



Occupational Health Services Proposal

PRESENTED TO

Village of Oak Park

PRESENTED BY

Londell Kelsaw
Field Account Executive

Bellwood Center
2615 West Harrison Street
Bellwood, IL, 60104

Mobile: 708-646-2842
Email: zkelsaw@concentra.com



1. Cover Letter

July 1, 2022

Kira Tchang
Assistant Village Manager/Human Resources Director
Village of Oak Park
123 Madison Street
Oak Park, IL 60302

RE: Occupational Health Services,

Dear Ms. Tchang:

Concentra® is pleased to present to Village of Oak Park (The Village) our proposal to provide Occupational Health Services, which adheres to all specifications and includes all relevant attachments.

As The Village's incumbent provider for the scope of services and as the nation's leader in occupational healthcare, Concentra is highly qualified and well positioned to continue performing the services The Village is seeking. Our national footprint, strong infrastructure, health care expertise, and commitment to service excellence would provide ongoing tangible benefits for The Village – 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 [Londell Kelsaw, field account executive](#), via phone: 708-646-2842 or by email: zkelsaw@concentra.com.

Concentra affirms that:

- All information contained herein is current, complete, accurate, and remains valid for 180 days following the due date, 7/1/2022
- The Village anticipates a contract term of a period not to exceed three (3) years; renew the contract for two (2) additional one (1) year terms
- We are in receipt of the June 16 addendum.

Concentra values The Village'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 Occupational Health Services partner with Village of Oak Park and its employees.

Respectfully submitted,

DocuSigned by:
A handwritten signature in black ink that reads "Raad Yaldo".
3864C02586F94E8...

Raad Yaldo, DO
President, Treasurer and Corporate Secretary
Occupational Health Centers of Illinois, P.C. dba Concentra Medical Centers

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3. Description of Service Provider

This section should include the full name and principal address of the respondent. Include the state in which the vendor is incorporated to operate and the date of incorporation if applicable.

Company Information	
Organization / Headquarters Location	Occupational Health Centers of Illinois, P.C. d/b/a Concentra Medical Centers 5080 Spectrum Drive, Suite 1200W, Addison, TX 75001 T 800.232.3550 Web www.concentra.com
Primary Service Location	Concentra Medical Centers – Bellwood Bellwood 2615 West Harrison Street Bellwood, IL 60104 Phone: 708.493.0299 Fax: 708.493.0594 Hours: 7:00 a.m. – 7:00 p.m. (Mon – Fri)
Primary Contact	Londell Kelsaw Field Account Executive Mobile: 708-646-2842 Email: zkelsaw@concentra.com
Concentra's Background	Concentra, a publicly held corporation, submits this proposal as Occupational Health Centers (OHC) of Illinois, P.C. d/b/a Concentra Medical Centers. Concentra is a large C corporation, and therefore is not registered as a minority-, woman-, or disabled-owned business or as a disadvantaged business. Concentra is qualified to do business in all 50 states including Illinois. Concentra's affiliated physicians, mid-level providers, and physical therapists are licensed to perform health care services in Illinois The OHC was incorporated in 2013 in Illinois.

4. Scope of Services

The Scope of Services shall include, but not be limited to, the items outlined in the SPECIFIC REQUIREMENTS as identified above regarding Occupational Health Services.

In addition to addressing the topics covered in this Request for Proposals with regard to the Scope of Work, the Service Provider should include any other pertinent information it feels will set it apart from other Service Providers.

If there are any services offered in addition to what the Village has requested that may be of interest to the Village, the Service Provider should describe those in an additional subsection at the end of its Response.

Understanding of Village's Requirements

Concentra understands that the Village is seeking proposals from providers of professional Occupational Health Services relating to pre-employment, post-accident, return to work (fitness for duty) physical exams, drug and alcohol testing, both DOT and Non-DOT, and physical testing as required by Village Police and Fire personnel.

Concentra's Proposed Solution

As the incumbent provider, Concentra has extensive experience performing the requested services and we are confident our expertise and best practices approach make us the right company to assist the Village in meeting its program objectives.

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

Concentra's longevity in health care and our experience serving clients like the Village will prove valuable during our continued engagement with the County.

Concentra assures the Village that we will:

- 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
- Conduct drug screenings in accordance with DOT standard, 49 CFR Part 40
- Utilize a SAMHSA-certified, College of American Pathologists-Forensic Drug Testing (CAP-FDT) accredited, Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory for specimen analysis
- Utilize our **Bellwood** 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 Village'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 Village efficiently and professionally.

A. Characteristics and Qualifications of the Firm

1. Describe the history and organization of your firm. Include number of employees, number of offices, locations and financial information.

History and Background

Concentra was founded by physicians in 1979. Since then, we have grown to be the largest provider of occupational health services in the country. Our footprint includes nearly 520 medical centers in the United States with unmatched occupational health expertise and clinicians. We employ nearly 10,700

office and medical professionals. We know how to deliver care that works for companies and their employees.

Operating as a division of Select Medical, Concentra is a leading health care company focused on improving the health of America's workforce, one patient at a time. Through its affiliated clinicians, the company currently provides occupational medicine, urgent care, physical therapy, and wellness services from medical centers in nationwide. In addition to these medical center locations, Concentra currently serves employers by providing a broad range of health advisory services and operating nearly 140 onsite clinics.

- One in every five workplace injuries in the United States is treated at Concentra
- Concentra treated more than 18 million injured workers since 1979
- Largest urgent care and occupational health care provider in the United States
- Concentra performs more than 2 million physicals and 3.1 million drug screens annually
- 60,000 patients seen at Concentra onsite clinics and medical centers each day
- Concentra has 239,000 clients and nearly 520 medical centers nationwide in markets representing 60 percent of the nation's workforce
- Concentra treats more than 500,000 initial injuries each year
- Concentra partners with 85 percent of Fortune 500 companies and all the Fortune 100

Financial Stability

Concentra is financially stable and fully capable of performing the requested services. In 2021, Concentra's revenues totaled \$1,732,040,911.

2. Describe the office that will be designated to serve the Village's program and the services available at that office. If your firm intends to utilize other offices or locations, describe the services they would provide for this account at each office or location.

Concentra proposes that our center closest to the Village, the **Bellwood** center, serve as the primary site for employees to obtain occupational health services. While the Bellwood center is fully capable of providing all required services in one facility, all Concentra medical centers are available and capable of servicing the Village's program 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. We provide a full market map in the Attachments section.

Concentra Medical Centers near the Village

Bellwood*

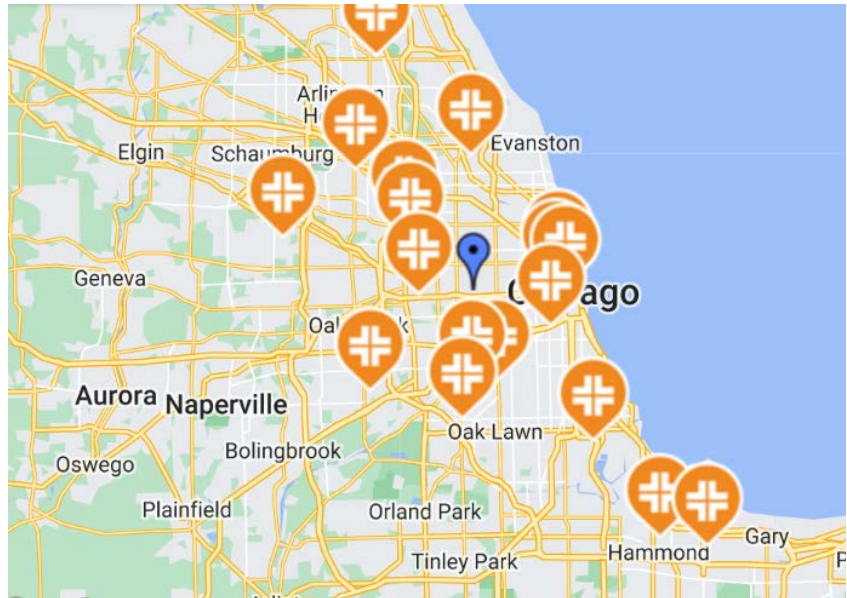
2615 West Harrison Street
Bellwood, IL 60104
M – F: 7am - 7 pm
Within 5.8 miles

Franklin Park*

10137 W Grand Avenue
Franklin Park, IL 60131
M – F: 7am - 10 pm
Sat: 8am - 5pm
Within 8.3 Miles

River West*

1030 W Chicago Avenue
Chicago, IL 60642
M – F: 7am - 10 pm
Sat: 8am - 5pm
Sun: 9am - 4pm
Within 7.8 Miles



Bridgeview*

8755 S Harlem Avenue
Bridgeview, IL 60455
24 hours, 7 days a Week
Within 11 Miles

**Please note that hours of operation are subject to change.*

3. Name the principal and other key personnel who will be fully responsible for the account. Provide a resume or statement of professional qualifications, related educational background and professional certifications of the personnel assigned to this account. Also, list each person's title as it is conveyed professionally within the firm and their particular area of expertise. Specifically identify personnel in the following areas:

- i. Medical Doctor
- ii. Clinical Staff
- iii. Account Manager
- iv. Main Service Support Contact

4. Personnel assigned to the account shall have a minimum of five (5) years of related occupational health experience. Five (5) years of experience with public entities is preferred. Board certified in occupational medicine is required. Must be on the National Registry of Certified Medical Examiners as required by the United States Department of Transportation ("DOT").

5. Provide proof of any applicable certifications, licenses and credentials of staff committed to this contract including their names and documentation of their training successfully completed.

Program Management

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. We have included the resumes for each as **Attachment B: Key Employee Qualifications**.

Initial Contact

Londell Kelsaw, field account executive, 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.

Credentials

- 1 years with Concentra
- 16years of experience
- Bachelor of Arts

Operational Oversight

Tina Gonzalez, center operations director, would serve as the day-to-day contact for program operations. This individual regularly monitors processes and procedures to ensure ongoing compliance with applicable regulations and guidelines, as well as program specifications. The Center Operations Director (COD) is invaluable to the success of the program and is available to answer questions, address issues, and ensure the program continues to operate efficiently.

