification Program*. Our policy is that all collectors (new hires and existing) successfully complete each phase of the program prior to Concentra certifying the individual to perform drug screen collections. Concentra's intention is to maintain high standards and quality throughout the collection process. *To that end, although DOT regulations require refresher training to occur within five years, Concentra requires refresher training for all collectors every 2.5 years.* If the collector does not complete refresher training within the designated timeframe, we do not allow him/her to perform DOT collections.

**10. What procedure will be used by the firm collecting the samples?**

Our typical process includes:

- Certified staff to perform collections
- Use of split specimen collection method as required by DOT

- Use of the proper custody and control forms (CCF) for regulated and non-regulated testing, using electronic CCFs when possible
- Proper specimen containment
- Shipment of specimen, within 24 hours, to a SAMHSA-certified laboratory for analysis
- Involvement of a medical review officer (MRO) for follow-up review, as appropriate

11. Will the laboratory analysis be performed by the firm responding to the RFP? If not, name the firm(s) that will perform the analysis.

Concentra uses Quest Diagnostics as our preferred vendor for laboratory analyses in drug testing. Quest, an industry leader, was founded in 1967 as Metropolitan Pathology Laboratory, Inc. and became an independent corporation under the Quest name in 1996.

Quest Diagnostics Clinical Laboratories, Inc., a subsidiary of the parent company, has four forensic drug testing laboratories certified by the Substance Abuse and Mental Health Services Administration (SAMHSA) and accredited by the College of American Pathologists-Forensic Drug Testing (CAP-FDT). Three of the labs are also Clinical Laboratory Improvement Amendments (CLIA)-certified.

12. What is the laboratory testing volume and experience of the firm(s) that will perform the laboratory analysis?

Each of Quest's forensic toxicology laboratories is certified by the Department of Health and Human Services (DHHS)/SAMHSA to perform urine drug testing under the federal program. The four SAMHSA certified laboratories are compliant with SAMHSA guidelines as detailed in the Federal Register 73 (228): 71858-71907 (11-25-2008) and the DOT's 49 CFR Part 40 rules, detailed in Federal Register 65 (244): 79462-79579 (12-19-2000), and any subsequent revisions. The U.S. Department of Transportation (DOT), Nuclear Regulatory Commission (NRC), Federal Railroad Administration (FRA), Pipeline and Hazardous Materials Safety Administration (PHMSA), and the Federal Motor Carrier Safety Administration (FMCSA) all require this certification.

Each laboratory is licensed by the state where the laboratory is located, such as Agency for Health Care Administration (AHCA) Florida.

Of relevance, Quest:

- Performs services in all 50 states and the District of Columbia, Puerto Rico, Mexico, and the United Kingdom
- Performs more than 11 million drug and alcohol tests annually
- Performs more than 300 million clinical tests each year
- Is trusted by more than two-thirds of the nation's hospitals
- Is the preferred laboratory for more than 200,000 physicians
- Impacts more than 70 percent of the health care decisions made by physicians today

13. What method of screening and confirmation will be used for all drugs?

#### **Initial Screening Test**

A high-sensitivity enzyme immunoassay (EIA) screens for the presence of commonly abused drugs. At this stage, test results equal to or greater than a calibrated immunoassay cutoff concentration identify presumptively positive specimens. Each batch contains both negative and positive quality control samples along with one blind quality control sample that is inserted into the batch in a random position.

#### **Confirmation Test**

For specimens that do not screen negative initially, confirmatory drug testing is performed by gas chromatography/mass spectrometry (GC/MS), liquid chromatography/mass spectrometry (LC/MS), or any

other technique recognized by the U.S. Department of Health and Human Services (DHHS) and Substance Abuse and Mental Health Services Administration (SAMHSA).

The concentration of drug or drug metabolite in each donor specimen is determined by comparison of the response of the specimen to the response of calibrators of known concentration. As with the screening test, each batch contains both negative and positive quality control samples along with one blind quality control sample that is inserted into the batch in a random position. If required, confirmation testing for specimen validity is performed by the same or, if available, a second definitive method that can be utilized to identify specimens as adulterated, substituted, or invalid. Each confirmation test is performed on a second aliquot that is obtained from the original specimen container and all confirmation batches contain appropriate quality control samples to verify the performance of the procedure.

If a donor specimen has a concentration of drug that is less than the client-specific cutoff, the specimen is determined to be negative for the confirmation test.

If a donor specimen has a concentration of drug that is greater than or equal to the client-specific cutoff, the specimen is determined to be positive for the specific test.

Laboratory positives are transmitted to the medical review officer (MRO.) The MRO gathers all test data, interviews the donor, and confirms the result as positive or negative. The result is posted only after MRO verification.

#### 14. What kind of quality control program does the laboratory have?

Quest Diagnostics has a Quality Assurance Director dedicated to overseeing the quality assurance program for our Substance Abuse and Mental Health Services Administration (SAMHSA) and College of American Pathologists Forensic Drug Testing (CAP-FDT) certified forensic testing laboratories. The quality assurance program encompasses all aspects of the drug testing process including, but not limited to, specimen acquisition, chain of custody, testing specimens (initial and confirmatory testing) and reporting results. In addition, the validation of analytical procedures according to regulatory guidelines is ascertained.

Quality Assurance procedures have been designed, implemented, and reviewed to outline activities and audits, monitor the conduct of each step of the process of testing for drugs as well as the performance of personnel, equipment, and instruments against the standards set by Quest Diagnostics and applicable regulatory agencies.

The Quality Assurance Program for testing includes participation in both internal and external quality control programs, calibration of instruments and measuring devices, daily instrument performance evaluations, strict compliance with standard operating procedures, and documentation of the skills and training of technical personnel.

All of Quest Diagnostics' SAMHSA certified laboratories are inspected on a bi-annual basis by Quest Corporate Quality as well as subject to audits by independent third-party consultants that work on behalf of our customers. Quest Diagnostics is also frequently audited by authorities such as the National Laboratory Certification Program (NLCP), the Department of Health and Human Services (DHHS) and CAP-FDT, Commonwealth of Pennsylvania and New York State. All inspections that occur under the National Laboratory Certification Program (NLCP) are conducted on the behalf of SAMHSA.

#### 15. What chain of custody procedures and documentation does the laboratory employ?

When collecting urine specimens, Concentra adheres to all SAMHSA policies and procedures to ensure appropriate chain of custody to document the integrity and security of the specimen from the time of collection until receipt by the laboratory. For DOT collections, we use the federal chain of custody and control form (CCF); for non-regulated drug screens, we use the non-federal CCF.

Specific to DOT testing, Concentra completes the federal CCF in accordance with SAMHSA guidelines, as we outline below:



- Collector ensures that the name and address of the drug testing laboratory appear on the top of the CCF and that the specimen ID number on the top of the CCF matches the specimen ID number on the labels/seals
- Collector provides the required information in step 1 on the CCF and provides a remark in step 2 if the donor refuses to provide his/her Social Security or employee ID number
- Collector gives a collection container to the donor to provide specimen
- After the donor gives the specimen to the collector, the collector checks the temperature of the specimen within four minutes, marks the appropriate temperature box in step 2 on the CCF, and provides a remark if the temperature is outside the acceptable range
- Collector checks the split or single specimen collection box
  - ✓ If no specimen is collected, the collector checks that box, provides a remark, discards Copy 1, and distributes the remaining copies as required.
  - ✓ If it is an observed collection, the collector checks that box and provides a remark.
- Donor watches as the collector pours the specimen from the collection container into the specimen bottle(s), places the cap(s) on the specimen bottle(s), and affixes the label(s)/seal(s) on the specimen bottle(s)
- After affixing the labels/seals, the collector dates the specimen bottle label(s)
- Donor initials affixed and dated specimen bottle label(s)
- Collector turns to Copy 2 (MRO Copy) and instructs the donor to (1) read the certification statement in step 5 and (2) sign, print name, date, provide phone numbers, and date of birth; if the donor refuses to sign the certification statement, the collector provides a remark in step 2 on Copy 1
- Collector completes step 4 (i.e., provides signature, printed name, date, time of collection, and name of delivery service), immediately places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, releases specimen package to the delivery service, and distributes the other copies as required

#### 16. What provision does the laboratory have for sample retention?

Within its processing department, Quest Diagnostics, our vendor for clinical laboratory services, maintains a designated, secured-access, storage room equipped with refrigerators and a back-up power source. Specimens that are not tested within two days of receipt are kept in refrigerated storage where maximum temperature does not exceed 6°C. Specimens that screen non-negative on the initial test are immediately placed in refrigerated storage to be maintained until the laboratory's certifying scientist confirms the results. All specimens are stored and tested under strict chain of custody.

Quest retains a urine specimen for a minimum of one year if it was reported positive, adulterated, substituted, or invalid. Quest retains a negative urine specimen for five to seven days. A retained specimen must be kept in a secured location that is appropriate for that type of specimen (e.g., frozen storage for urine) to ensure its availability for any necessary re-testing during an administrative or judicial proceeding. Within the one-year storage period, a federal agency or MRO may request a laboratory to retain a specimen for an additional period, for a fee. If no such request is received, a specimen may be discarded.

#### 17. What kind of professional support will the laboratory provide if legal action is initiated by the City or brought against the City?

Quest Diagnostics regularly supports its test results by providing expert legal testimony and staff toxicologists to support laboratory findings and testify for legal challenges, as to the integrity of both the Custody and Control and Laboratory testing procedures. Quest Diagnostics ensures the integrity of reported results and provides expert testimony for legal challenges.

Quest Diagnostics will provide litigation packages upon written request. Litigation packages routinely include a summary document, an affidavit, Chain of Custody documents, screening and confirmation test printouts, laboratory certifying documents and the qualifications of the scientist. Litigation packages will

be shipped on average within 7-14 business days from the date of request. We advise to consult with your legal counsel on any questions related to your company's policies and or your state laws.

**18. Has the validity of the laboratory's drug screening procedures been tested in a court of law? What were the outcomes of all such challenges?**

In the normal course of business, we have been named, from time to time, as a defendant in various legal actions arising in connection with our activities as a provider of drug testing services. These legal actions may include lawsuits alleging negligence or other similar legal claims. It is our policy to not disclose the specifics of any of these legal actions or lawsuits nor do we track every instance in which we are not named as party where a donor may challenge the results of a drug test that we performed— often times, we are not even aware of the outcome of these challenges.

**19. What is the laboratory's standard turnaround time?**

Concentra's average turnaround time for a negative drug screen result is 24-48 hours upon receipt at the laboratory. Turnaround time for a non-negative drug screen result, including medical review officer (MRO) review, varies for non-DOT and DOT tests and may take 48-72 hours, depending on the MRO verifications.

- For a non-DOT non-negative drug test, MRO review is at the employer's discretion, and results can take 48 to 72 hours once received at the lab.
- MRO review is required for all DOT non-negative drug tests. While we can report a non-negative result to the MRO within 48 hours, the average turnaround time for a non-negative DOT drug screen review by the MRO varies. Per DOT guidelines, the donor has up to five days to contact the MRO before the MRO reports a result.

Breath alcohol test results are reported the same day the specimen is obtained.

**20. How will laboratory results be reported?**

CMCA has drug test result downloads established with all federally regulated laboratories. The MRO reviews all drug testing results prior to reporting the results to the designated employer representative.

The following table identifies options for report delivery.

Reporting Options	
Option	Details
Internet	We report drug test results via a secure website. An assigned access code and password must be used to access the website. Multiple users within a company can obtain results.
Email	Concentra sends drug test notifications to the designated contact's direct email address.

**21. How much does the laboratory charge the medical firm for drug screening (if screening is performed by an outside laboratory)?**

Concentra has outlined all pricing questions within our pricing response.

**22. Copies of forms used in chain of custody procedure and lab results.**

Concentra affirms we have included all copies of forms used in chain of custody procedure and lab results. They are included as part of *Attachment A: Sample Forms*.

**23. Cost of expert witness testimony regarding drug analysis performed and results of drug tests.**

Concentra has outlined all pricing questions within our pricing response.

## D. Costs and Fees

Concentra appreciates the opportunity to present our proposed fee schedule. We affirm all information contained herein is current, complete, accurate, and remains valid for 180 following the date of our submittal.

Component	Price
a. Audiogram	\$52.50
b. X-Ray Chest 2-View	\$120.00
c. EKG Resting	\$50.00
d. TB Skin Test	\$35.50
e. Lipid Panel	\$59.00
f. Comprehensive Metabolic Panel	\$55.00
g. Complete Blood County	\$55.00
h. Pulmonary Function Test	\$52.50
i. Physical PrePlacement	\$85.00
j. Non-Regulated UDS 5 Panel	\$45.00
k. Rubella Titer	\$65.00
l. Hep B Engerix	\$85.00 per shot
m. Hepatitis C Antibody	\$60.00
n. Hepatitis A Vaccine	\$105.00 per shot
o. Venipuncture	\$0.00
p. T4 (Free T4)	\$80.00
q. Vision Titmus/Color Perception	\$35.00
r. Rapid Pregnancy Test	\$20.00
s. HPE Company Defined Level 2	\$75.00
t. Stress Test-Treadmill	\$200.00
u. Probationary Police Exam	\$519.00
v. Random Drug Pool Maintenance	\$250 per year
w. Breath Alcohol Test	\$35.00
x. U/A Manual Microscopic	\$30.00
y. Collector Testimony	
z. Expert Testimony	

**Note regarding any applicable immunization services:** After the first twelve months of this contract, if the current market price for the above Services change due to market conditions, demand(s) and/or shortage(s), the City will be billed the then current market rate.

## E. Contact Administration/Transition

### 1. Describe how implementation will be handled.

Concentra's facilities, resources, and processes are in place and fully operational at all the locations listed for the City's use and we stand ready upon award of a contract to implement the proposed program.

#### Primary Concentra Contact

Establishing and maintaining consistent, clear communication between Concentra and the City is critical to a successful implementation and ongoing program management, as it fosters an alliance suited to achieve all program goals. To ensure consistency and effectiveness in communication during and after implementation, Concentra would assign the center operations director (COD) of the Newark, New Jersey center, Aza Weir as the City's primary contact to address all contractual and operational issues.

#### Establish Operational Guidelines

Specifically, Concentra's COD would collaborate with the City's leadership to:

- Review the scope of services
- Draft custom guidelines/procedures
- Define the most efficient process for communicating results

Concentra would review the proposed program guidelines internally and submit them to the City for review. Upon the City's approval of program guidelines, Concentra would implement the defined processes in each of our proposed medical centers. With the program guidelines in place, the COD would:

- Communicate the proposed clinic services to the City administrators, including but not limited to, program goals, procedures, service costs, results communication, and billing information
- Conduct local meetings to provide authorization forms for services
- Verify procedures with the City and its participating departments
- Document billing instructions
- Identify the appropriate contacts to receive results reporting
- Provide Concentra location maps and other pertinent information to the City and its participating departments
- Review procedures with Concentra's treating providers and clinic personnel

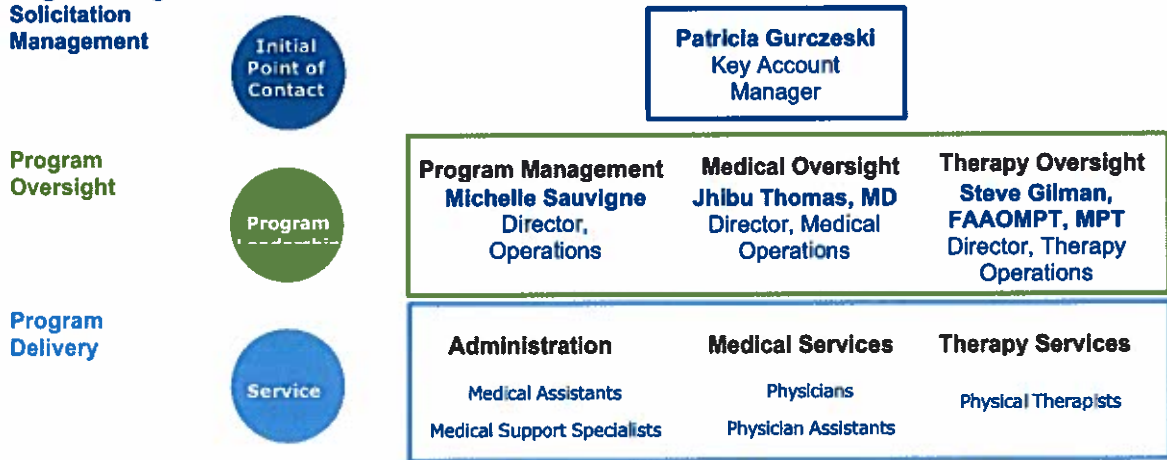
#### Ongoing Program Management

Once implementation is complete, Concentra would begin performing services for the City. Throughout the program, the COD would work with the City to evaluate activities and recommend improvements to ensure our services are efficient, effective, and achieve all program objectives.

### 2. List the name(s) and title(s) of individual(s) who will service the account.

Concentra carefully considers each project and its unique goals when assigning an account management team. We take a collaborative approach that combines local operational and clinical support to ensure quality and service excellence. The individuals we select bring valuable, relevant experience to the program and provide ongoing support within their respective areas of expertise.

**Program Organizational Chart**



**Patricia Gurczeski, key account manager,** would be responsible for ensuring Concentra colleagues know and understand your program requirements and would be available to answer your questions throughout the solicitation and initial phase of engagement.

**Key Account Manager**

Patricia Gurczeski

**Credentials**

- 10 years with Concentra
- 6 years of experience
- Medical assistant certification

**Michelle Sauvigne, director of operations** provides high-level operational oversight for program engagements in New Jersey and would oversee a team of local center operations directors (CODs) providing day-to-day program support. Together, they would monitor processes and procedures to ensure ongoing compliance with applicable regulations and guidelines as well as client-specific program specifications. The Director of Operations and team of local CODs would be available to answer questions, address issues, and ensure the City’s program operates efficiently.

The Director of Operations and the CODs:

- Oversee day-to-day program operations
- Implement and ensure ongoing compliance with all operational policies, procedures, and training programs within the centers
- Manage patient care issues and other center issues requiring resolution
- Act as liaisons between Concentra and our preferred vendors

**Director of Operations**

Michelle Sauvigne

**Credentials**

- 1 year with Concentra
- 6 years of experience
- BS, Delaware Valley University



**Richard Amegadzie, MD, director of medical operations** provides primary oversight for clinical practices in New Jersey, ensuring continued compliance. He and the team of local center medical directors (CMDs) would ensure that medical interpretations and associated clearances comply with the most recent medical standards and guidelines, and adhere to applicable regulations. His expertise relevant to the desired scope of work would be instrumental in the provision of services.

The Director of Medical Operations and the CMDs:

- Review medical and work history
- Treat patients and perform the required examinations
- Understand requirements of OSHA, DOT, NFPA, police officer standards, ADA, and FMLA, as well as other medical standards, regulations, and guidelines related to the scope of work
- Report the results of their medical evaluations
- Provide the recommendation as to whether an individual is medically certified to safely perform the essential job tasks
- Provide instructions regarding medical follow-up to address any conditions or lab abnormalities identified during the evaluation
- Provide, or arrange for, a prescriptive rehabilitation and/or fitness program, when indicated, to assist in the individual's recovery and enhance his/her ability to safely perform essential job tasks
- Review medical evaluations conducted by other clinicians
- Review individual medical evaluations and aggregate data to detect evidence of occupational exposure(s) or clusters of occupational disease

**Director of Medical Operations**

Richard Amegadzie, MD

**Credentials**

- 15 years with Concentra
- 19 years' experience in occupational medicine
- Mb. Chb., University of Ghana Medical School
- Residency, Cook County Hospital, Internal Medicine
- ABIM certified in Internal Medicine

**Steve Gilman, FAAOMPT, MPT, director of therapy operations**, provides oversight for the physical therapy and functional testing services in New Jersey. He is an expert in his field and possesses a wide breadth of knowledge overseeing these services for other area clients. He and a team of local center therapy directors (CTDs) would utilize their expertise to objectively assess the functional abilities of employees and expedite the return-to-work process.

The Director of Therapy Operations and the CTDs:

- Conduct an initial evaluation on clinician referrals and develop appropriate treatment plans
- Ensure treating clinicians have the necessary information to appropriately evaluate the employee's functional ability
- Communicate with all clinicians and the employer and employee regarding the employee's diagnoses, setting expectations for return-to-work, emphasizing education and motivation, and discussing specific rehabilitation issues and early intervention opportunities
- Utilize knowledge of best demonstrated practices and quality indicators to evaluate and measure program effectiveness, and implement methods to improve processes and outcomes
- Ensure compliance with guidelines and regulations established by the relevant licensing, certification, and accrediting bodies, including the Americans with Disabilities Act (ADA)

**Director of Therapy Operations**

Steve Gilman, FAAOMPT, MPT

**Credentials**

- 19 years with Concentra
- BS, U of NC at Asheville
- MPT, Hahnemann University
- Residency, FAAOMPT

**3. Provide three references (company names, contact persons, telephone numbers).**

Concentra offers the following other employer references for the City’s review. We encourage the City to contact these entities as they can attest to our ability to perform health care services similar to those requested as part of the City’s RFP. We perform these services per each employer’s specifications and in full compliance with all regulatory guidelines.

	Reference 1	Reference 2	Reference 3
Client Name:	City of Perth Amboy	City of Plainfield	Newark Fire Department
Address:	260 High St Perth Amboy, NJ 08861	515 Watchung Ave Plainfield, NJ 07060	480 Clinton Ave Newark, NJ 07108
Contact Name/Title:	Maria Rivera/ Business Administration	Abby Levenson/Business Administrator	BC Dean Gatti
Phone Number:	(732) 826-0290 ext. 4010	(908) 753-3000	(973) 733-3671
E-mail Address:	mriviera@perthamboynj.org	abby.levenson@plainfieldnj.gov	gattid@ci.newark.nj.us
Description of Work Performed	RPPS / Purchasing Agent / WC/GL Insurance Coordinator	Handles the daily task of being the Business Administrator along with being the Director of Personnel	Oversees workers comp and fit for duty exams for the fire department.

**4. Note any performance measures used in similar contracts.**

**Clinical Quality**

Concentra utilizes up-to-date, evidence-based clinical guidelines to direct our evaluation and treatment decisions. As a large medical practice, we have gathered data on millions of cases across our network of Concentra medical centers since 1996. We use the data throughout our organization to improve practice patterns, develop medical guidelines, support our research institute, and create an environment of continual learning for our clinicians.

As an organization, we monitor clinical quality and compliance via an Enterprise Quality Improvement Program (EQIP) Committee, which reports through the chief medical officer. The purpose and scope in the committee charter include monitoring quality through selection and assessment of quality metrics, initiating and overseeing improvement initiatives, and recommending quality assessment and assurance programs. We also have medical expert panels that identify health trends; research the latest developments; and develop policies, procedures, processes, and white papers to ensure Concentra’s treatment and service philosophy adhere to best practices.