Credentials

- 4 years with Concentra
- 26 years of experience
- Associates Degree, CMA

- Serves as the liaison between Concentra and the Village
- Oversees day-to-day medical center operations
- Implements and ensures ongoing compliance with operational policies, procedures, and training programs within the center
- Manages patient care issues and other center issues requiring resolutions
- Establishes a clear understanding of contract objectives and deliverables to ensure successful execution of programs and projects
- Collaborates with center, area, and regional leadership teams to ensure we effectively deliver the stipulated scope of work, monitors program outcomes, and maintains the Village's account

Medical Oversight

Maria Vlahos, center medical director, would provide primary oversight for clinical practices, ensuring continued compliance. The Center Medical Director (CMD) ensures that medical interpretations and associated clearances comply with the most recent medical standards and guidelines and adhere to applicable regulations. The CMD's expertise relevant to the desired scope of work is instrumental in the provision of services.

Credentials

- 4 years with Concentra
- 31 years of experience
- Doctor of Medicine, master's in public health

- Reviews medical history and performs medical physical examinations
- Reviews medical evaluations conducted by other center clinicians
- Understands all medical surveillance requirements of the Occupational Safety and Health Administration (OSHA), the U.S. Department of Transportation (DOT), the National Fire Protection Association (NFPA), police officer standards, the Americans with Disabilities Act (ADA), the Family and Medical Leave Act (FMLA), and other regulated examinations
- Reports the results of the medical evaluation to the employee, including any medical condition(s) identified during the evaluation
- Provides the recommendation as to whether the employee is medically certified to safely perform the essential job tasks
- Forwards copies of any abnormal results, along with instructions regarding primary care follow-up, to individuals who are instructed to seek medical follow-up to address any medical conditions or abnormal laboratory results identified during an evaluation
- Provides or arranges for a prescriptive rehabilitation and/or fitness program, when indicated, to aid in an employee's recovery from illness or injury and enhance his/her ability to safely perform essential job tasks

- Reviews individual medical evaluations and aggregate data to detect evidence of occupational exposure(s) or clusters of occupational disease

Physical Therapy and Functional Testing Oversight

Emelyn Agoncillo, center therapy director, would provide oversight for the physical therapy and functional testing services rendered as part of the program. The Center Therapy Director (CTD) is an expert in this field and possesses a wide breadth of knowledge overseeing physical therapy and functional testing services for other area clients. Using this expertise, the CTD delivers services that objectively assess an employee's functional abilities and expedite the return-to-work process.

Credentials

- 4 years with Concentra
- 22 years of experience
- Bachelor of Science, Physical Therapy

- Conducts an initial evaluation on clinician referrals and develops appropriate treatment plans
- Ensures treating clinicians have the necessary information to appropriately evaluate an employee's functional ability
- Communicates with all clinicians and with the employer regarding an employee's diagnoses, sets expectations for return-to-work, emphasizes education and motivation, and discusses specific rehabilitation issues and early intervention opportunities
- Utilizes knowledge of best demonstrated practices and quality indicators to evaluate and measure program effectiveness, and implements methods to improve processes and outcomes
- Ensures compliance with guidelines and regulations established by the Americans with Disabilities Act (ADA) and by the relevant licensing, certification, and accrediting bodies

Center Staff

Concentra employs skilled and experienced health care professionals to deliver services relevant to our offering. Center staff includes an appropriate combination of physicians, mid-levels, nurses, physical therapists, radiology technicians, and medical assistants.

Clinical Professionals

Concentra utilizes qualified and appropriately licensed and credentialed clinical professionals to serve the occupational health needs of a client's workforce. These professionals are skilled in their respective areas of expertise and undergo extensive annual training in addition to continuing education classes. Furthermore, our clinical professionals are vigilant in applying their knowledge to recognize and diagnose potential exposures and resulting health issues. They regularly monitor OSHA, DOT, NFPA, police officer standards, ADA, and other applicable federal and state regulations to ensure all associated services remain in compliance and adhere to best practice guidelines.

Support Staff

Concentra employs qualified support personnel whom we train and fully certify to perform their associated tasks. Specifically, our center support staff includes drug specimen collectors certified to perform DOT collections, certified breath alcohol technicians, National Institute for Occupational Safety and Health (NIOSH)-certified pulmonary function testers, Council for Accreditation in Occupational Hearing Conservation (CAOHC)-certified personnel to perform audiometric testing, certified radiologic technologists, certified medical assistants, and certified phlebotomists.

Bellwood Center Staff Roster			
Jessica Gamboar	Operations Specialist	Yesica Garcia	Operations Specialist
Angela Gonzalez	Patient Service Specialist/Front Office Lead	Enrique Salvarrey	Assistant Center Operations
Alexandria Valencia	Patient Service Specialist	Laura Jolon Zuleta	Operations Specialist

Credentialing Practices

All Concentra clinicians undergo a stringent credentialing process. Once the Credentials Committee Chair/Medical Advisor clears the candidate for hire/credentialing, we follow National Committee for Quality Assurance (NCQA) guidelines for credentialing, which require primary source verification of licensure, education and training, board certifications, and any provider sanctions. In addition, we perform a System for Award Management (SAM) query to identify if a candidate is barred from contracting with the federal government and use secondary sources (copies of documentation) to verify Drug Enforcement Administration (DEA) and state controlled substance certifications. Finally, we check the National Practitioner Databank for malpractice history and the Office of Inspector General (OIG) for Medicare/Medicaid sanctions. We re-credential our clinicians every three years and, in the interim, we monitor clinicians' licensures to ensure that they remain active and current.

All Concentra personnel, regardless of position, are required to have a background check consisting of a felony/misdemeanor check, Social Security validation and trace, national sex offender check (for staff rendering patient care), national criminal search, drug screen, and a check against the Office of Foreign Assets Control list.

We provide resumes/CVs and professional credentials in the [Attachment B: Key Employee Qualifications section](#).

6. Provide a price proposal as set forth in this RFP.

Concentra appreciates the opportunity to present our proposed fee schedule for the Village's Occupational Health Services program. We include the Village's required [Attachment I. Cost Proposal Form](#) in Section 10. Attachments of our response. We affirm all information contained herein is current, complete, accurate, and remains valid for 180 days following the due date, July 1, 2022.

7. Provide forms and reports as set forth in this RFP, including time frames for the provision of said forms and reports to the Village.

We provide sample forms and reports in section E. Forms and Reports and [Attachment A – Required Forms and Documents](#).

B. Scope of Services

1. Exams:
 - i. Pre-employment medical evaluations for safety and non-safety sensitive employees.
 - ii. Return to work (fitness for duty) examinations for safety and non-safety employees.
 - iii. DOT physical exams (FMCSA and FTA) and Medical Examiner's Certification issuance.
 - iv. Physical fitness examination program for firefighters and police officers as defined by professional standards.
 - v. Post-exposure exams and follow-up screenings provided immediately with ongoing monitoring after report of exposure with appropriate treatment options as defined by current medical standards.
 - vi. Audiometry and basic vision exams.
 - vii. Tuberculosis screenings
 - viii. Respiratory exams consistent with OSHA standards.

Physical Examinations

Concentra has comprehensive policies and procedures outlining examination requirements in accordance with DOT, OSHA, ADA, and general occupational health. We assure the Village that a trained and

appropriately licensed medical professional would perform the required examinations and adhere to all applicable regulations and guidelines specific to the examination.

Medical and Work History Questionnaire

Prior to any physical examination, an employee completes a thorough medical history questionnaire that includes personal, occupational, family, and medication history. Our comprehensive medical and work history questionnaires ensure your employees are compliant with all federal, state, and local mandates specific to their job category.

After reviewing the questionnaire, Concentra's clinician performs a comprehensive physical examination and reviews the questionnaire in conjunction with the employee's test results to make the appropriate medical recommendations. Concentra immediately addresses any findings that pose immediate danger to the life or health of the employee.

FormFox Electronic Forms

Concentra uses the FormFox system to electronically capture the employee's medical history and questionnaire. The employee completes the form online before coming to the clinic/medical center, or upon arrival, thus ensuring legibility and completeness (the system prevents skipping sections). For DOT physicals, if the driver is certified, the medical examiner's certificate (MEC) is provided in the center post-visit. All determinations are reported to the National Registry of Certified Medical Examiners (NRCME) per regulations.

Custom and Spanish Forms

Concentra has custom medical and work history questionnaires in both English and Spanish and can provide an array of comprehensive and mandated questionnaires necessary to maintain compliance.

Types of Physical Examinations

Standard Examination Components

Concentra would provide physical examinations according to the Village's requirements. However, it is customary for the standard examination to include the following components:

- Medical history
- Occupational history
- Vital signs
- Vision acuity (far distance)
- Examination of head, eyes, ears, nose, and throat
- Evaluation of the cardiovascular system
- Evaluation of the respiratory system
- Gastrointestinal examination
- Musculoskeletal examination
- Neurological evaluation
- Skin and lymphatic examination

We would also perform other ancillary testing as requested and/or indicated, upon the Village's approval and consistent with evidence-based medical standards and regulatory requirements.

Pre-placement/Post-offer Physical Examinations

Concentra realizes that any medical examination must be "job-related and consistent with business necessity" (29 CFR 1630.14(b)). Pre-placement/post-offer physical examinations help ensure employees or prospective employees do not have a medical condition that:

- Prevents safe performance of the essential job duties
- Can be exacerbated by the job duties
- Affects the safety of the employee, co-workers, or others in the workplace

Return-to-work Examinations

Concentra's longstanding methodology and practices expedite employees' safe and sustainable return to work. Our process includes immediate communication with the employer, careful job analysis, and a focus on avoiding or limiting an employee's lost time from work.

During a return-to-work physical examination, in addition to a review of the employee's medical history and existing documentation, the clinician performs a basic medical examination. The clinician determines if the employee is medically able to proceed with the functional performance evaluation. If the employee has a medical condition that precludes participation in a functional performance evaluation (e.g., recent back/knee/shoulder surgery, an active hernia, a cardiac condition), we require clearance from the employee's personal physician prior to the functional evaluation.

Once the employee has completed the required functional tests, the Concentra therapist documents a "pass/fail" result and the results are given to the clinician. The clinician then combines the medical results with the functional test results to render an overall "pass/fail" result for the employee. In some cases, our examining clinician may require additional testing to render a medical decision. However, we do not conduct any additional testing without authorization by the designated employer contact.