**Center Assessment Tool**

Concentra will ensure compliance with the City’s and regulatory requirements. To provide our leadership with valuable feedback on these requirements, Concentra utilizes the Center Assessment Tool (CAT). The CAT provides an overall review of compliance with internal and pertinent external policies and guidelines, and is applied to all Concentra medical centers. Areas of focus include operations, medical, and physical therapy.

The CAT audits Concentra’s medical facilities for compliance with the following NCQA CR 5.A.1-4 regulations:

- Physical accessibility
- Adequacy of waiting and examination room space

- Physical appearance
- Availability of appointments
- Adequacy of treatment record keeping

Every Concentra medical center is subject to random formal audits twice per year, during which we track gaps in compliance. Additionally, during ongoing daily operations, leaders monitor various audit elements for compliance during. All new Concentra locations receive an audit within 30 days of opening. *Concentra will share audit findings with the City as required.*



## **F. Ordinances/Statutes**

Concentra affirms we would comply with all applicable ordinances, regulations, and state statutes. Concentra has a department that continually monitors regulatory changes (e.g., Occupational Safety and Health Administration (OSHA), U.S. Department of Transportation (DOT), the Family Medical Leave Act (FMLA), state practice acts, etc.), to remain compliant and up-to-date on all issues that affect the occupational health care industry.

Once a regulatory change is identified, our quality committee meets to create the most effective way to communicate the change to our clinic leaders. Concentra's Learning and Training Department may create online content if the audience is large; our medical expert panels may issue a position statement and create a communication cascade that includes physician leadership educating the staff physicians. Concentra's infrastructure is comprehensive and contains the needed resources to be compliant with all health care industry guidelines and regulations.

## **G.M/WBE and DBE Participation**

Concentra appreciates the City's commitment to ensuring minority, women, and disadvantaged business enterprises (M/W/DBE) receive equal opportunity to submit proposals during this procurement process. We acknowledge the City's request for vendors to make a Good Faith Effort towards diversity spend. *Specific to our engagement with the City, Concentra anticipates using our internal resources; we do not anticipate engaging subcontractors to directly perform services for the City.*

Due to our extensive footprint, Concentra often establishes relationships with national suppliers (i.e., medical supply companies, medical equipment vendors, pharmacy partners, laboratories, biological waste disposal vendors, etc.) that offer competitive pricing across our network of medical facilities. However, as a strong community partner, we also value and champion diversity. We commit to using diverse suppliers and contractors whenever possible. We currently maintain relationships with a number of employers that have internal diverse supplier requirements. Typically, these organizations are municipal, federal, or federal contractors. In many cases, although not a minority or disadvantaged business enterprise, Concentra has been asked to participate toward our client's goals through our own sub-vendoring efforts. *As an organization, Concentra contributes over \$20 million to diverse vendors and suppliers nationally. These companies provide Concentra with equipment, supplies, professional services, and more.*

## Attachments

In this section, Concentra includes the following information for the City's review:

- Attachment A - Sample Forms
- Attachment B - Legal and Risk
- Attachment C - Business Licenses

**Attachment A**  
**Sample Forms**

## Audiometric Examination

Patient:  
SSN:  
DOB:

Address:  
Phone:

Employer:  
Address:

### MEDICAL HISTORY (ANTECEDENTES MEDICOS)

Have you ever had:

(Ha tenido o padecido alguna vez de):

<input type="checkbox"/> Mumps (Paperas)	<input type="checkbox"/> Ringing in ears (Campaneo en los oidos)
<input type="checkbox"/> Measles (Measles)	<input type="checkbox"/> Dizziness (Mareos)
<input type="checkbox"/> Diabetes (Diabetes)	<input type="checkbox"/> Severe head injury (Algun golpe severo en la cabeza)
<input type="checkbox"/> High fever (Fiebres Altas)	<input type="checkbox"/> Arthritis (Artritis)
<input type="checkbox"/> Meningitis (Meningitis)	<input type="checkbox"/> Recent sinus problems (Problemas recientes con su nariz)
<input type="checkbox"/> High blood pressure (Alta presion)	<input type="checkbox"/> Diagnosed hearing loss (Se la ha diagnosticado de perdida de oir)
<input type="checkbox"/> Allergies (Alergias)	<input type="checkbox"/> Wear a hearing aid (Usa dispositivo audito)
<input type="checkbox"/> Ear infections (Infecciones en los oidos)	
<input type="checkbox"/> Perforation of ear drum (Perforacion del timpani)	
<input type="checkbox"/> Drainage from ear (Secreciones en los oidos)	

### NON-OCCUPATIONAL HISTORY (ANTECEDENTES NO LABORALES)

Have you ever been exposed to:

(Ha estado alguna vez expuesto a):

<input type="checkbox"/> Loud music (Musica muy alta)	<input type="checkbox"/> Chain saws (Sierras de cadena)
<input type="checkbox"/> Power tools (Herramientas de alta potencia)	<input type="checkbox"/> Drag racing (Carrera de carros)
<input type="checkbox"/> Motorcycles (Motocicletas)	<input type="checkbox"/> Car engines (Motores de automoviles)
<input type="checkbox"/> Farm tractors, machinery (Tractores agricolas, maquinaria)	<input type="checkbox"/> Gun fire (Disparos de armas)
<input type="checkbox"/> Military Service (Servicio Militar)	
Which branch of military _____ (Cual rama de las fuerzas armadas?)	

### OCCUPATIONAL HISTORY (ANTECEDENTES LABORALES)

Use hearing protection  
(Ha usando alguna vez proteccion para oidos)

Plugs  Muffs

Have you been exposed to loud noises where you must shout to be heard in conversation **without** hearing protection in the last 14 hours?\* (Ha estado expuesto al ruido durante las ultimas 14 horas?)

Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Employee Signature

Date \_\_\_\_\_

All questions above have been answered by the employee Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
MSS Signature

Date \_\_\_\_\_

Audiometry performed by \_\_\_\_\_ Date \_\_\_\_\_  
Print Name Sign Name

\*if employee answered yes, hearing loss may be over-reported on the audiogram, and a repeat audiogram as soon as possible is recommended after refraining from noise exposure for 14 hours.

Patient: \_\_\_\_\_

DOB: \_\_\_\_\_

Service Date: \_\_\_\_\_

### Audiometric Examination Results

#### OTOSCOPIC EVALUATION

	Left	Right
Ear canal clear	Yes___ No___	Yes___ No___
Ear drum visible	Yes___ No___	Yes___ No___
Inflammation/obstruction	Yes___ No___	Yes___ No___
Scarring of ear drum	Yes___ No___	Yes___ No___
Drainage from ear	Yes___ No___	Yes___ No___

Comments: \_\_\_\_\_  
\_\_\_\_\_

Is this study the employee's baseline (initial test for new employer) audiogram?

Yes \_\_\_ No \_\_\_ Unknown \_\_\_

- \_\_\_ Audiogram is acceptable
- \_\_\_ Evidence of high frequency hearing loss:  
On the \_\_\_ left and/or \_\_\_ right
- \_\_\_ Evidence of hearing loss in the speech range:  
On the \_\_\_ left and/or \_\_\_ right
- \_\_\_ Ear protection necessary at 85 db. Employee informed.
- \_\_\_ Employee advised to follow-up with his/her physician.
- \_\_\_ Employee's hearing could not be evaluated by audiogram due to use of (a) hearing aid(s).

Clinician Print: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_

Technician Signature: \_\_\_\_\_

CAOHC certification If applicable: \_\_\_\_\_

Date \_\_\_\_\_

**Tape Audiometric Result**

**HERE**

	LEFT EAR	RIGHT EAR	
500			500
1K			1K
2K			2K
3K			3K
4K			4K
6K			6K
8K			8K

Audiometer make & serial no: \_\_\_\_\_ Calibration date: \_\_\_\_\_

## Firefighter Examination

Patient: \_\_\_\_\_ Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Address: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

BASELINE                       PERIODIC EXAM                       EXIT

MALE       FEMALE

Have you ever had or been treated for any of the following? (Explain all yes answers below)

Y N Organ transplant	Y N Glaucoma / cataracts	Y N Heart attack
Y N Prosthetic device	Y N Ear disease or injury	Y N Abnormal heart rhythm
Y N Implanted pump (ex: insulin)	Y N Difficulty hearing/ hearing loss	Y N Cardiac stent or angioplasty
Y N Electrical device	Y N Asthma or wheezing	Y N Other heart problem or disease
Y N Advised to have an operation	Y N Emphysema or COPD	Y N Heart surgery
Y N Hospitalized	Y N Positive test for tuberculosis	Y N High blood pressure
Y N Alcohol dependence	Y N Shortness of breath	Y N Palpitations
Y N Illegal drugs/ drug abuse	Y N Cough lasting more than 2 mo.	Y N Heart Attack
Y N Applied for disability	Y N Other lung disease or surgery	Y N Heart Block
Y N Convulsions, seizures, epilepsy	Y N Excessive / unexplained fatigue	Y N Pacemaker
Y N Concussion or head injury	Y N Use of inhalers	Y N Defibrillator
Y N Frequent headaches	Y N Acute or chronic lung infection	Y N Heart rhythm disturbances
Y N Dizziness or vertigo	Y N Collapsed lung	Y N Vascular disease
Y N Fainting or unconsciousness	Y N Scoliosis	Y N Enlarged veins
Y N Color vision problems	Y N History of tuberculosis	Y N History of blood clots
Y N Eye disease or injury	Y N Chest pain	Y N Anemia
Y N Blurred vision	Y N Heart murmur	Y N Hardening of the arteries
Y N Liver disease or hepatitis	Y N Seizures (current or previous)	Y N Infertility
Y N Unusual bleeding	Y N Spinal cord injury	Y N Musculoskeletal disease
Y N Hernias	Y N Positive test for tuberculosis	Y N Amputations
Y N Colostomy	Y N Head/ spine surgery	Y N Moderate/severe joint pain
Y N Irritable bowel syndrome	Y N History of head trauma	Y N Loss of use of arm/leg
Y N Rectal bleeding	Y N Stroke	Y N Loss of coordination
Y N Kidney disease	Y N Transient Ischemic attack	Y N Chronic back pain
Y N Protein/blood/sugar in urine	Y N Aneurysms	Y N Back or neck surgery
Y N Kidney stones	Y N Poor circulation to hands& feet	Y N Moderate / severe arthritis
Y N Sleep apnea/ sleep disorder	Y N Chronic/ recurring headaches	Y N Herniated disc or sciatica
Y N Muscle weakness	Y N Brain tumor	Y N Chronic skin rash or disease
Y N Blood disorder	Y N Loss of memory	Y N Sun sensitivity
Y N Head / Cranial surgery	Y N Any endocrine disease	Y N Moles that have changed
Y N Brain tumor	Y N Diabetes	Y N Depression or anxiety
Y N Cancer	Y N Thyroid disease	Y N Insomnia
Y N Numbness or tingling	Y N Unexplained weight loss/gain	Y N Any other mental condition
Y N Tremors	Y N Obesity	Y N Any other illness or condition

For Internal Use Only

**FIREFIGHTER-1**

Patient: \_\_\_\_\_

DOB: \_\_\_\_\_

Service Date: \_\_\_\_\_

Please explain the details of all yes answers from the previous page and include any treatment you may have had:

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**Surgeries** (with dates performed): \_\_\_\_\_

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**Personal History:**

- Have you ever smoked: \_\_ Cigarettes \_\_ Cigar \_\_ Pipe Do you smoke now? Y N Age started: \_\_\_\_\_
- If you have stopped smoking, how old were you when stopped? \_\_\_\_\_
- How many packs do you smoke or have smoked per day? \_\_\_\_\_
- Do you or have you ever drunk alcoholic beverages? Y N Age started: \_\_\_\_\_ Age stopped: \_\_\_\_\_
- Average numbers of alcoholic beverages per week: Beer \_\_\_\_\_ oz Wine: \_\_\_\_\_ oz/glass Drinks: \_\_\_\_\_ oz
- Do you or have you ever used illegal drugs? Y N

**Physical activity/ Exercise:** Type / duration / frequency: \_\_\_\_\_

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**Medications:** (including prescriptions, over the counter, supplements): \_\_\_\_\_

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**Allergies:** \_\_\_\_\_

Incomplete forms or missing information may result in a delay clearing you for firefighter duties. Submitting information that is misleading or untruthful may result in termination, criminal sanctions, or failure to be cleared for duty. This history form and review does not substitute for routine health care or a periodic health examination conducted by your physician. It is being conducted for occupational purposes only.

I certify that all the information I have provided on this form is complete and accurate to the best of my knowledge

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinician's comments: \_\_\_\_\_

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For Internal Use Only

**FIREFIGHTER-2**

**Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Service Date:** \_\_\_\_\_

Medical History	Weight	Height	BP	Temp	Heart Rate	Respiratory



**Vitals:** height: \_\_\_\_\_ weight: \_\_\_\_\_ BMI: \_\_\_\_\_ vision: \_\_\_\_\_  
 Near R \_\_\_\_\_ L \_\_\_\_\_  
 Distance R \_\_\_\_\_ L \_\_\_\_\_

BP: \_\_\_\_\_ Repeat BP: \_\_\_\_\_ Resp: \_\_\_\_\_  
 Pulse: \_\_\_\_\_  Regular  Irregular Temp: \_\_\_\_\_  
 Uncorrected Corrected  
 R \_\_\_\_\_ R \_\_\_\_\_  
 L \_\_\_\_\_ L \_\_\_\_\_

**Additional Testing:**  
 UA: Sp. Gr. \_\_\_\_\_ Pro \_\_\_\_\_ Bld \_\_\_\_\_ Glu \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Visual Field R \_\_\_\_\_° L \_\_\_\_\_°  
 Color vision NL AB Test \_\_\_\_\_  
 Depth perception: \_\_\_\_\_

**Physical Exam**

NL	AB	Check each item in appropriate column if examined:	Remarks
		Head, face	
		Eyes: PERRLA	
		EOM's	
		Funduscopy	
		Ears: External and canal	
		Tympanic membrane	
		Nose	
		Mouth, oral mucosa, palate	
		Throat	
		Skin (document scars)	
		Neck	
		Thyroid	
		Heart: Rhythm	
		Auscultation	
		Vascular (bruits, varicosities, cyanosis)	
		Lungs	
		Abdomen	
		Hernia: Umbilical	
		Inguinal (males only)	
		Musculoskeletal: (strength, ROM, deformities, scars)	
		Shoulders	
		Elbows	
		Wrists/hands	
		Hips/thighs	
		Knees	
		Ankles/feet	
		Cervical spine	
		Thoracic spine	
		Lumbar spine	
		Neuro	
		Romberg	
		Biceps reflexes: L _____ +/4 R _____ +/4	
		Patellar reflexes: L _____ +/4 R _____ +/4	
		Achilles reflexes: L _____ +/4 R _____ +/4	
		Special Test:	

For Internal Use Only

**FIRFFIGHTER-3**

**Patient:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Service Date:** \_\_\_\_\_

- Physical exam:  NL  AB
- Audiogram:  NL  AB
- Spirometry:  NL  AB
- EKG:  NL  AB
- PFT:  NL  AB
- Vision test:  NL  AB
- Lab Tests:  NL  AB
- Chest X-ray:  NL  AB
- Urinalysis:  NL  AB
- Sleep Apnea Questionnaire:  NL  AB

**Immunizations**

Required: Hepatitis B status:  Needs vaccination  vaccination complete  Serology done (result) \_\_\_\_\_

TB testing: TST / IGRA: \_\_\_\_\_ Date: \_\_\_\_\_ Result: \_\_\_\_\_

Tetanus-Diphtheria: Last dose date: \_\_\_\_\_

Optional: Measles / Rubeola:

Mumps:

Rubella:

Polio:

Varicella:

Additional testing (deemed appropriate by clinician):

Cardiac risk assessment: (For all asymptomatic applicants > 40 yrs and those <40 yrs with cardiac risk factors)

2 year score \_\_\_\_\_  10 year score \_\_\_\_\_

Heavy metal screening:  NL  AB

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Internal Use Only

**FIREFIGHTER-4**

**Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Service Date:** \_\_\_\_\_

**FIREFIGHTER EXAM RESULTS - PHYSICIAN'S ANNUAL STATEMENT OF WORK STATUS**

*(Provided to Employer/Payer)*

**Type of Exam:**     BASELINE                       PERIODIC EXAM                       EXIT

---

- May work without limitations/restrictions
- Determination pending (if so please provide preliminary restrictions below)
- May work only with the following limitations/restrictions (NO PHI):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Clinician's Printed Name

\_\_\_\_\_  
Clinician's Signature

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If re-evaluation:

- May work without limitations/restrictions
- Determination pending (if so, please provide preliminary restrictions below)
- May work only with the following limitations/restrictions: (no PHI)

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Clinician's Printed Name

\_\_\_\_\_  
Clinician's Signature

**FIREFIGHTER-5**

**Concentra Medical Centers**  
 123 Street Address Town, State 12345  
 Phone: (123) 456-7890 Fax: (123) 456-7890

**Service Date:** \_\_\_\_\_

**Physical Examination**

**Patient:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Employer:** \_\_\_\_\_  
**SSN:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PLEASE ANSWER QUESTIONS 1-11**

1. What work will you be doing? (job title/description): \_\_\_\_\_  
 ¿Cuál es el trabajo que realizará? (puesto/descripción)
2. Have you done this type of work before? (¿Ha realizado este tipo de trabajo antes?) Yes \_\_\_\_\_ No \_\_\_\_\_  
 If so, did you have problems? (¿Ha realizado este tipo de trabajo antes?) Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you feel you can physically do this job? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (¿Se siente preparado físicamente para realizar este trabajo?)

**4. Work experience: (Experiencia laboral:)**

Previous Employer (Empleador anterior)	Job Title (Puesto)	Date(s) Fecha(s)

**5. Have you ever had or been treated for any of the following? (Explain all yes answers below)**

¿Alguna vez ha padecido o se lo ha tratado por alguna de las siguientes enfermedades? (Si la respuesta es sí, explique a continuación)

Y N Convulsions, seizures, epilepsy (Convulsiones, ataques, epilepsia)	Y N Asthma or wheezing (Asma o sibilancia)	Injuries to or problems with: (Lesiones o problemas en:)
Y N Concussion or head injury (Contusión o lesión en la cabeza)	Y N Emphysema or COPD (Enfisema o enfermedad pulmonar obstructiva crónica)	Y N Back (Espalda)
Y N Disabling headaches (Dolores de cabeza incapacitantes)	Y N Positive test for tuberculosis (Resultado positivo en la prueba de tuberculosis)	Y N Neck (Cuello)
Y N Dizziness or vertigo (Mareos o vértigo)	Y N Shortness of breath (Falta de aire)	Y N Shoulder (Hombro)
Y N Fainting or unconsciousness (Desmayos o desvanecimientos)	Y N Cough lasting more than 2 mo (Tos que perdura más de 2 meses)	Y N Elbow (Codo)
Y N Color vision problems (Cromatopsia)	Y N Other lung disease or surgery (Otra enfermedad pulmonar o cirugía)	Y N Arm/wrist/hand (Brazo/muñeca/mano)
Y N Eye disease or injury (Enfermedad o lesión ocular)	Y N Liver disease or hepatitis (Enfermedad hígado o hepatitis)	Y N Hip/thigh/leg (Cadera/muslo/pierna)
Y N Hearing loss, difficulty hearing (dificult para oír)	Y N Unusual bleeding (Hemorragias inusuales)	Y N Knee (Rodilla)
Y N Ear disease or injury (Enfermedad o lesión en el oído)	Y N Kidney disease (Enfermedad renal)	Y N Ankle/foot (Tobillo/pie)
Y N Chest pain (Dolor en el pecho)	Y N Protein/blood/sugar in urine (Proteínas/sangre/glucosa en orina)	
Y N Heart attack (Ataque al corazón)	Y N Other sleep disorder (Otro trastorno del sueño)	Y N Muscle weakness (Debilidad muscular)

Patient:		DOB:	Service Date:
Y N	Abnormal heart rhythm (Ritmo cardíaco anormal)	Y N	Diabetes (Diabetes)
Y N	Cardiac stent or angioplasty (Estent cardíaco o angioplastia)	Y N	Anemia or blood disorder (Anemia o trastorno sanguíneo)
Y N	Other heart problem or disease (Otro problema o enfermedad cardíaca)	Y N	Chronic skin rash or disease (Sarpullido o enfermedad crónica en la piel)
Y N	Heart surgery (Cirugía cardíaca)	Y N	Cancer (Cáncer)
Y N	High blood pressure (Presión arterial alta)	Y N	Numbness or tingling (Entumecimiento u hormiguelo)
			Y N
			Herniated disc or sciatica (Hernia de disco o ciática)
			Y N
			Depression or anxiety (Depresión o ansiedad)
			Y N
			Other mental illness (Otra enfermedad mental)
			Y N
			Any other illness or condition (Cualquier otra enfermedad o afección)

6. Please explain the details of all yes answers above: (Explique los detalles de las respuestas en las que respondió "sí" anteriormente:)

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7. List all surgeries (with dates performed): Escriba todas las cirugías (y las fechas en que fueron realizadas):

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8. a. List all medications including prescriptions, over the counter, supplements, vitamins and inhalers:  
(Escriba todos los medicamentos, incluidos los recetados, de venta libre, suplementos, vitaminas e inhaladores:)

_____	_____	_____
_____	_____	_____
_____	_____	_____

b. List medication allergies:  
(Escriba todas las alergias a medicamentos:)

\_\_\_\_\_

\_\_\_\_\_

9. Please answer the following questions: (Responda las siguientes preguntas:)

Y N Have you ever been off work for more than one day due to a job-related illness or injury?  
(¿Ha faltado al trabajo más de un día debido a una enfermedad o lesión relacionada con el trabajo?)

Y N Are you allergic to any food, chemicals, metals, or insect stings? (¿Es alérgico a alguna comida, químicos, metales o picaduras de insectos?)

Y N Have you ever resigned, been terminated, or changed jobs for medical reasons?  
(¿Alguna vez renunció, lo despidieron o cambió de trabajo por razones médicas?)

If so, please specify: (Si la respuesta es sí, especifique)

\_\_\_\_\_

Y N Have you ever received Social Security Disability benefits, or received a rating for any partial or full permanent disability?  
(¿Alguna vez recibió beneficios del Seguro Social por discapacidad, o recibió alguna categorización por alguna discapacidad parcial o permanente?)

Y N Are you allergic to latex? (¿Es alérgico al látex?)