Department of Transportation (DOT) Physical Examinations

Concentra has been performing Department of Transportation (DOT) physical examinations for employers for the past 40 years. Annually, we perform more than 800,000 DOT physicals. We maintain comprehensive policies and procedures for these examinations and thoroughly train our staff on each testing component. The Federal Motor Carrier Safety Administration (FMCSA) provides the physical requirements for commercial motor vehicle (CMV) drivers in 49 CFR 391.41. (Other DOT agencies may have prescribed different physical standards for their safety sensitive roles, such as pilots, rail conductors, etc.)

The purpose of the DOT examination is to detect the presence of physical, mental, or organic conditions of such a character and extent as to affect the driver's ability to safely operate a commercial motor vehicle. The examination must be conducted carefully and include (at least) all information requested in the applicable form. A history of certain conditions may lead to a disqualification or indicate the need for further testing and/or an evaluation by a specialist.

Medical Examiner's Certificate

The DOT physical exam is performed by a certified medical examiner listed on the National Registry of Certified Medical Examiners. The exam includes a review of the employee's medical history; a physical exam with vital signs, vision, and hearing testing; and a urine test for blood, protein, and sugar to look for conditions that may impact a driver's ability to safely operate a vehicle. Following the examination, the results are automatically reported to the National Registry and state motor vehicle agencies, as required. If the driver passes, the ME provides the required Medical Examiner's Certificate (MEC). The certificate may be issued for up to 24 months; however, the Concentra ME may limit certification based on a driver's medical history.

Firefighter Physical Examinations

Concentra conducts comprehensive physical examinations of firefighters. To begin, we require firefighters to complete a medical history questionnaire, which includes medical, personal, occupational, family, and medication history. A Concentra clinician reviews the questionnaire and performs a thorough physical examination, which focuses on the firefighter's ability to meet the physical demands required to perform the essential job functions identified by the fire department. The clinician also performs a medical examination to reveal any health conditions that could adversely affect job performance.

Examples of essential functions tested include:

- *Lifting/carrying* – Simulates the height/weight of a fan, jaws of life, chain saw, or portable ladder
- *Pushing/pulling* – Simulates the pulling/carrying the hose off the truck to the scene/fire hydrant
- *Upper body push/pull* – Simulates coupling the hoses to the hydrant/truck, using hand tools, and opening doors
- *Climbing* – Simulates accessing the fire ladder to reach victims and climbing stairs in structures

In addition, clinicians assess the firefighter for aerobic capacity, muscular strength and flexibility, and cardiovascular endurance. Concentra offers a variety of assessment testing including, but not limited to, the following:

- Body fat composition
- Sit/reach flexibility test
- Maximum muscular upper and lower body strength (hand-grip strength, pushups, curl-up muscle endurance)

Please note, assessment testing components may not be included if the individual has already passed a physical abilities test.

Police Officer Physical Examinations

Concentra conducts police officer examinations according to the employing agency's examination requirements. In addition, for identified safety-sensitive positions, Concentra performs a medical history and physical examination designed to detect any of the following outlined conditions that may affect the individual's job function:

- | | |
|--|---|
| ▪ Angina pectoris | ▪ Migraine headache |
| ▪ Asthma | ▪ Myocardial infarction, history of |
| ▪ Cancer-metastatic or leukemia | ▪ Paralysis |
| ▪ Cardiac arrhythmias or murmurs | ▪ Prosthetic device, e.g., limbs, hearing aid, colostomy |
| ▪ Cerebral vascular accident | ▪ Recurrent dislocation of a major joint |
| ▪ Chest pains of unknown origin | ▪ Schizophrenia or manic-depressive psychosis |
| ▪ Contagious hepatitis | ▪ Scoliosis greater than 15 degrees |
| ▪ Contagious tuberculosis | ▪ Seizure disorders |
| ▪ Chronic respiratory disease | ▪ Current substance abuse |
| ▪ Diabetes, insulin-dependent or ketosis-prone | ▪ Valvular heart disease, uncorrected |
| ▪ Fixation of major joint | ▪ Vision |
| ▪ Hearing | ▪ Wasting disease, chronic, such as multiple sclerosis, myasthenia gravis, or amyotrophic lateral sclerosis |
| ▪ Herniated lumbar disc | |
| ▪ Hypertension, uncontrolled | |
| ▪ Inguinal hernia | |
| ▪ Liver or renal dysfunction | |

The examining physician records the findings of the medical examination on the prescribed form, and indicates whether a limiting medical, physical, or mental circumstance exists – describing how the circumstance affects the officer's ability to perform his/her duties, and specifying the type and duration of treatment required. Infectious disease screenings and immunizations are completed, as needed, based on the individual's health history.

Bloodborne Pathogen (BBP) Exposure

Concentra realizes that people working in certain occupational settings may have the potential for bloodborne pathogen (BBP) exposure through contact with blood or other potentially infectious materials (OPIM). OPIM includes cerebrospinal fluid, synovial fluid, vaginal secretions, semen, pleural fluid,

pericardial fluid, peritoneal fluid, amniotic fluid, or any bodily fluid that is visibly contaminated with blood. BBP exposure can lead to many serious diseases, including HIV, hepatitis B, and hepatitis C.

BBP Exposure Control Plan

Concentra can assist in developing a BBP Exposure Control Plan – often required by the Occupational Safety and Health Administration (OSHA) – to help employers minimize the probability of exposures occurring.

An Exposure Control Plan includes, but is not limited to:

- Engineering and work practice controls
- Standard precautions
- Hand hygiene
- Needle usage/disposal
- Personal protective equipment (PPE)
- Decontamination procedures
- Sharps containers and bio-hazard bags
- Hepatitis B vaccine program
- Post-exposure response plan

BBP Exposure Protocol

Despite adherence to preventive strategies, occupational exposures to bloodborne pathogens may occur and Concentra can evaluate and treat the exposed employees. Our protocol for managing exposures to potential BBP was developed by our [Travel Health and Infectious Disease Medical Expert Panel](#). It is consistent with updated national guidelines, such as “Guidance for Evaluating Health-Care Personnel (HCP) for Hepatitis B Virus Protection and for Administering Post-Exposure Management” and “Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus,” published by the Centers for Disease Control and Prevention (CDC) in December 2013 and August 2013, respectively.

Our BBP protocol includes, but is not limited to:

- Determination of risk of exposure
- Decontamination
- Obtain (or test) source individual’s HIV, hepatitis B, and hepatitis C results, when applicable
- Determine hepatitis B immune states of exposed employee and obtain baseline labs
- Counsel on the risks of infection and the benefits and risks of post-exposure prophylaxis
- Administer hepatitis B post-exposure prophylaxis when indicated
- Administer first dose and/or prescribe HIV PEP when indicated
- Follow up visits at three-to-four days, six weeks, four months, and six months after exposure for evaluation, laboratory testing, and treatment as indicated; closer follow-up is indicated if the employee is on HIV PEP

Concentra understands that time is of the essence when the decision is made to start HIV PEP. Therefore, we train our staff to prioritize individuals presenting with potential BBP exposures from the time they register at the Concentra clinic or center. From the initial encounter to the final six-month visit, employees who sustain a possible BBP exposure receive best-in-class care based on national guidelines and experts in the field.

Evaluating and Treating BBP Exposures

In the following narrative, we outline some of the main components of Concentra’s protocol for evaluating and treating bloodborne pathogen exposures by visit. While it is beyond the scope of this synopsis to go over every possible scenario and corresponding evaluation and treatment, the most common course of action is presented here. The protocol is subject to change based on CDC and other national guideline updates.

Clinical Screenings

A range of clinical screening services are offered at Concentra centers. We perform screenings on equipment that has been thoroughly examined and calibrated so that results are as timely and accurate as possible. Some services listed below may not be available at all onsite, and can be customized as determined by the employer.

The following table summarizes our clinical screening capabilities:

Type of Test	Details
Audiometric Screening	<p>All audiometric screening conforms to the Occupational Safety and Health Administration (OSHA) standard 29 CFR 1910.95. We have Council for Accreditation in Occupational Hearing Conservation (CAOHC)-certified technicians to perform the tests, and we would provide all certifications upon request. Concentra's services specific to audiometric screening include:</p> <ul style="list-style-type: none"> ▪ Audiometers that pause screening if ambient sound levels temporarily exceed OSHA levels ▪ Immediate Standard Threshold Shift (STS) identification and retest capability ▪ CAOHC-certified hearing specialists ▪ Acoustic Systems audio booth professionally designed and installed in each clinic ▪ Daily equipment calibration ▪ Microprocessor audiometers <p>Please note: Concentra cannot test hearing in people who wear hearing aids as this requires specialized equipment. People with hearing aids need to be tested by an audiologist and then submit the results.</p>
EKG (resting)	Concentra performs a 12-lead EKG that measures the electrical activity of the heart, read by a center clinician.
Pulmonary Function Testing	A technician performs all pulmonary function testing that allows real-time graphic and numeric data to verify the test validity. Data returns of VC, FEV1, PEF, FEF 25 percent-75 percent, and FEV1/FVC are required.
Vision	<p>A trained technician performs a vision test that meets OSHA standards for visual acuity. The technician screens for visual acuity with corrective lenses, lateral and vertical phorias, stereo depth perception, and color discrimination.</p> <p>For visual acuity testing, we utilize the Snellen chart for distance vision, and the Ishihara book to assess color vision.</p>
Vitals	A trained technician records resting pulse rates and blood pressure using a hospital grade sphygmomanometer and stethoscope. Any person who does not meet normal pulse rate or blood pressure criteria is re-tested.
X-rays	All posterior-anterior X-rays are performed by registered X-ray technicians and certified B-readers review selected chest X-rays in accordance with OSHA regulations.

Vaccination Services and Infectious Disease Screenings

Concentra offers vaccination services and screening/testing for infectious disease to assist employers in maintaining a healthy workforce. We administer vaccinations and infectious disease screenings per regulatory requirements and recommendations from leading health organizations, including the Occupational Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO).

Vaccinations / Immunization

The following table describes common vaccinations we administer for immunization. It also describes specialty vaccinations, such as those required and/or recommended for a traveling workforce, which are offered at selected Concentra locations.