**Patient:**

**DOB:**

**Service Date:**

- Y N Do you smoke? (¿Fuma?)  
If yes, how many years? \_\_\_\_\_  
(Si la respuesta es sí, ¿hace cuántos años?)
- Y N Have you smoked in the past?  
(¿Fumaba en el pasado?)  
If yes, when did you quit? \_\_\_\_\_  
(Si la respuesta es sí, ¿cuándo dejó?)
- Y N Do you use chewing tobacco or snuff?  
(¿Consume tabaco de mascar o rapé?)  
If yes, \_\_\_\_\_ times per day \_\_\_\_\_ years  
(Si la respuesta es sí, veces por día \_\_\_\_\_ durante años.)
- Y N Do you drink alcohol? (¿Bebe alcohol?)  
If yes, \_\_\_\_\_ drinks per day  
(Si la respuesta es sí, \_\_\_\_\_ bebidas por día)  
\_\_\_\_\_ number of times per week  
( \_\_\_\_\_ cantidad de veces que bebe por semana)
- Y N Do you use illegal or recreational drugs?  
(¿Consume drogas ilegales o recreativas?)  
If yes, list: (Si la respuesta es sí, indique cuáles:)  
\_\_\_\_\_

- Do you have any impairments or problems that would prevent you from:  
(¿Tiene alguna deficiencia o problema que le impediría realizar las siguientes actividades?)
- Y N Working in cold or heat?  
(Trabajar en lugares fríos o cálidos)
- Y N Working around or operating machinery?  
(Operar maquinaria o trabajar cerca de máquinas)
- Y N Driving a company vehicle?  
(Conducir el vehículo de la empresa)
- Y N Working in confined spaces?  
(Trabajar en espacios cerrados)
- Y N Wearing a respirator?  
(Utilizar un respirador)

**10. Have you had exposure to:**  
(¿Ha estado expuesto a alguno de los siguientes?)

**If yes, total number of years exposed:**  
(Si la respuesta es sí, indique la cantidad de años durante los que estuvo expuesto:)

**Year of last exposure:**  
(Año desde la última exposición :)

Y N Asbestos		
Y N Coal (Carbón)		
Y N Cotton dust (Polvo de algodón)		
Y N Epoxy resins (Resina epoxi)		
Y N Foundry work (Trabajo de fundición)		
Y N Fumes/vapors (Humos/vapores (gas))		
Y N Heavy metals or mining (Metales pesados minería)		
Y N Silica (Sílice)		
Y N Pesticides (Pesticidas)		
Y N Solvents/degreasers (Solventes/desengrasantes)		
Y N Welding/soldering (Soldaduras)		
Y N Other hazard (Otros peligros)		

**11. The above answers are true and correct to the best of my knowledge and belief. I understand that falsification or omission of such information may be grounds for termination from employment.**

**(Las respuestas proporcionadas anteriormente son verdaderas y correctas según mi saber y entender. Comprendo que la falsificación o la omisión de información pueden ser razones para la terminación de mi empleo.)**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Firma del solicitante) (Fecha)

Clinician's comments: \_\_\_\_\_

Patient:

DOB:

Service Date:

Physical Exam

<b>Vitals:</b>	Height: _____	Weight: _____	BMI: _____	<b>Vision:</b>	Uncorrected	Corrected
				Near	R _____	R _____
	BP: _____	Repeat BP: _____			L _____	L _____
				Distance	R _____	R _____
	Pulse: _____	Resp: _____	SaO2: _____		L _____	L _____
<b>Additional Testing (as appropriate):</b>						
Hearing by forced whisper at 5': R _____ L _____				Visual Field	R _____°	L _____°
UA: Sp. Gr. _____ Pro _____ Bld _____ Glu _____				Color vision	NL AB	Test _____
Other: _____				Comments	_____	

Check each item in appropriate column if examined:	NL	AB	Remarks
Head, face			
Eyes: PERRLA			
EOM's			
Funduscopy			
Ears: External and canal			
Tympanic membrane			
Nose			
Mouth, oral mucosa, palate			
Throat			
Skin (document scars)			
Neck			
Thyroid			
Heart: Rhythm			
Auscultation			
Vascular (bruits, varicosities, cyanosis)			
Lungs			
Abdomen			
Hernia: Umbilical, Inguinal (if indicated)			
Rectal (if indicated)			
Musculoskeletal: strength, ROM, deformities, scars			
Shoulders			
Elbows			
Wrists/hands			
Hips/thighs			
Knees			
Ankles/feet			
Cervical spine			
Thoracic spine			
Lumbar spine			
Neuro			
Romberg			
Biceps reflexes: L _____ +/4 R _____ +/4			
Patellar reflexes: L _____ +/4 R _____ +/4			
Achilles reflexes: L _____ +/4 R _____ +/4			
Special Tests or other (describe)			



Patient:

DOB:

Service Date:

**Concentra Medical Centers**  
123 Street Address Town, State 12345  
Phone: (123) 456-7890 Fax: (123) 456-7890

**Job Description**

\_\_\_\_\_ Job description was provided by the employer and has been reviewed by the examining provider.

\_\_\_\_\_ Job description not available. Determination is based solely upon description of duties provided by the patient/applicant.

**Examination Results for:**

Exam Type: \_\_\_\_\_ **Standard Physical Examination**    \_\_\_\_\_ **Medical Surveillance**    \_\_\_\_\_ **Fit for Duty**

\_\_\_\_\_ May work without limitations/restrictions.

\_\_\_\_\_ May work only with the following limitations/restrictions: \_\_\_\_\_

\_\_\_\_\_ Unable to meet physical requirements of the job.

\_\_\_\_\_ Determination pending: additional information required. Requested information and/or additional evaluation must be completed within 45 days.

Remarks: *\*No protected health information (PHI)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Clinician's Printed Name

\_\_\_\_\_  
Clinician's Signature

**\*\*If status above listed as determination pending, please document status after review of additional records/testing:**

\_\_\_\_\_ May work without limitations/restrictions

\_\_\_\_\_ May work only with the following limitations/restrictions: \_\_\_\_\_

\_\_\_\_\_ Unable to meet physical requirements of the job.

\_\_\_\_\_  
Date Final Determination Made

\_\_\_\_\_  
Clinician's Printed Name

\_\_\_\_\_  
Clinician's Signature

## PULMONARY FUNCTION TEST RECORD

Patient's Last Name, First Name and Middle Initial

Address:

Employer Name:

(Check  when print out is attached)

Employee SSN: \_\_\_\_\_

Test Number: \_\_\_\_\_

Age \_\_\_\_\_

Test Date: \_\_\_\_\_

Race  Black  Hispanic  White  Asian  Other:

Time of Test: \_\_\_\_\_

Sex:  Male  Female

Location: \_\_\_\_\_ In Clinic \_\_\_\_\_ In Plant \_\_\_\_\_ Other

Height in Inches<sup>†</sup> \_\_\_\_\_

Check  indicates the one that applies

Non Smoker  Former Smoker  Smoker

Spirometer/Pulmonometer (circle one) (S) (P)

Hours Since Medication Used \_\_\_\_\_

Date of last calibration \_\_\_\_\_

List Medications Used: \_\_\_\_\_

Ambient Temp - C° \_\_\_\_\_

Hours Since Last Smoked \_\_\_\_\_

**Complete this section when print out is not available**

**Observed Values (BTPS)**

FEV1    FVC    FEV1/FVC%

**Predicted Normals \***

FEV1%    FVC%

**Change (%)**

FEV1 (> 8%)    FVC (> 8%)    FEV1/FVC% (> 6%)

**Attach Print Out Here Or To The Back Of This Form**

Comments:

Technicians Name (Signature)

Technicians Name (Print)

\* The predicted FEV and FVC in Black individuals must be multiplied by 0.85.  
<sup>†</sup> In stocking feet  
 BTPS- Body Temperature Ambient Pressure Saturated with Water Vapor Calculation.

## **Explanation of RedArrow's Random Selection Feature**

One of the key elements of the REDARROW software system is its ability to produce unbiased random selections of personnel subject to drug and alcohol testing. Integral to the defensibility of REDARROW's selection methodology is the fact that the software operator can in no way manipulate the selection process. The following describes in general terms how REDARROW creates a list of randomly selected personnel for testing. A more comprehensive explanation, complete with all of the statistical trappings, is available upon request from Compliance Software.

**STEP 1.** A "pool group" is created. The pool group includes those personnel subject to random testing. The operator also specifies the rate of random testing, or a specific number of pool members to be selected each period. For example, the Department of Transportation requires a 50% annual testing rate. This means that, over the course of one year, at least 50 drug tests must be conducted for every 100 employees in the pool.

*It is important to understand that the 50 tests do not have to be conducted on 50 different individuals. In fact, this is highly improbable, if not impossible. At a 50% selection rate, the actual probability is that 37 or 38 different individuals will be selected for the 50 tests. This means that 12 or 13 of the 100 individuals in the pool will be selected at least twice or more.*

**STEP 2.** Before beginning the selection process, REDARROW figures out how many tests need to be conducted for the "selection period." The selection period is usually a week or month. The Department of Transportation requires that each member of the pool have an equal chance at being selected for a test every selection period. When figuring out how many tests are needed for the period, REDARROW takes into account absenteeism, incomplete tests, etc. to make sure that the minimum number of required tests is accomplished.

**STEP 3.** REDARROW uses Fischer Yates Shuffle with Durstenfelds Modernization algorithm, to randomly assign an "index number" to every member of the pool. The employee's index number is usually different every selection period, however, it is possible for the computer to assign the same index number two or more periods in a row. The number of index numbers is always equal to the number of people in the pool for the selection period. The index number becomes the "identity" of each member of the pool group for the selection period.

*For example, if the pool group has 100 members, then each member in the pool will receive a randomly assigned index number between 1 and 100.*

**STEP 4.** Using the same random shuffle algorithm, REDARROW assigns a second "Sort Order" number to each member of the pool group. Once this is completed the

members are sorted by that sort order into a selection table in REDARROW. The system then determines the number of tests required for the period and selects that many index numbers starting at the top of the selection table. REDARROW then looks at the index numbers obtained and “selects” those individuals who are assigned those index number to be tested for that periods selection.

*For example, After assigning each member of the pool group an index number between 1 and 100 (step3) REDARROW would then assign another random number called the “Sort Order”. Once complete, the selection table would be loaded with index numbers sorted by the sort order value assigned each index number. If REDARROW determined that 5 tests were needed for the period in a pool group of 100 members, it would pick the first 5 records in the Sort Order table and mark them as selected. The index numbers of those 5 records would then be used to obtain the individuals selected for testing. For illustrative purposes, let’s assume that the numbers 34, 45, 67, 35 and 10 were the values from the first 5 records of the Selection Table. REDARROW would then search through the 100 index numbers and find out which pool group member were assigned the index numbers of 34, 45, 67, 35 and 10. Those five individuals would be selected for a test.*

**IMPORTANT: THIS PROCESS CANNOT BE UNDONE. ONCE REDARROW HAS ASSIGNED INDEX NUMBERS AND MADE SELECTIONS, A PERMANENT RECORD FOR EACH SELECTION IS CREATED.**

It is also important to know that the random algorithm used by REDARROW has been thoroughly tested and documented. REDARROW’s random number generator verification is available upon request. Statistical analysis has also determined that computer algorithms are the “best” random generators because they are free from physical biases and can thoroughly document the random selection process.