Vaccine	Comments
Hepatitis A Vaccine	The hepatitis A vaccine should be offered when a high occupational risk for infection is present (e.g., travel to a developing country or working with hepatitis A in a research laboratory). Consideration may be given to vaccination of employees who work in areas where community-wide outbreaks are occurring, sewage workers, and workforces where state and local health authorities or private employers determine that such vaccination is cost-effective or desired. The hepatitis A vaccine is also indicated for post-exposure prophylaxis.
Hepatitis B Vaccine	<p>OSHA requires the hepatitis B vaccine be offered to employees at risk for bloodborne pathogen (BBP) exposures through contact with blood or other potentially infectious material (OPIM) (e.g., health care personnel, emergency responders, first-aid personnel, correctional officers, laundry workers in hospitals, and morticians). The vaccination must be offered post-exposure if the employee is not already immune. Within 15 days of the completed evaluation, the clinician completes a health care professional's written opinion for the employer indicating whether the hepatitis B vaccine is indicated for an employee and if the employee has received the vaccination. The hepatitis B vaccine is also recommended for many international travelers.</p> <p>In addition to the three-dose hepatitis B vaccine (Engerix-B or Recombivax), we offer the new hepatitis B vaccine, Heplisav-B, which is a two-dose series over one month, instead of three doses over four to six months.</p>
Hepatitis A and B combined	For individuals who need immunity to both hepatitis A and hepatitis B, Concentra offers the Twinrix vaccine, which is a combined hepatitis A and hepatitis B vaccine.
Hepatitis B Immune Globulin	HBIG is recommended after certain exposures to blood or other potentially infectious material (OPIM) if the source is unknown (e.g., needle stick from a sharps container) or is positive for hepatitis B and the exposed employee is not immune.
Influenza Vaccine	The influenza vaccine is recommended annually for all individuals age six months and older as it is the best way to prevent the flu. The flu can significantly affect productivity and increase absenteeism among workers. As appropriate, Concentra discusses with the employer the specifics regarding administering the shots and anticipated volumes.
Measles, Mumps, Rubella (MMR) Vaccine	Per CDC recommendations, all health care personnel should have presumptive evidence of immunity to measles, mumps, and rubella. Those without presumptive evidence (i.e., documentation of receiving the vaccine or laboratory evidence of disease or immunity) should be vaccinated. Screening bloodwork (titers) prior to vaccination may be cost-effective but is not required. Other indications for MMR vaccine include international travel.
Meningococcal Vaccine	This vaccine is recommended or required for certain international travelers and laboratory personnel who are routinely exposed to meningococcal bacteria. College freshman living in dormitories, military recruits, and people with certain medical conditions are also recommended for vaccination. There are two types of meningitis vaccines: the quadrivalent meningococcal ACWY and the meningitis B vaccine. The latter is not routinely indicated for international travel.
Rabies Vaccine	People at high risk of exposure to rabies (e.g., veterinarians, animal handlers, rabies laboratory workers, spelunkers, and rabies biologics production workers) should be offered pre-exposure rabies vaccine. Rabies vaccine is also recommended for pre-exposure for certain international travelers. The rabies vaccine may also be recommended after being bitten or scratched by an animal or otherwise exposed to rabies. In the case of post-exposure, rabies immune globulin (RIG) is also recommended if the person had not completed the rabies vaccine series for pre-exposure.

Vaccine	Comments
Tetanus, Diphtheria, Pertussis (Tdap) Vaccine	A one-time dose of Tdap is recommended for all adults and adolescents. The CDC recommends all health care personnel receive a single dose of Tdap as soon as feasible if they have not previously received Tdap, regardless of the time since their most recent Tetanus/diphtheria (Td) vaccination. Tdap is also recommended for women during every pregnancy.
Varicella (chickenpox) Vaccine	Per CDC recommendations, all health care personnel without evidence of immunity (e.g., written documentation of two doses of vaccine or laboratory evidence of immunity) should be vaccinated. Screening bloodwork (titers) prior to vaccination may be cost-effective but is not required.
Other Vaccines	Other vaccinations, including but not limited to vaccines to prevent shingles, human papillomavirus (HPV), cholera, pneumococcal disease, and immune globulin may be administered at Concentra facilities upon request and clinical approval.

Infectious Disease Screenings

Infectious disease screening includes testing for disease and/or for immunity. The following table describes infectious disease screenings we offer.

Screening	Comments
Hepatitis B Virus	Hepatitis B antibody screening is recommended for health care personnel one to two months after completing a hepatitis B vaccine series to confirm immunity. For new hires who have completed the hepatitis B vaccine series but have no evidence of immunity, an employer may decide to test for vaccine-induced immunity or test after a possible bloodborne pathogens (BBP) exposure. An individual is considered immune once he/she has a positive hepatitis B titer after one month of completing the hepatitis B vaccine series. No further hepatitis B testing is required even if the individual is exposed to hepatitis B because of BBP exposure. According to the CDC, testing for hepatitis B surface antibody on an individual who has not completed the hepatitis B vaccine series should not be performed, as the results could be misleading. Health care personnel who are tested before receiving a documented completion of hepatitis B vaccine series should not be considered immune because a positive hepatitis B titer is a known correlate of protection only when testing follows a documented hepatitis B vaccine series.
Tuberculosis (TB)	<p>TB is a disease spread through the air from one person to another. It is recommended and/or required that all health care personnel be screened for TB prior to employment and patient interaction. Some health care personnel are recommended or required to be screened for TB annually (varies by state). TB screening may be recommended and/or required for correctional facility workers, first responders, teachers, daycare workers, homeless shelter staff, and others. Employers may choose to screen employees prior to starting employment.</p> <p>Screening for TB can be performed by skin testing or blood test such as the T-spot. A chest X-ray should be performed if the blood or skin test is positive or if there are symptoms consistent with TB disease.</p> <p>Tuberculin Skin Test (TST) – The skin test requires that the employee return in 48-72 hours after its administration to have it read. Two-step skin testing (i.e., administering and reading the TST twice within a three-week period) is recommended for the initial skin testing of adults who will be retested periodically, such as health care workers or nursing home residents.</p> <p>T-Spot (Blood Test) – This blood test is preferred for foreign-born persons who have received the Bacille Calmette-Guérin (BCG) vaccine or employees who may have difficulty returning to have the test read. Two-step testing is not indicated with the blood test. The T-spot is blood work and can only be collected Monday through Thursday. It may take five to seven days to obtain results.</p>

Screening	Comments
Other	Many other tests for infectious diseases are available upon request and clinical approval. This includes tests for screening and treating infectious diseases as part of acute care visits.

Respirator Fit Testing

Concentra offers respirator fit testing through our nationwide footprint of medical centers. Our clinical experts work to ensure comprehensive training for our employees, and adherence to fit testing policies and procedures in accordance with Occupational Safety and Health Administration (OSHA) regulation 29 CFR 1910.134.

We regularly provide qualitative fit testing at our centers *and perform quantitative fit testing in select markets*. The *qualitative fit test* checks an employee's response to chemicals introduced outside the respirator. The response may be voluntary or involuntary, depending on the substance used. (Concentra typically uses Bitrex™ or saccharin.) The *quantitative fit test* uses a fit test machine that measures the particle concentration both inside and outside of the respirator. Quantitative fit testing is primarily for full-face respirators but can be used for all tight-fitting respirators.

2. Testing

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

Drug and Alcohol Testing

DOT-Compliant Urine Drug Screens

Concentra conducts urine drug testing in full compliance with Department of Transportation (DOT) rule 49 CFR Part 40 (Procedures for Transportation Workplace Drug and Alcohol Testing) and adheres to all Substance Abuse and Mental Health Services Administration (SAMHSA) policies and procedures to ensure appropriate chain of custody. By following these procedures in both federal and non-federal testing, Concentra simplifies the collection process, offers the most defensible procedures for our collectors and clients, and provides the optimal level of confidentiality for the donors.

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

Concentra Collectors

Concentra's collector 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.

We summarize each phase of our Collector Certification Program in the following table.

Phase One: Study Guide and Quiz	
Intranet study guide and quiz (required prior to attending Phase Two)	
Phase Two: Classroom Instruction	
Interactive instruction	Written examination (85 percent pass rate required for certification) Completion of Collector Acknowledgement Form
Hands-on collection training	
Phase Three: Proficiency Examination	
Five consecutive, error-free mock collections	One “temperature out-of-range” scenario
Two uneventful collection scenarios	One scenario in which the donor refuses to sign the CCF and initial the specimen bottle’s tamper-evident seal
One “insufficient quantity of urine” scenario	

Collection Process

Concentra uses the DOT-required split specimen collection method, when possible. DOT collection specimens are tested for substances outlined in the most recent regulations. The certified collector and appropriate laboratory adhere to the following guidelines:

- Collect a minimum of 45 milliliters (ml.) of urine
- Divide the specimen into two bottles, 30 ml. in one and 15 ml. into a second bottle
- Seal the specimen appropriately
- Transport each specimen to the laboratory within 24 hours
- Once received, the lab analyzes the primary 30 ml. bottle while the second bottle is held pending a request from the employee for a second test in the event of a verified positive of the primary test result

Observed Collections

We acknowledge that in certain instances, direct observation may be required, and Concentra can meet this requirement.

Specimen Transport

Once the specimen is sealed, a courier picks up the specimen from the collection site via automobile. The collector or collection site must ensure that each specimen collected is shipped to a laboratory as quickly as possible, but in every case, within 24 hours. Specimens are picked up one to two times per day depending on the volume of drug tests being administered at the center location.

Laboratory Urine Drug Screening

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.

Laboratory Urine Screen 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 employer-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 employer-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.

Breath Alcohol Testing

Concentra conducts breath alcohol testing using an evidential breath testing (EBT) device selected from the National Highway Traffic Safety Administration (NHTSA) Conforming Products List for both screening and confirmation testing. To ensure quality results, we calibrate each EBT device daily and after every positive result, without exception. Records of the calibration are filed with a retention period of five years. In addition, personnel performing breath alcohol testing are trained and certified as breath alcohol technicians (BAT) in accordance with Department of Transportation (DOT) guidelines.

Initial Test

Typically, breath alcohol tests that register less than 0.02 g/210 L are reported as negative (for the purposes of DOT) and no additional testing is required. Breath alcohol tests that register 0.02 g/210 L or greater require a second confirmatory test.

Breath Alcohol Confirmation Test

If the confirmatory test is less than 0.02 g/210 L, the results are reported as negative. Breath alcohol results that register 0.04 g/210 L or greater on the confirmation test are immediately reported to the employer. A result that registers 0.04 g/210 L or greater is considered a DOT positive result.

3. Occupational Injury/Workers' Compensation Case Management

- i. Provide preliminary examinations for injuries that are reported to be work related
- ii. Provide follow-up care and case management for work related injuries.
- iii. Provide professional opinion in reviewing employee's work restrictions and duty related leaves of absence.
- iv. Offer rehabilitation services including physical and occupational therapy, worksite, functional capacity and ergonomic evaluations.
- v. Conduct upon request medical and occupational health and safety surveillance examinations to address specific hazardous exposures or conditions in the workplace.
- vi. Conduct physical fitness testing for fire personnel as defined by the National Fire Protection Association (NFPA) 1582
- vii. Conduct executive physicals as required.

By choosing Concentra, the Village is assured that its injured workers would have convenient access to care delivered by our specially trained occupational medicine clinicians and therapists, and according to our outcomes-based clinical practices and rigorous standards of care.

Concentra believes an exceptional workforce health program begins with an integrated system that connects four key components: Employer Engagement, Patient Engagement, Clear Communications, and Quality Medical Outcomes. We also believe to execute the model, a strong partnership between the

employer, the patient, and the medical provider must exist. With this insight, Concentra transformed our model into a best-in-class occupational medicine program that integrates these four key components into a cohesive solution that achieves optimal results.

In the following graphic, we illustrate key phases of the injury care process:



Treatment Approach

Our clinicians are qualified to treat most non-life-/limb-/eyesight-threatening conditions including, but not limited to, those outlined below. We immediately refer more serious conditions to the nearest emergency department.

- | | | |
|----------------------|-----------------------------------|---|
| ▪ Abrasions | ▪ Colds | ▪ Joint injuries |
| ▪ Allergic reactions | ▪ Cumulative trauma | ▪ Lacerations |
| ▪ Back injuries | ▪ Eye injuries | ▪ Rashes |
| ▪ Bites | ▪ Heat-related disorders/exposure | ▪ Skin conditions |
| ▪ Broken bones | ▪ Injuries from falls or lifting | ▪ Sprains/strains (fingers, wrists, ankles) |
| ▪ Burns | | |

Our clinicians apply their deep knowledge of all facets of occupational medicine, utilizing proven methodologies to manage care. We believe there are three keys to success:

- Early treatment
- Early motivation
- Early education

Concentra clinicians address each of these key components using a blended and balanced approach that is built on:

- Skillful management of processes and events
- Productive communication
- The injured employee taking responsibility for their role in recovery

Skillful management of processes and events make up the structure and flow of an individual case and require the clinician to take a leadership role and direct activities on an ongoing basis. Processes and events include frequency and timing of visits to the medical center, communication with the Village, and referral patterns for consultations and diagnostic testing. Our clinicians monitor, manage, and sequence

the processes and events from start to finish. We even follow the case after referral(s) to specialist(s) to help maintain control of the case.

Productive communication starts with the creating a therapeutic alliance with the injured employee. This gives our clinician the opportunity to establish a diagnosis and carefully consider other health or lifestyle factors that may impact treatment or outcomes. The therapeutic alliance provides the basis for constructive dialogue and helps ensure the injured employee understands his/her diagnosis, treatment plan, and expected outcomes.

Concentra clinicians provide high quality care, supporting recovery, return to work, and cost benefits.

Physical and Rehabilitation

Therapy is one of Concentra's core competencies, encompassing physical, occupational, and massage therapy, as well as athletic training services in specific locations. *More than 60 percent of our therapists are certified in manual therapy and highly skilled in the treatment of cumulative trauma disorders. About five percent of our therapists are certified hand therapists.*

In Concentra's practice, we frequently utilize physical therapy as an adjunct to injury treatment. This approach not only builds patient confidence and activity levels, but also assists our clients in their efforts to manage injury costs. This model has proven effective for both work-related and non-work-related conditions. Our physical therapy solution includes specialized treatment for orthopedic musculoskeletal injuries, including upper extremity and hand injuries, by addressing functional limitations and focusing the patient on returning to work quickly and safely. Key components of our treatment model include:

Team Approach

Collaboration among the therapist, treating physician, employer, and the employee to achieve optimal care.

Early Intervention

Initiation of prompt treatment of injured employees has an important impact on the claim. Our data suggests that workers treated within the first 24 hours are more likely to return to work in a week or less.

Expectation of Recovery

The most effective opportunity to set an expectation of recovery and return to work is the employee's first visit.

Function-oriented Treatment

Rehabilitation defined in functional terms that relate to the employee's essential job functions and demands of daily life rather than improvement of symptoms.

Concentra's treatment model redefined the physical therapy industry in 1992 and we continue to advance our expertise, professionalism, and hands-on approach through customized treatment plans that speed recovery and provide ways to prevent re-injury.

Return-to-work Philosophy

Concentra ascribes to the philosophy that injured employees recover better when they can return to normal activities quickly. Our proven methodology focuses on increasing function to expedite the employee's safe and sustainable return-to-work. Our clinicians would communicate with the Village, perform job analyses, and, whenever possible, arrange for limited duty to avoid lost time and productivity. Our clinicians would also educate the injured employee on ways to enhance function. We encourage support from front-line supervisors and can also perform return-to-work evaluations to help ensure the injured employee is able to meet the essential job functions.

Referrals and Care Management

If our clinician determines an employee's medical condition requires specialty care or testing, he/she puts Concentra's efficient referral management process into action. Our streamlined approach helps ensure

prompt and appropriate treatment and continuity of care for better clinical and cost containment outcomes.

While Concentra operates an extensive national medical center network, we are independent of hospital systems and physician groups. This allows our clinicians to make referral decisions from a patient-focused perspective, selecting appropriate clinical resources to deliver quality care. In addition, we are committed to shared decision-making. This means we would include the employee as an active participant in the referral management process. We would focus on education, decision aids, and transparency to create a partnership between our clinician, the employee, the Village, and other relevant parties for effective care management and early case resolution.

Specialist Selection

Concentra involves specialists in the patient's care plan when:

- The medical issue extends beyond the skills and capabilities of our center staff
- Medical evidence exists of a condition that cannot be treated within the center
- Specialty diagnostic testing is required

We refer to specialists who share our commitment to evidence-based medicine. In doing so, we base specialist selection on the following provider attributes:

Successful medical outcomes and reputation within the community

- Ability to schedule timely appointments
- Willingness to collaborate with the center staff
- Ability to provide cost efficient services
- Identified as an authorized provider

Please note that state workers' compensation laws and the carrier's requirements may preclude Concentra from selecting specialist providers. However, when Concentra has a choice, we prefer to use in-network providers of the employer's health plan as appropriate.

Concentra Advanced Specialist (CAS) Network

Through CAS, we developed direct relationships with local specialists who offer surgical and non-surgical treatment for orthopedic and musculoskeletal injuries, acute work-related conditions, and other disabling injuries. In many Concentra markets, these specialists maintain weekly office hours at our medical centers, providing an added level of convenience.

Third Party Specialists

In addition to our CAS network, Concentra has established relationships with local providers and hospital systems to ensure seamless referral management, timely appointments, and continuity of care.

Ongoing Care Management

Concentra works to ensure we provide proactive, collaborative service that promotes quality, cost-effective health care for all your employees. Our clinicians use a patient-centered model to monitor the ongoing care of every injured or ill employee treated, from the first visit until return to full duty or reaching maximum medical improvement (MMI). We establish preferred Health Insurance Portability and Accountability Act (HIPAA)-compliant communication processes with specialists, appropriate client departments (i.e., safety, human resources, etc.), and other entities involved in the patient's care plan to ensure optimum recovery. We also track all specialty referrals, percentage of patients referred, the type of referral, and the medical outcome of each referral to ensure successful resolution of the case.

Functional Capacity Evaluation (FCE)

The functional capacity evaluation (FCE) is a test that documents an employee's current ability to perform work. Our licensed and certified therapists conduct an FCE by assessing the employee from physical, medical, behavioral, and ergonomic perspectives. Through the FCE testing system, the Concentra therapist can clearly document an employee's functional and behavioral patterns and determine his/her ability to return to work. An FCE takes anywhere from 1 ½ - 4 hours to complete, depending on the type of FCE and the employee response. Often, FCE reports can be completed the same day or within 24 hours of the evaluation.

An FCE may also be used in complex workers' compensation situations (e.g., an individual has been out of work for a long time) to assess return-to-work status or a change to medical status. After performing an FCE, we provide the data from this evaluation to the referring medical provider, who sets the impairment rating.

The process for authorizing and scheduling FCEs varies by state and market. It is the responsibility of Concentra therapists who perform FCEs to be aware of state or payor-specific requirements for this evaluation.

Concentra's FCE program utilizes the OccuPro Return-to-Work Software System for collecting information and generating a report. After completing an FCE in OccuPro's Software System, the therapist completes the progress note in Allscripts, scans the completed FCE into Allscripts, and then faxes or emails the FCE report to the designated Concentra Central Business Office (CBO) for the area.

Ergonomic Services

the Village has identified ergonomics as a key factor in the health and safety program of the organization. Concentra knows effective ergonomic programs can benefit employee health and we offer several types of ergonomic services. For the Village, we recommend a program that combines evaluation with analysis. Following is a brief overview of our program components:

- **Ergonomic Education** – An ergonomic training session, usually an hour long, tailored to address supervisors, employees, or both. Prior to the session, an ergonomic specialist tours the workplace to develop an appropriate program.
- **Ergonomic Evaluation** – A more comprehensive service that provides written recommendations to help minimize risk factors and prevent injuries and disorders that result from the overuse of muscles, poor posture, and repetitive movements.
- **Ergonomic Analysis** – The most in-depth ergonomic service Concentra provides; an ergonomic analysis would be performed if the Village requests the development of a custom workstation or other ergonomic solution for an employee.

Concentra would appreciate the opportunity to discuss the implementation of an effective workplace ergonomic program with the Village. We believe we could develop a program that provides numerous benefits, including improved productivity, reduced absenteeism, and lower health care costs.

Medical Surveillance Examinations

Concentra performs medical surveillance examinations for employees who may be exposed to potentially hazardous substances and conditions. Our medical surveillance services include Baseline Surveillance Examination, Baseline Follow Up, Periodic Surveillance Examination, Biologic Monitoring, and Exit Surveillance Examination. These exams vary by the type of exposure, as every kind of exposure has specific requirements defined by the Occupational Safety and Health Administration (OSHA). We maintain medical surveillance exam clinical guidelines for the most common exposure types and employ skilled personnel trained in examination components. Concentra assures that all exam components and results reporting are in accordance with current OSHA regulations.