If the explanation above seems a little confusing, the following example will help illustrate how REDARROW selects individuals for random tests:

*Let’s assume that there are 52 people in a room that are subject to random testing. Let’s also assume that 5 people need to be picked for random tests. We can accomplish this goal fairly with two decks of playing cards. First, we would shuffle both decks of cards. We then take the cards from one deck and pass out one card, face down, to each person in the room. Next, we would draw five cards from the second shuffled deck and place them face up on a table. Everyone in the room would then turn their playing card face up. The five cards on the table from the second deck will match up to five individuals in the room holding cards from the first deck. These five individuals are now “picked” for a test.*

*We could repeat this exercise time and time again, shuffling both decks each time and passing out the cards. The odds are that some individuals will never get “picked”, and, in like manner, some individuals will be picked several times.*

# **Composite Random Sampling®**

**developed by**

**L. Craig Murray, Ph.D.  
Southern California Edison**

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Patented**

## Composite Random Sampling®

### Overview

To address fitness-for-duty in the workplace, a unique, cost-effective method of random sampling has been developed. The method, entitled *Composite Random Sampling®* (CRS), combines two well-known sampling methods into one statistical sampling distribution. The two well-known methods are *simple random sampling with replacement* (SRS) and *simple random sampling without replacement*.

Simple random sampling without replacement is not usually used to address fitness-for-duty for obvious reasons. When an employee is subject to testing only once during a year, and is tested at the beginning of the year, then there may be no deterrent to his using an illegal substance for the rest of the year. On the other hand, if SRS is used, each time a random selection is made, all employees are equally likely to be selected, which does provide a deterrent mechanism. However, if the sampling rate is set high, so as to minimize the probability of not choosing an employee during the year, then there is a very high repeat selection of some employees. This can be very aggravating to the employee, who has already passed the screening exam several times. With all likelihood, retesting this employee is an unnecessary expense for the company. If the sampling rate is lowered, in order to reduce the high amount of repeat selection, then the probability of not choosing an employee for testing at least once during the year increases.

The following two tables will help to clarify the benefits of CRS over SRS. In both examples, the CRS parameter  $\alpha$  is set equal to 0.5.

<u>per 1000</u>	<u>Simple</u>	<u>Composite</u>	<u>Composite</u>
# not tested	364	364	210
# of tests	1000	762	1000
# tested 4 or more times	18	1	3
years to test 99%**	4.6	1.8	1.4

<u>per 1000</u>	<u>Simple</u>	<u>Composite</u>	<u>Simple</u>
# not tested	50	50	274
# of tests	2901	1281	1281
# tested 4 or more times	332	8	38
# tested 6 or more times	70	0	2
years to test 99%**	1.5	1.1	3.6



## **Benefits**

The new technique of CRS retains the benefits of SRS while eliminating the disadvantages. By combining the two simple random sampling methods, the probability of sampling an employee at least once can remain very high, and the probability of sampling an employee two or more times can be significantly reduced.

The advantages that this technique brings to a fitness-for-duty program is a balance between detecting illegal substance and fairness to employees. This sampling procedure uses random selection during each step of the process, and it does not discriminate against some employees by over-selection or biased selection. Also, the cost to the company is significantly reduced by lowering the number of multiple tests given to employees during the year.\*\*

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\*\* estimated values, composite random sampling values not verified

# **Composite Random Sampling®**

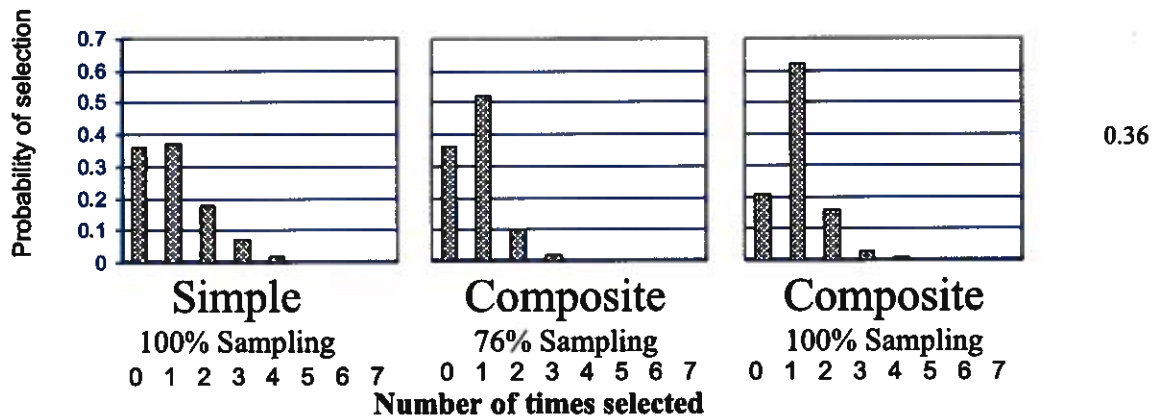
## **Technical Description**

*Composite Random Sampling®* (CRS) was specifically developed to ensure that a target population is meeting certain standards. The concept of this method is to select  $100\alpha$  percent ( $0 \leq \alpha \leq 1$ ) of the time from the target population using simple random sampling without replacement. The remaining percent of the time, the selections are chosen from the target population using simple random sampling with replacement (SRS). This concept implies that as  $\alpha$  increases from 0 to 1, number of repeat selections of individuals decrease, and the rate of sampling and likewise the cost of sampling decrease.

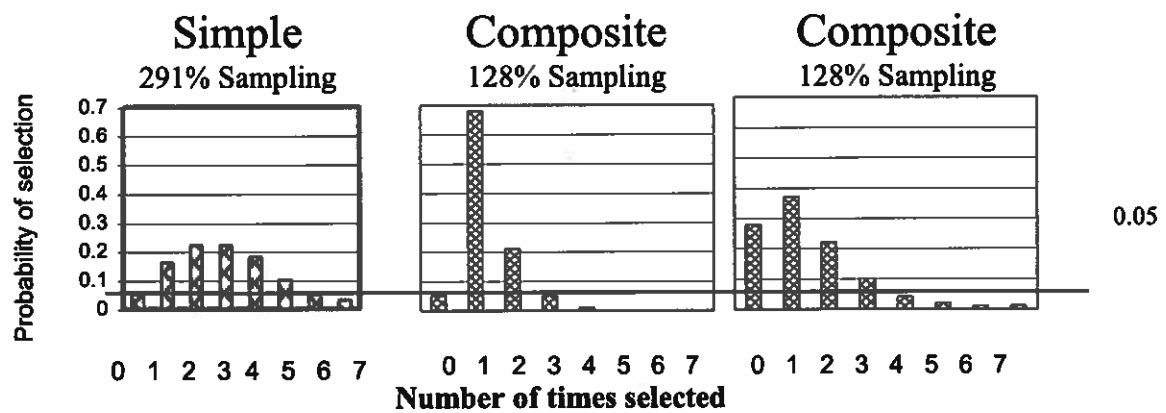
The theoretical probability distribution for composite random sampling can be expressed exactly. The advantage that this brings is two fold. First, the probability distribution can be evaluated for various values of parameters of the distribution. This allows management to select the expected frequency of selection that best meets their needs. Second, the empirical probability distribution can be statistically compared to the theoretical probability distribution, and adjustments in the sampling rate can be made at any point in time in order to maintain management's objectives.

The CRS program is designed to make all decisions in a completely random manner. These decisions include the manner of selection, simple random sampling with replacement and simple random sampling without replacement, and the actual selection of an individual. The program uses an efficient and unique single-pass method of sampling which ensures not only randomness but also adjusts the sample size as the size of the target population changes. The sample size adjustment includes not only the straightforward adjustment due solely to the change in the target population size but also takes into account management objectives or the sampling rule. For example, an objective may be to maintain a yearly sampling rate of 100% or another objective may be to sample at a rate at which 95% of the population will be sampled during the year.

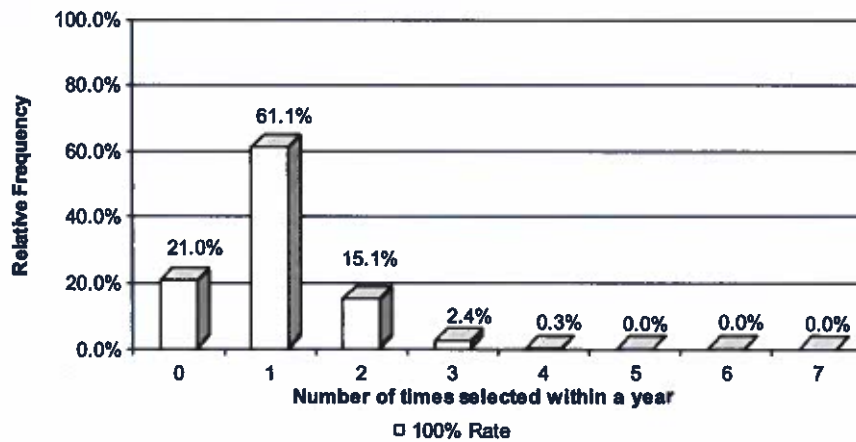
The following two examples will help to clarify the benefits of CRS over SRS. In both examples, the CRS parameter  $\alpha$  is set equal to 0.5. The first set of probability distribution graphs show respectively: SRS using a 100% sampling rate, CRS with the probability of non-selection equal to the probability of non-selection for the SRS case, and CRS using a 100% sampling rate.



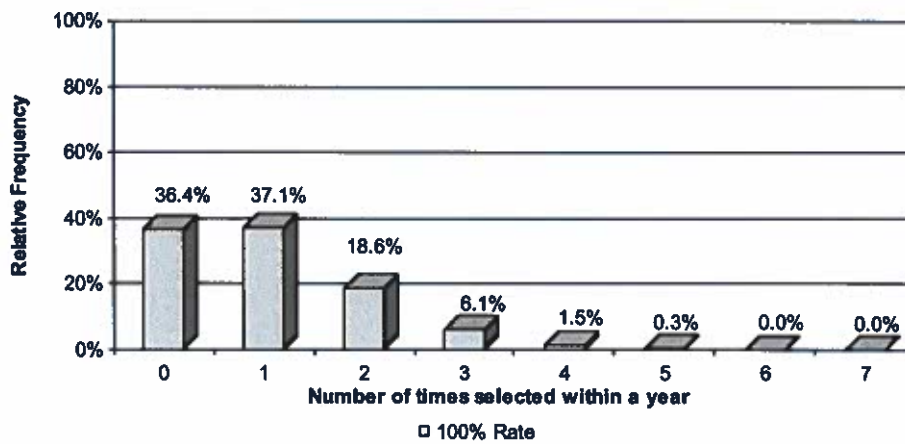
The second set of probability distribution graphs show, respectively: SRS with the probability of non-selection set equal to 5%, CRS with the same probability of non-selection as the SRS case, and SRS using the same sampling rate as CRS.



## Distribution of Composite Random Sampling



## Distribution of Simple Random Sampling



**Multiple Selection Worksheet**  
**A Companion Management Tool to REDARROW for Windows**  
**© 1995 Compliance Software, Inc.**

*This worksheet will estimate a theoretical distribution of multiple selections based upon user-input parameters. Please note that due to the nature of random selection processes, the distribution you actually observe may differ from the theoretical distribution calculated here.*

**Part I: User Options**

A. Pool Size (N)	57	
B. # Selection Periods per Year	4	Example: Running randomize 1/month = 12, 1/week = 52
C. # Selection Periods Run So Far	4	To look at full year, enter same value entered in "B"
D. Random Selection Method	0	The selection method is determined by the following values: 0 = simple random sampling w/ replacement 1 = simple random sampling w/o replacement 0.5 = composite random sampling as implemented in REDARROW
E. Testing Rate Option	2	Two options are available: 1 = Enter the max% of pool to go Untested for year (Po) 2 = Enter the target % (e.g., 50% for DOT) (R)
F. Percentage (Po or R)	50.00%	

**Part II: Distribution Calculations**

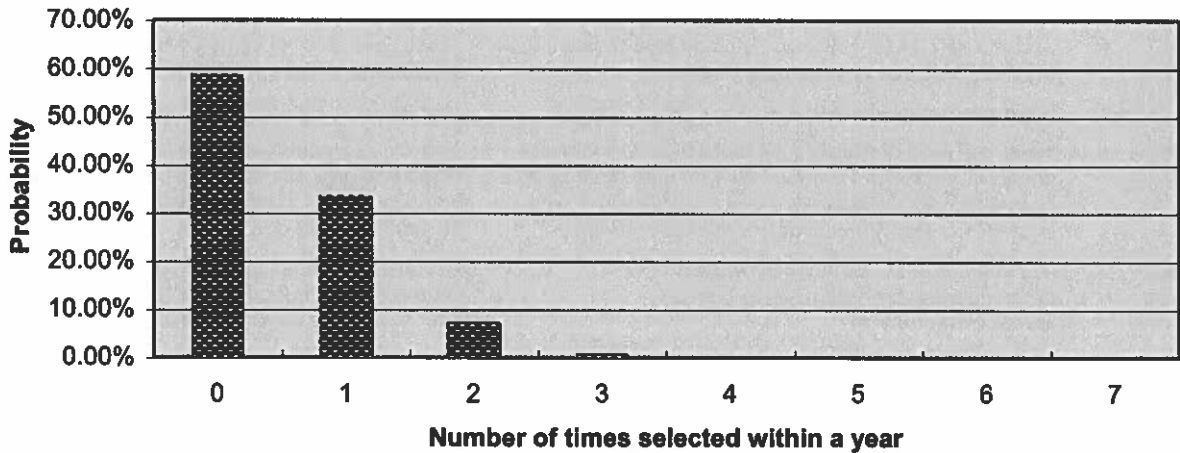
Total # Tests	28.50	
# Tests/Period	7.13	
Po	58.79%	Percentage of the pool that will go Untested for the year
R	50.00%	The effective sampling rate. Equal to "F" above if you chose option 2, otherwise calculated.

**Theoretical Expected Distribution**

	# individuals	P(x)	
<b>P(0)</b>	33	58.62%	The # individuals & associated probability of not being selected
<b>P(1)</b>	19	33.50%	The # individuals & associated probability of being selected once
<b>P(2)</b>	4	7.18%	The # individuals & associated probability of being selected twice
<b>P(3)</b>	0	0.68%	The # individuals & associated probability of being selected 3x
<b>P(4)</b>	0	0.02%	The # individuals & associated probability of being selected 4x
<b>P(5)</b>	0	0.00%	The # individuals & associated probability of being selected 5x
<b>P(6)</b>	0	0.00%	The # individuals & associated probability of being selected 6x
<b>P(7&gt;)</b>	0	0.00%	The # individuals & associated probability of being selected 7x or more
<b>Totals</b>	56	1	

**Part III: Distribution Graph**

**Theoretical Expected Distribution**



## TB Screening Detección de Tuberculosis

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Employer Name: \_\_\_\_\_

**Initial Visit Current Symptom Screen**  
Please answer the questions below for your TB screening visit.

**Consulta Inicial Para Evaluación De Síntomas Actuales**  
Responda las preguntas de abajo para su consulta de evaluación de tuberculosis (TB).

1. Do you currently have ANY of the following symptoms?
- YES NO
- Cough lasting for more than 3 weeks
  - Coughing or spitting up blood
  - Unexplained weight loss
  - Drenching night sweats or fever for more than 2 weeks
  - Loss of appetite for more than 2 weeks
  - Hoarseness
  - Chest pain

¿Tiene actualmente ALGUNO de estos síntomas?

- Tos que dura más de 3 semanas
- Tos con sangre o escupe sangre
- Pérdida de peso inexplicable
- Sudoración nocturna intensa o fiebre por más de 2 semanas
- Pérdida del apetito por más de 2 semanas
- Ronquera
- Dolor en el pecho

- YES NO 2. Have you had a prior POSITIVE TB Skin test or POSITIVE TB Blood test? If YES, please provide us with a copy of that documentation and the following information:

¿Ha tenido un resultado POSITIVO para TB de una prueba cutánea o de un análisis de sangre? Si la respuesta es "SI", denos una copia de esa documentación y la siguiente información:

Date of positive TST or T-Spot (IGRA): \_\_\_\_\_  
Date of last chest X-ray: \_\_\_\_\_

Fecha de la prueba cutánea de tuberculina (tuberculin skin test, TST) o T-Spot (IGRA) positiva: \_\_\_\_\_

Fecha de la última radiografía de tórax: \_\_\_\_\_

- YES NO 3. Have you been treated for tuberculosis with medications such as INH?
- YES NO 4. Are you here to repeat your TB blood test because your previous test was borderline or invalid?
- YES NO 5. Have you received a vaccine in the past 4 weeks?
- YES NO 6. Have you lived or traveled for more than 1 month in a country with a high TB rate? (Any country other than United States, Canada, Australia, New Zealand, and countries in Northern Europe or Western Europe).
- YES NO 7. Are you currently immunosuppressed (immunocompromised) or have planned immunosuppression?  
This includes HIV infection, organ transplant recipient, treatment with TNF-alpha antagonist (e.g., infliximab, etanercept, or other) chronic steroids (equivalent of prednisone  $\geq$  15 mg/day for  $\geq$  1 month) or other immunosuppressive medication.
- YES NO 8. Have you had close contact with someone who has had infectious TB disease since your last TB test?
- YES NO 9. Have you had a severe reaction to the TB skin test, such as ulceration/open weeping sores or anaphylactic shock/hospitalization?
- YES NO 10. Have you ever received the BCG vaccine?

¿Alguna vez ha recibido tratamiento para la tuberculosis con medicamentos como INH?

¿Está aquí para repetir la prueba de TB porque la prueba anterior fue dudosa o inválida?

¿Ha recibido alguna vacuna en las últimas 4 semanas?

¿Ha vivido o estado durante más de 1 mes en un país que tenga una tasa alta de TB? (Cualquier país que no sea Estados Unidos, Canadá, Australia, Nueva Zelanda y países del norte u oeste de Europa).

¿Está actualmente inmunodeprimido (inmunodeficiente) o tiene alguna inmunodepresión planificada?

Esto incluye infección por VIH, ser receptor de un trasplante de órgano, recibir tratamiento con antagonistas del TNF-alfa (por ejemplo, infliximab, etanercept u otros), esteroides crónicos (equivalente a prednisone  $\geq$  15 mg/día durante  $\geq$  1 mes) u otro medicamento inmunosupresor.

¿Ha tenido contacto cercano con alguien que ha tenido enfermedad infecciosa de TB desde su última prueba de TB?

¿Tuvo alguna reacción grave a la prueba cutánea de TB, como alguna ulceración/llagas abiertas exudativas, o algún choque anafiláctico/hospitalización?

¿Ha recibido la vacuna contra la tuberculosis (BCG)?

Explain any YES answers:

Explique las respuestas afirmativas:

Signature of Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Firma del paciente/tutor Fecha



Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Employer Name: \_\_\_\_\_

**TB Screening Result**

Complete the appropriate section based on the services provided. Mark all other sections as "N/A".

**TB Skin Test**  N/A

Administered by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

Purified protein derivative (PPD):  Tubersol  Aplisol Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Mantoux technique:  Left forearm  Right forearm  PPD not administered

Results: \_\_\_\_\_ Millimeters of induration (Using a ruler, measure induration, not redness)

Read by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

TB Screen Negative  TB Screen Positive

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**T-Spot Blood Test**  N/A

Drawn by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

Results:  
 TB Screen Negative  TB Screen Positive  Borderline  Invalid  
 Instructed to return for further evaluation  
 Instructed to return for repeat test

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Symptom Screen For Patients With A History Of A Positive TB Test**  N/A

New Hire  Annual  Other: \_\_\_\_\_

CXR Indicated:  YES  NO

If YES, reason:  No documentation of Negative CXR  Positive Symptom Screen

CXR Results:  No signs of active disease  Other: \_\_\_\_\_

Final Assessment:

Negative screen for active TB disease and NOT CONTAGIOUS. May return to work/school without restrictions.

Screen for active TB disease incomplete.

Further workup needed: \_\_\_\_\_

Recommend treatment for latent TB infection

Instructed to seek medical evaluation if develop symptoms consistent with TB.

Follow up for TB screening as per employer protocol.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Employer Name: \_\_\_\_\_

**Evaluation for New Positive TB Result**  
**Evaluación Por Nuevo Resultado Positivo de TB**

Complete the section below if you are instructed to do so by Concentra staff due to a recent positive TB test.  
Complete la sección a continuación si el personal de Concentra le indica que lo haga debido a una prueba de TB positiva reciente.

**Evaluation For New Positive TB Result**  
Please circle your answer to the questions below if you are instructed to do so by Concentra® staff.

**Evaluación Por Nuevo Resultado Positivo De TB**  
Encierre en un círculo su respuesta a las preguntas de abajo si así se lo pide el personal de Concentra®.

Do you currently have ANY of the following symptoms?

¿Tiene actualmente ALGUNO de estos síntomas?

YES	NO	• Cough lasting for more than 3 weeks	• Tos que dura más de 3 semanas
YES	NO	• Coughing or spitting up blood	• Tos con sangre o escupe sangre
YES	NO	• Unexplained weight loss	• Pérdida de peso inexplicable
YES	NO	• Drenching night sweats or fever for more than 2 weeks	• Sudoración nocturna intensa o fiebre por más de 2 semanas
YES	NO	• Loss of appetite for more than 2 weeks	• Pérdida del apetito por más de 2 semanas
YES	NO	• Hoarseness	• Ronquera
YES	NO	• Chest pain	• Dolor en el pecho

Signature of Patient/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Firma del paciente/tutor Fecha

**CMBNTUB -3**



Service Date: \_\_\_\_\_

**Evaluation for New Positive TB Result**

**For Concentra Use Only**

Complete during a recheck visit for patients with a new positive TB Skin Test or T-Spot result.

**Evaluation For New Positive TB Result**

Date of evaluation: \_\_\_\_\_

Symptom Screen:  Negative  Positive

CXR Results:  No signs of active TB disease Not performed. Reason: \_\_\_\_\_

Other: \_\_\_\_\_

Recommend second test ( TB Skin Test or  T-Spot test) due to low risk of infection and progression; only if second test is positive should the person be considered infected with TB (LTBI).

- Referral for further evaluation for treatment of LTBI
- Declines LTBI treatment after discussing the benefits and risks of treatment
- Instructed to seek medical care if symptoms consistent with TB develop
- Follow up for TB screening as per employer protocol.