Regarding medical surveillance examinations, Concentra:

- Renders medical services and abides by the reporting standards in accordance with OSHA requirements including, but not limited to, the following:
 - ✓ 1910.120. Hazardous waste operations and emergency response
 - ✓ 1910.134. Respiratory protection
 - ✓ 1910.1001. Asbestos exposure
 - ✓ 1910.1024. Beryllium
 - ✓ 1910.1030. Bloodborne pathogens
 - ✓ 1910.1053. Respirable crystalline silica
- Follows the recommendations of the Centers for Disease Control and Prevention (CDC)
- Ensures all personnel who perform associated clinical testing maintain the appropriate certifications from National Institute for Occupational Safety and Health (NIOSH) and Council for Accreditation in Occupational Hearing Conservation (CAOHC) to perform such testing (e.g., audiograms, pulmonary function tests, etc.)

Firefighter Physical Examinations NFPA Standard 1582

Concentra performs National Fire Protection Agency (NFPA) and International Association of Fire Fighters (IAFF) examinations for hundreds of municipalities across the United States. We maintain written protocols on all NFPA and IAFF standards and ensure that all personnel who deliver services have the appropriate certifications to perform audiograms, pulmonary function tests, and stress testing. Furthermore, we have physical conditioning protocols and perform job site analyses, physical fitness testing, and more to meet NFPA requirements for our clients.

[Concentra maintains written protocols on all NFPA standards and ensures that our personnel have the appropriate certifications to perform audiograms and pulmonary function tests.]

Concentra recognizes that appropriate physical condition is essential to a firefighter's safety, as well as the public's safety. As such, we share the Village's responsibility to ensure firefighters have the requisite physical and cardiac fitness to perform the essential job functions. Understanding the environmental conditions (including required use of personal protective equipment) in which firefighters perform, we assess their cardiovascular and muscular fitness, and follow fitness guidelines that address the physiological and psychological demands they face on the job.

Our Clinicians' NFPA Expertise

Concentra clinicians are experts in their field and go through extensive occupational health care training specific to firefighters, in accordance with National Fire Protection Agency (NFPA) guidelines. They:

- Understand the physiological, psychological, and environmental demands placed on fire fighters
- Evaluate fire department candidates and employees to identify medical conditions that could affect their ability to safely respond to emergency operations
- Utilize the essential job task descriptions provided by the fire department to determine a candidate's or member's medical certification
- Identify and report the presence of disqualifying medical conditions
- Inform the fire department chief or designee if/when a candidate or current member is assessed as medically fit to safely perform the essential job functions

Confidentiality

Concentra maintains the confidentiality of all medical data. Information firefighters provide to our clinician would not be inappropriately shared. No fire department supervisor or manager shall have access to medical records without the express written consent of the employee. There are occasions, however, when specific medical information is required to make decisions regarding placement, return to work, and

so forth. In these cases, written consent shall be obtained from the employee prior to release of specific medical information.

Executive Physical Examinations

Concentra would continue to partner with the Village and enhance your efforts to protect the health of your top-level team members. We can perform executive physicals to help determine your executives' ability to meet the medical and physical demands of their jobs.

Our process is comprehensive and begins with our clinician's careful review of the executive's medical history. This is followed by a thorough medical examination, which includes, but is not limited to the following:

- Musculoskeletal examination
- Evaluation of the respiratory system
- Gastrointestinal examination
- Examination of head, eyes, ears, nose, and throat
- Skin and lymphatic examination
- Neurological evaluation
- Evaluation of the cardiovascular system
- Visual acuity and vital signs, including, but not limited to blood pressure, and urine dip test

The Village's executives have many demands on their time. As such, we would recommend your executives schedule an examination appointment. In this way, we could perform all examination components required by the Village, and schedule any additional screenings or laboratory services.

When all physical testing, laboratory services and screening studies are complete, a follow-up consultation would be recommended. This allows our clinician to discuss test results with the executive, provide personalized guidelines, and make specific recommendations to help the executive maintain optimal health. A written report would be provided to the executive, as well.

4. Other:

- i. Medical consultation to Village Human Resources staff.
- ii. Provide on-site drug and alcohol testing for Village departments as require including random quarterly Department of Transportation on-site testing.
- iii. Partner with the Village in administering its return to work program.
- iv. Provide or support Federal Motor Carrier Safety Administration Clearinghouse management reporting, through Concentra Medical Compliance Administration.
- v. All medical services and testing shall be performed at the Service Provider's facility or facilities. Testing facilities must be certified pursuant to applicable standards.
- vi. Wellness programs, work hardening, and educational services preferred.
- vii. Services shall be provided on an as-needed basis.
- viii. Participate in wellness programs and screenings to establish and promote a safety and health-conscious culture among Village employees.
- ix. Multiple locations is desirable, including local, regional or national office locations.

Medical Consultation

Concentra acknowledges that the Village desires medical consultation to Village Human Resources and would provide a clinician upon request and mutual agreement with the Concentra clinic staff.

On-site Services

Concentra would conduct on-site drug and alcohol testing for the Villagedepartments as required with appropriate advance notice.

Concentra proposes that our center closest to the Village, the **Bellwood** center, serve as the primary site for the Village's employees. Conveniently located only minutes from the Village's office, the Bellwood facility maintains the essential staffing resources, required equipment, and licensed and credentialed clinicians to perform pre-employment, post-accident, return to work (fitness for duty) physical exams, drug and alcohol testing, both DOT and Non-DOT, and physical testing services.

FMCSA Clearinghouse

The Clearinghouse is a secure online database that gives employers, the Federal Motor Carrier Safety Administration (FMCSA), State Driver Licensing Agencies (SDLAs), and State law enforcement personnel real-time information about commercial driver's license (CDL) and commercial learner's permit (CLP) holders' drug and alcohol program violations.

The Clearinghouse contains records of violations of drug and alcohol prohibitions in 49 CFR Part 382, Subpart B, including positive drug or alcohol test results and test refusals. When a driver completes the return-to-duty (RTD) process and follow-up testing plan, this information is also recorded in the Clearinghouse.

ADA-compliant ADapt[®]

Concentra developed ADapt[®], a pre-placement and return-to-work process, in response to our clients' needs to make objective employment decisions, retain healthy and physically adept employees, and maintain compliance with the Americans with Disabilities Act (ADA).

The ADA does not prevent employers from obtaining medical and related information necessary to evaluate the ability of an applicant or employee to perform essential job functions or to promote health and safety on the job. However, to protect individuals with disabilities from employment actions based on information that is not job-related and consistent with business necessity, the ADA imposes specific obligations on the employer at the following three stages of the employment process:

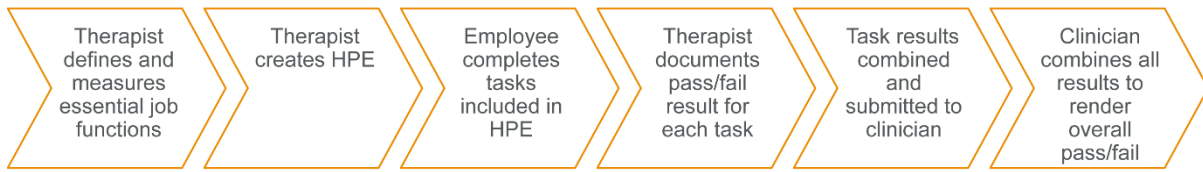
- Prior to making a job offer, an employer may not make any medical inquiry or conduct any medical examination.
- Following a job offer, an employer may make unrestricted medical inquiries, but may not refuse to hire an individual with a disability based on results of such inquiries, unless the reason for rejection is job-related and justified by business necessity.
- After employment, any medical examination or inquiry required of an employee must be job-related and justified by business necessity; exceptions are voluntary examinations conducted as part of employee health programs and examinations required by other federal laws.

Challenges of ADA compliance for the employer and occupational medicine provider include:

- The essential functions of each job must be determined.
- Any examination performed to provide recommendations regarding employment must be job-related and consistent with business necessity.
- All recommendations and resulting employment decisions must be consistent for all job applicants.
- The confidentiality of medical information must be maintained.

The ADapt program:

- Ensures the pre-placement medical examination tests for the essential job functions
- Provides documentation of readiness of an applicant being placed in the appropriate job (and/or an injured employee being able to return to work)
- Furnishes the medical provider and employer with definitive information regarding essential functions of each job with measured criteria
- Assists in the reduction of workers' compensation costs by identifying employees who can safely perform the essential functions of the job



Together, the human performance evaluation (HPE) and medical exam allow the clinician to determine a person's ability to perform essential job functions, which is critical to the client when making objective employment decisions.

ADAPT consists of the following components:

Component	Purpose
Job-site Evaluation	Assist the employer in defining the physical abilities necessary to perform essential functions of specific jobs
Pre-placement/ Return-to-work Evaluation	Correlate the worksite evaluation information with a clinical evaluation that is "job related and consistent with business necessity" This evaluation allows the employer to medically determine a person's ability to perform the essential job functions and objectively assess risk or direct threat
Education and Installation	Establish the ADAPT compliance program for the employer
Analysis and Compliance	Provide the employer with the necessary consistency of employment actions resulting from medical recommendations, and ensure confidentiality of medical information

Job-site Evaluation

When performing the job-site evaluation, the physical therapist:

- Defines the physical abilities necessary to perform essential functions of the job with the employer supervisor
- Measures all physical abilities necessary to perform essential functions of the job
- Verifies with employees that the functions are essential
- Submits the job-site evaluation to the employer supervisor for confirmation

The job-site evaluation results in the following:

Task Description	Human Performance Evaluation (HPE)
The task description is a detailed listing of the functional and non-functional requirements and associated tasks involved in job performance. Task descriptions can be created in approximately 14 to 21 days, depending on the volume of jobs to be constructed. Task descriptions are reviewed and approved by client management.	The HPE is the job-related functional test used in the pre-placement or return-to-work exam process. The physical therapist requires seven to 10 days to create the HPE. Testing can commence within one week of the client's approval of the task description.

C. Program Administration

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

Concentra's Bellwood medical center is available to the Village Monday through Friday during normal business hours starting at 7:00 a.m. to 7:00 p.m.