**Final Assessment:**

- Negative screen for active TB disease and NOT CONTAGIOUS. May return to work/school without restrictions.
- Screen for active TB disease incomplete.
- Further workup needed: \_\_\_\_\_

\_\_\_\_\_  
**Clinician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Attachment B**

### **Legal and Risk**

Our Legal and Risk Departments reviewed the terms, conditions, and insurance requirements and made minor modifications to the language. We include these suggested revisions on the following pages. If Concentra is the successful bidder, we desire to engage in open dialogue with the City, review the proposed modifications, and ultimately create an agreement that not only outlines the schedule of services, but also protects the business interests of both the City and Concentra.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/22/2021

**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).**

<b>PRODUCER</b> The Graham Company The Graham Building 1 Penn Square West Philadelphia PA 19102-	<b>CONTACT NAME:</b> Concentra Unit <b>PHONE (A/C, No, Ext):</b> 215-567-6300 <b>E-MAIL ADDRESS:</b> Concentra_Unit@grahamco.com	<b>FAX (A/C, No):</b> 215-405-2694
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Occupational Health Centers of New Jersey PA c/o Select Medical Corporation 4716 Old Gettysburg Rd Mechanicsburg PA 17055	<b>CONCGRO-01</b>	
	<b>INSURER A:</b> Columbia Casualty Company <b>NAIC #</b> 31127	
	<b>INSURER B:</b> Liberty Mutual Fire Ins. Co. <b>23035</b>	
	<b>INSURER C:</b> Liberty Insurance Corporation <b>42404</b>	
	<b>INSURER D:</b> Liberty Mutual Insurance Group <b>23043</b>	
	<b>INSURER E:</b> American Guarantee & Liability Ins. Co. <b>26247</b>	
<b>INSURER F:</b> Allied World Assurance Company, AG		

**COVERAGES      CERTIFICATE NUMBER: 1249992717      REVISION NUMBER:**

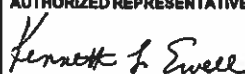
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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/SUBR INSD   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Lia <input checked="" type="checkbox"/> \$1M Claim/\$3M Ag GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	HAZ 4032244581-5	10/1/2020	1/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		AS2-831-510199-321	10/1/2021	4/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 3,000,000		HMC 4032235752	10/1/2020	1/1/2022	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 10,000,000 \$
C D	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WA7-630-510199-351 WC5-631-510199-361	10/1/2021 10/1/2021	4/1/2022 4/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E F	Property Excess Liability		ZMD0119116-05 C023701-008	10/1/2020 10/1/2020	1/1/2022 1/1/2022	SEE BELOW \$10M Each Occurrence \$10M Aggregate

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
**UMBRELLA LIABILITY COVERAGE** includes Excess General Liability on an Occurrence Basis and Excess Professional Liability on a Claims Made Basis. Both Coverages are excess of a \$3,000,000 Self-Insured Retention each Occurrence/Claim subject to a \$16,000,000 Aggregate.

**PROFESSIONAL LIABILITY COVERAGE** includes Case Management Services including the rendering of case management or utilization review performed by insured for others.

**INDIANA PHYSICIAN PROFESSIONAL LIABILITY COVERAGE** - Continental Casualty Company - Policy #HAZ 4032244595-7; Effective 10/1/2020-1/1/2022 - \$400,000 Each Medical Incident/\$1,200,000 Aggregate Per Insured or Surgeon  
 See Attached...

<b>CERTIFICATE HOLDER</b>  CITY OF ORANGE TOWNSHIP 29 NORTH DAY STREET, 2ND FLOOR ROOM 202 ORANGE NJ 07050	<b>CANCELLATION</b>  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 
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**ADDITIONAL REMARKS SCHEDULE**

AGENCY The Graham Company		NAMED INSURED Occupational Health Centers of New Jersey PA c/o Select Medical Corporation 4716 Old Gettysburg Rd Mechanicsburg PA 17055	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

KANSAS PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Continental Casualty Company - Policy #HAZ 4032244600-7; Effective 10/1/2020-1/1/2022 - \$200,000 Each Medical Incident/\$600,000 Aggregate Per Insured or Surgeon

LOUISIANA PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Columbia Casualty Company - Policy #HAZ 4032244614-7; Effective 10/1/2020-1/1/2022 - \$100,000 Each Medical Incident/\$300,000 Aggregate Per Insured or Surgeon

NEBRASKA PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Columbia Casualty Company - Policy #HAZ 4032244628-7; Effective 10/1/2020-1/1/2022 - \$500,000 Each Medical Incident/\$1,000,000 Aggregate Per Insured or Surgeon

PENNSYLVANIA PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Columbia Casualty Company - Policy #HAZ 4032244631-7; 10/1/2020-1/1/2022 - \$500,000 Each Medical Incident/\$1,500,000 Aggregate Per Insured or Surgeon

WISCONSIN PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Continental Casualty Company - Policy #HAZ 4032244659-7; 10/1/2020-1/1/2022 - \$1,000,000 Each Medical Incident/\$3,000,000 Aggregate Per Insured or Surgeon

PROPERTY COVERAGE: Risk of Physical Loss or Damage to Covered Property subject to policy terms and conditions.

WORKERS COMPENSATION - Occupational Health Centers of California, A Medical Corporation - Liberty Mutual Insurance Corp. - Policy #WA5-63D-510199-311; Effective: 10/1/2020-4/1/2022

WORKERS COMPENSATION - Occupational Health Centers of Southwest, P.A. - Liberty Insurance Corp. - Policy #WA7-63D-510199-401; Effective: 10/1/2020-4/1/2022

WORKERS COMPENSATION - Occupational Health Centers of Southwest, P.A. - Liberty Mutual Insurance Corp. - Policy #WC5-631-510199-251 (WI); Effective: 10/1/2020-4/1/2022

**ADDITIONAL WORKERS COMPENSATION POLICIES:**

- OHC of Arkansas - Liberty Insurance Corp. - Policy #WC7-631-510199-281; Effective: 10/1/2020-4/1/2022
- OHC of Southwest (AZ/UT) - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-241; Effective: 10/1/2020-4/1/2022
- OHC of Delaware - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-331; Effective: 10/1/2020-4/1/2022
- OHC of Georgia/Hawaii - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-381; Effective: 10/1/2020-4/1/2022
- OHC of Illinois - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-411; Effective: 10/1/2020-4/1/2022
- OHC of Louisiana - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-291; Effective: 10/1/2020-4/1/2022
- OHC of Michigan - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-271; Effective: 10/1/2020-4/1/2022
- OHC of Nebraska - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-371; Effective: 10/1/2020-4/1/2022
- OHC of New Jersey - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-261; Effective: 10/1/2020-4/1/2022
- OHC of North Carolina - Liberty Insurance Corp. - Policy #WC7-631-510199-341; Effective: 10/1/2020-4/1/2022
- OHC of Southwest (KS) - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-421; Effective: 10/1/2020-4/1/2022
- Therapy Centers of Southwest I, PA (OR) - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-391; Effective: 10/1/2020-4/1/2022
- Therapy Centers of South Carolina, PA - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-301; Effective: 10/1/2020-4/1/2022
- OHC of Minnesota - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-451; Effective: 10/1/2020-4/1/2022
- OHC of Alaska - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-441; Effective: 10/1/2020-4/1/2022

CYBER LIABILITY - AIG Specialty Insurance Company - Policy #01-613-93-03; Effective: 9/25/2021-9/25/2022 - Limit: \$10,000,000

EXCESS CYBER LIABILITY - Endurance American Specialty Insurance Company - Policy #NVX30011525100; Effective: 9/25/2021-9/25/2022 - Limit: \$10,000,000 Excess of \$10,000,000

Coverage is provided for all medical professionals currently or previously employed or contracted by the above Named Insured, but only for professional services performed for or on behalf of the above Named Insured.

RE: OHC NJ/CMC IS BIDDING ON AN RFP TO PROVIDE MEDICAL SERVICES TO INCLUDE PHYSICAL EXAMS; DRUG AND ALCOHOL IMMUNIZATIONS TO THE EMPLOYEES OF THE NAMED CLIENT.

CITY OF ORANGE TOWNSHIP is an additional insured on the above General Liability Policy if required by written contract.

**Attachment C**  
**Business Licenses**



**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**OCCUPATIONAL HEALTH CENTERS OF NEW JERSEY, P.A.  
0100683815**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Professional Corporation was registered by this office on October 30, 1996.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

**C T CORPORATION SYSTEM  
820 BEAR TAVERN ROAD  
WEST TRENTON, NJ 08628**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
29th day of September, 2021*

A handwritten signature in black ink, appearing to read 'Elizabeth Maher Muoio'.

**Elizabeth Maher Muoio  
State Treasurer**

*Certificate Number : 6123625699*

*Verify this certificate online at*

*[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)*



**STATE OF NEW JERSEY  
BUSINESS REGISTRATION CERTIFICATE**

**Taxpayer Name:** CONCENTRA HEALTH SERVICES, INC.  
**Trade Name:** PRIZM ENVIRONMENTAL & OCCUPATIONAL MEDICINE  
**Address:** 4714 GETTYSBURG ROAD  
MECHANISBURG, 00000  
**Certificate Number:** 0894322  
**Effective Date:** November 14, 1996  
**Date of Issuance:** February 11, 2020

**For Office Use Only:**  
20200211090704222



## *State of New Jersey*

**CHRIS CHRISTIE**  
*Governor*  
**KIM GUADAGNO**  
*Lt. Governor*

DEPARTMENT OF THE TREASURY  
DIVISION OF PURCHASE & PROPERTY  
CONTRACT COMPLIANCE AUDIT UNIT  
BEO MONITORING PROGRAM  
P.O. BOX 206  
TRENTON, NJ 08625-0206

**ANDREW P. SIDAMON-ERISTOFF**  
*State Treasurer*

### **ISSUANCE OF CERTIFICATE OF EMPLOYEE INFORMATION REPORT**

Enclosed is your Certificate of Employee information Report (hereinafter referred to as the "Certificate" and issued based on the Employee Information Report (AA-302) form completed by a representative of your company or firm. Immediately upon receipt, this certificate should be forwarded to the person in your company or firm responsible for ensuring equal employment opportunity and/or overseeing the company or firm's contracts with public agencies. Typically, this person may be your company or firm's Human Resources Manager, Equal Employment Opportunity Officer or Contract Administrator. If you do not know to whom the certificate should be forward, kindly forward it to the head of your company or firm. Copies of the certificate should also be distributed to all facilities of your company or firm who engage in bidding on public contracts in New Jersey and who use the same federal identification number and company name. The certificate should be retained in your records until the date it expires. This is very important since a request for a duplicate/replacement certificate will result in a \$75.00 fee.

On future successful bids on public contracts, your company or firm must present a photocopy of the certificate to the public agency awarding the contract after notification of the award but prior to execution of a goods and services or professional services contract. Failure to present the certificate within the time limits prescribed may result in the awarded contract being rescinded in accordance with N.J.A.C. 17:27-4.3b.

Please be advised that this certificate has been approved only for the time periods stated on the certificate. As early as ninety (90) days prior to its expiration, the Division will forward a renewal notification. Upon the Division's receipt of a properly completed renewal application and \$150.00 application fee, it will issue a renewal certificate. In addition, representatives from the Division may conduct periodic visits and/or request additional information to monitor and evaluate the continued equal employment opportunity compliance of your company or firm. Moreover, the Division may provide your company or firm with technical assistance, as required. Please be sure to notify the Division immediately if your company's federal identification number, name or address changes.

If you have any questions, please call (609) 292-5473 and a representative will be available to assist you.

Enclosure(s) (AA-01 Rev. 11/11)

Certification 16058

## CERTIFICATE OF EMPLOYEE INFORMATION REPORT

### RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-FEB-2015** to **15-FEB-2022**

CONCENTRA HEALTH SERVICES, INC.  
5080 SPECTRUM DR.; SUITE 1200 WEST  
ADDISON TX 75001



A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

Andrew P. Sidamon-Eristoff  
State Treasurer