Appointment Scheduling

Concentra would provide the Village's employees with prompt service. Although our medical centers are primarily "first come, first serve," Concentra can accommodate scheduled appointments if requested, with 24 hours' advance notice. In addition, our medical centers implement "fast track" drug/alcohol testing services where employees experience a 30-minute-or-less wait time for drug specimen collection and/or breath alcohol testing.

Billing and Invoicing

Concentra's Central Business Offices (CBO) maintain responsibility for all aspects of revenue billing and collection within their designated regions, including bill production, cash receipt, payment posting, and account receivable management services. We outline our standard billing process in the following table.

Service Type	Billing/Invoicing Details
Injury Care	<ul style="list-style-type: none">▪ Invoices generated the following business day by the market▪ Utilize standard first report of injury to bill injury care services▪ Term is net 45 days
Non-Injury Care	<ul style="list-style-type: none">▪ Invoices generated weekly by market▪ Includes a minimum of the following for each line item: patient name, date of service, employee's department location (if provided), complete list of services performed▪ Term is net 30 days

Patient Confidentiality

Concentra takes the privacy, security, and protection of confidential and personal information very seriously and we have enterprise-wide strategies and industry leading technologies to maintain compliance with the HIPAA Privacy and Security Regulations.

Concentra's Compliance department incorporates all aspects of HIPAA, information security, privacy, and compliance into our initial colleague training upon hire and annually thereafter. New privacy and security laws and challenges including high profile topics such as phishing, social engineering, and data handling procedures are communicated through corporate communications (e.g., Concentra intranet, internal newsletters, and face-to-face educational programs) on a quarterly basis. We have HIPAA policies and procedures in place to ensure on-going compliance with the HIPAA Privacy and Security Regulations.

We also employ:

- A HIPAA-compliant Business Associate Agreement (BAA) with any third-party whose services provided, and data shared, are subject to the HIPAA regulations
- Concentra-owned, internal documentation systems on our servers, all of which are protected by firewalls and anti-virus technologies that are monitored daily

- A secured intranet for all internal documents and a secured virtual private network (VPN) for authorized remote access
- HIPAA policies and procedures that outline the required privacy and security requirements for handling, maintaining, and disposing of personal health information (PHI)
- Contracted service with a bonded (HIPAA-compliant) vendor to manage the shredding and recycling of paper documents located internally in locked cabinets within our office space (as per the HIPAA guidelines). Our vendor provides an approved form of identification, picks up and removes all materials from our offices, and obtains required signatures from our bonded workers
- Password protected access to all sensitive client files and access only to those staff members with a need to know, who require the files to support direct client services
- Acknowledgement of our HIPAA compliance for all employees within new hire and annual training
- HIPAA regulations regarding proper consent prior to sharing individual PHI with any party, i.e., client (employer), insurance company, or other provider(s), as required

Commitment to Service Excellence

Concentra's customer service philosophy is focused on going above and beyond to deliver a superior patient experience. This philosophy is at the root of our core values and motivates Concentra team members in their ongoing pursuit of excellence.

Concentra has a long and distinguished history and we are proud of our role in shaping the occupational health care consumer experience. More than a decade ago, we recognized that the people we served were expecting more and better services from their health care providers. As a result, Concentra took steps that would revolutionize care delivery and shift the paradigm to create a best-in-class occupational health care approach. We worked with leading consulting firms specializing in customer satisfaction to build and refine our methodology. We benchmarked our approach against other consumer-driven organizations (i.e. Southwest Airlines, Starbucks and Nordstrom), meeting with their executive teams and incorporating their best practices. In addition, Concentra worked directly with Fred Reichheld, a Fellow at Bain & Company and the bestselling author of "The Loyalty Effect" and "The Ultimate Question 2.0" (see page 240 for Concentra reference) to create and shape our program. What started as a good business exercise became a virtual movement at Concentra. We:

- Redesigned our medical centers for a more customer-friendly layout and look
- Redefined our mission/vision/values
- Developed our award-winning "Orange Book" – a 'how to' guide for Concentra team members with specific, common-sense actions that create great service
- Established the Concentra Hall of Fame, recognizing colleagues who embody outstanding service and exemplify our core values

The impact of this effort and our commitment to delivering a superior experience is evident in our patient and customer satisfaction scores even today.

Technology

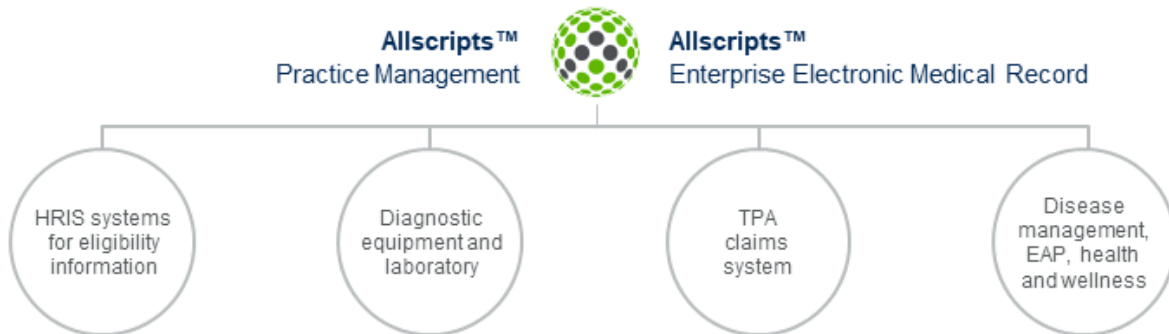
Allscripts TouchWorks® Electronic Health Record (EMR) enables our clinicians to access patient records from any Concentra medical center, onsite clinic, Concentra Telemed, or Concentra TeleRehab site in the country. Our EMR integrates with practice management systems and supports continuity of patient care and an exceptional customer experience. Allscripts provides:

- Computerized order entry and management with electronic integration with laboratory and X-ray vendors
- Supports both onsite dispensing and pharmacy e-prescribing
- Customized clinical documentation templates to support clinical operations
- Best practice, evidence based, diagnosis specific care guides

- Integrated tasking and communication function

Allscripts supports all clinical operations, improves clinical quality, and streamlines the information exchange process to afford our clinicians the ability to quickly and accurately communicate information to the Village and your employees. The system also provides data-driven insights, allowing us to apply population management principles for measurable trend management. Our ability to capture member data in real time from multiple sources helps us learn the health and social behavior patterns unique to each individual and the Village's population in the aggregate.

The following illustration depicts the various features of an APM/TouchWorks technology solution:



6. Collection site to maintain supply of and ensure use of appropriate Chain of Custody (COC) forms in urgent manner following appropriate protocol.

Chain of Custody

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 appears 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

7. Provide program monitoring for DOT and Non-CDL Driver Fitness exams, vaccination program follow-up, respirator testing record maintenance, etc.

8. Maintain records of medical tests, examinations, evaluations, etc. for the retention period required by State and Federal laws and regulations.

9. Provide accurate records and reports as required by State and Federal laws and regulations.

Concentra is committed to quality and we build and continually infuse quality assurance procedures into every phase of our programs. We understand the integral importance of a flexible program that can change, grow, and improve as the needs of a client's population change, and also react quickly to any perceived deficiencies.

Concentra monitors clinical quality and compliance via an Enterprise Quality Improvement Program Committee, which reports through our 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.

Our record retention policy is in accordance with the HIPAA Record Retention regulations of 10 years and as contractually agreed upon for any extended time period after 10 years. Upon contract termination, the records would belong to the Village to the extent allowed by applicable law. While the Village would provide physical storage for the medical records, Concentra's systems that are leveraged to provide services would also store medical records within their secured databases, which are logically segmented from other customer databases and are within encrypted daily, weekly, and annual backups. Additionally, Allscripts and GE Centricity would store the Village's data within their SOC 2 audited data centers.

10. Provide a system that allows for efficient communication and close coordination between the Human Resources staff and the provider's clinical, administrative and billing staff for day-to-day operations needs and questions.

11. Meet with the Village staff and designated representatives as reasonably requested.

Tina Gonzalez, center operations director, would serve as the day-to-day contact for program operations. This individual regularly monitors processes and procedures to ensure ongoing compliance with applicable regulations and guidelines, as well as program specifications. The Center Operations Director (COD) is invaluable to the success of the program and is available to answer questions, address issues, and ensure the program continues to operate efficiently.

12. A minimum of two (2) physicians must be on the National Registry of Certified Medical Examiners as required by DOT regulations for medical certification issuance.

13. Staff shall be trained and experienced in urine specimen collection for drug testing and shall be breath alcohol technician certified. A minimum of two (2) BAT certified staff in practice is required.

We provide credentials for two (2) clinicians on the National Registry of Certified Medical Examiners and a minimum of two (2) BAT certified staff as part of **Attachment B – Key Personnel Qualifications**.

14. Provide convenient online resources and support is preferred.

Concentra HUB

Concentra offers a self-service, online tool for the Village's convenient access to account information, test results, and reporting. The Concentra HUB uses advanced security software to ensure privacy and the protection of employee information.

- Online account management
 - ✓ Access to make edits to your company and location addresses and contacts
 - ✓ View capabilities of all service packages, components, and payors, third-party administrators, and medical review officers
- Timely updates to your employees' non-injury and injury visit results and work restrictions
 - ✓ Full integration of existing employer reports for easy access
 - ✓ Export and print functionality for all accessible reports
 - ✓ Archive and search functions for stored reports provided
- Ability to create, manage, and review employee authorizations online
 - ✓ Electronic creation and transmission of authorization and associated forms
 - ✓ Saving the authorization sends it to Concentra automatically; no need for employee to bring form
 - ✓ Option to print and email authorization to employee is available, but not required
 - ✓ Search and archive functions
- Enhanced security features protect your information
 - ✓ Access control
 - ✓ Database monitoring
- Malware and virus protection
- Intrusion detection and prevention

D. Price Proposal

Service Providers shall provide an itemized list of available procedures and associated prices to fulfill the Scope of Services outlined in this RFP. Under each service list each procedure that will be included and the associated price. If there are services offered at no cost, please indicate services in the list with \$0 indicated for cost.

1. Pre-employment medical exams for safety sensitive staff.
2. Pre-employment medical exams for non-safety sensitive staff.
3. Fitness-for-Duty (return to work) exams.
4. Treatment of work-related injuries and illnesses (office visits, physical therapy, etc.)
5. Non-DOT drug testing collection fees for pre-employment, random, return-to-duty, reasonable suspicion/reasonable cause, post-accident and follow-up.
6. DOT drug testing collection fees for pre-employment, random, return-to-duty, reasonable suspicion/reasonable cause, post-accident and follow-up.
7. BAT testing.
8. Vaccinations.
9. TB Screenings.
10. Respiratory/spirometry exams.
11. Vision exams.
12. Post-exposure screenings and treatment.
13. Preventive care and educational services.
14. Other available services.

Concentra appreciates the opportunity to present our proposed fee schedule for the Village's Occupational Health Services program. In addition to the Village's required **Attachment I. Cost Proposal Form** in Section 10, we present the following itemized price list of available procedures and associated prices to fulfill the Scope of Services.

Component	Price	Comment
Metabolic Chem Panel	\$53.00	
CBC W/Differential	\$57.25	
HEP B Titer Surface Antibody	\$61.55	
TB Skin Test 2 Step	\$52.00	
Lipid Profile Blood	\$53.00	
X Ray 2 View Chest	\$103.00	
Physical Exam Fit For Duty	\$67.00	
Physical Exam Respirator	\$61.80	
Physical Exam Non Dot	\$63.65	
Physical Exam Dot	\$79.56	
Cardiac Stress Test -Treadmill	\$335.24	
Drug Screen 10 Panel Non Dot	\$53.04	
Drug Screen 5 Panel Dot	\$57.95	
Breath Alcohol	\$42.00	
Vision Test Ishihara	\$26.50	
Vision Test Titmus	\$31.80	
Questionnaire Respirator	\$42.45	
HEP B Vaccine	\$116.70	
Glucose (fasting)	\$37.15	
Pulmonary Function Test	\$53.04	
Audiogram	\$36.15	
EKG with Interpretation	\$68.95	
Treatment of work-related injuries and illnesses		(office visits, physical therapy, etc.) Concentra bills out charges that are on the IL fee schedule for the appropriate region.

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

E. Forms and Reports

Provide samples of all forms your facility uses to report exam/test results and specify how quickly results will be available for the Village. Indicate which results can be completed, submitted or retrieved online. Please provide samples of invoices, statements and any other accounting reports. Indicate which of these documents can be accessed online.

We provide samples of forms, reports, invoices, statements in **Attachment A – Required Forms and Documents**.

Concentra's self-service, online tool for the Village's convenient access to account information, test results, and reporting. The Concentra HUB uses advanced security software to ensure privacy and the protection of employee information. The following are a few of the items available to employers on the portal:

Injury Visit Related

- First notice of injury letter
- Patient referral report
- Recheck appointment reminder letter
- Employee no-show letter
- Applicable state workers' compensation reports & forms

Employment Physicals

- Pre-placement physical results, related tests, labs,
- and vaccine administration
- HPE results

Substance Abuse Testing Related

- Link to drug screen results portal for pass/fail results
- Alcohol testing form
- Custody and control form

Surveillance Physicals - (OSHA and Employer-mandated)

- Medical surveillance written medical opinion letters
- Respiratory clearance and fit test results
- Medical surveillance physical results, related tests, labs,
- and vaccine administration
- DOT physical result (MEC)

Summary Reports

- Employer patient visit report
- Injury activity status report
- Non-injury activity status report•

F. Legal Compliance

Comply with all state and federal laws and regulations pertaining to occupational health services licensed in the State of Illinois.

Concentra has comprehensive policies and procedures outlining examination requirements in accordance with DOT, OSHA, ADA, and general occupational health. We assure the Village that a trained and appropriately licensed medical professional would perform the required examinations and adhere to all applicable regulations and guidelines specific to the examination.

G. Reference List

1. Provide evidence of the firm's experience in providing service for other unionized municipalities.
2. List other accounts the firm has served and indicate whether the Village may independently contact such accounts for an appraisal of comparable services they have received from your firm.

Concentra has broad experience providing occupational health care services in Illinois. Our knowledge and overall health care expertise uniquely position us to successfully perform the scope of services required by the Village. While our entire experience in Illinois is too extensive to include herein, Concentra offers the following representative sample for the Village. We presently perform a variety of healthcare services for more than 239,000 clients, including many of the Fortune 500 companies (i.e., Best Buy, Target, U.S. Post Office, UPS, and Walmart). Below we provide an abbreviated list of the representative industries Concentra serves.

- | | | | |
|----------------|-----------------|-----------------|------------------|
| ▪ Airline | ▪ Education | ▪ Healthcare | ▪ Military |
| ▪ Call Center | ▪ Financial | ▪ Insurance | ▪ Power |
| ▪ Casino | ▪ Fire Services | ▪ Lab Services | ▪ Retail |
| ▪ Construction | ▪ Food Services | ▪ Law | ▪ Security |
| ▪ Distribution | ▪ Government | ▪ Enforcement | ▪ Transportation |
| | | ▪ Manufacturing | |

Concentra will leverage our understanding of Illinois regulations and guidelines, along with our knowledge of the fire services industry, to ensure successful outcomes during the upcoming contract.

It has been Concentra's privilege to have direct experience serving as the Village's preferred provider for the requested occupational health care services. During our relationship, Concentra has gained extensive knowledge of your guidelines and operational procedures. As a result, we have delivered clear benefits, established effective communication channels, and forged strong relationships with the Village's employees, leadership, and other key program stakeholders. We are prepared to leverage our insight to help ensure we continue to meet the Village's needs and requirements and would consider it an honor to continue delivering the outlined services.

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

	Reference 1	Reference 2	Reference 3
Client Name:	City of Warren	Macomb County	City of Indianapolis
Address:	1 City Square, Suite 410 Warren, MI 48093	1 S Main St, Floor 6 Mt. Clemens, MI 48043	200 E Washington St Indianapolis, IN 46204
Contact Name/Title:	Christina Grusser	Jennifer Smiley	Emory Robinson
Phone Number:	586-574-4653	586-468-5573	317.327.5451
E-mail Address:	cgrusser@cityofwarren.com	jennifer.smiley@maco mbgov.org	emory.robinson@indy.gov

5. Sample forms and reports

Please include copies of sample reports that would be regularly utilized by service provider, indicating the format for receipt (electronic, etc.)

Standard Reporting

Individual patient encounters provide the basis for the reporting system. Our system would create a report for each employee seen at Concentra and would make it available to the Village via the Concentra HUB. Concentra can set up notification for multiple contacts, if desired. The following table outlines examples of our standard visit-based report output.

Sample Reports and Communications	
Activity Status Report	<ul style="list-style-type: none"> Generated after each injury visit Includes the employee's name, company department, date of visit, check-in/check-out time, diagnosis, treating provider, restrictions on duty, next scheduled appointment
Non-Injury Status Report	<ul style="list-style-type: none"> Generated after each non-injury visit Includes the employee's name and demographics, date seen, time checked in and out of the center, results, and remarks
Patient Referral	<ul style="list-style-type: none"> Generated when a referral to a specialist takes place Includes basic demographics, billing information, specialist information, and referrals details (i.e., type of referral, recommendations, priority, notes)

Utilization Reporting

Concentra also offers utilization reports that share key injury information. This report captures all injuries treated at Concentra for each employer, and provides detailed information specific to injury care services, including but not limited to the following:

- Number of employees treated
- Distribution of body category injured
- Number and percentage of cases closed
- Average visits per case
- Percentage of cases referred to a specialist provider
- Percentage of cases referred to physical therapy
- Average days to discharge
- Percentage of cases with off-duty and limited-duty days
- Average number of off-duty and limited-duty days
- Average cost per case
- Comparisons of the project data to the entire client market for the same period

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 Village's designated representative prior to performing any additional testing. Depending on the specific components tested for (i.e., blood or urine analysis), results may take up to five days to report.

Drug and Alcohol Testing

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 Office's

(MRO) review, varies for non-DOT and DOT tests, and may take 48 to 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.

We provide reports in [Attachment A – Required Forms and Documents](#).

6. Client List

Provide a list of all accounts indicating those who are similar to the Village

Concentra has broad experience providing occupational health care services for governments and municipalities. Our knowledge and overall health care expertise uniquely position us to successfully perform the scope of services required by the Village. While our entire experience with similar clients is too extensive to include herein, Concentra offers the following representative sample for the Village's review.

Similar Client Listing	
Village of Bridgeview Employer Services & Workers' Compensation	City of Chicago Employer Services & Workers' Compensation
City of Darien Employer Services & Workers' Compensation	Cook County Employer Services
Village of Schiller Park Employer Services & Workers' Compensation	City of Milwaukee Employer Services & Workers' Compensation
Village of Maywood Employer Services & Workers' Compensation	Milwaukee County Employer Services & Workers' Compensation
City of Countryside Employer Services & Workers' Compensation	City of Kenosha Employer Services & Workers' Compensation

7. References

Provide a list of client references of similar sized and/or municipal accounts which the proposer has served over the past two years and is currently serving. Provide no fewer than five references. Provide a contact person, telephone number, and email address for each referenced customer.

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

	Reference 1	Reference 2	Reference 3
Client Name:	City of Kenosha	Madison Metropolitan School District	City of Indianapolis
Contact Name/Title:	Samantha Schuirmann	Elaine Wirsbinski	Emory Robinson
Phone Number:	262-653-4249	608-663-1748	317.327.5451
E-mail Address:	sschuirmann@kenosha.org	ewirsbinski@madison.k12.wi.us	emory.robinson@indy.gov

	Reference 4	Reference 5	Reference 6
Client Name:	City of Warren	Macomb County	City of Detroit
Contact Name/Title:	Christina Grusser	Jennifer Smiley	Marcus Holmes
Phone Number:	586-574-4653	586-468-5573	313-224-1609
E-mail Address:	cgrusser@cityofwarren.com	jennifer.smiley@macombgov.org	holmesm@detroitmi.gov

8. Cost Proposal

All service providers must utilize Attachment I ("Cost Proposal Form") to officially submit pricing information. The Village may consider individual components of proposal so please advise if any pricing components are contingent upon others. Service providers may provide additional documentation. However, evaluations will utilize Attachment I to compare costs.

Concentra appreciates the opportunity to present our proposed fee schedule for the Village's Occupational Health Services program. We include the Village's required **Attachment I. Cost Proposal Form** in Section 10. Attachments of our response. We affirm all information contained herein is current, complete, accurate, and remains valid for 180 days following the due date, July 1, 2022.

9. License to Provide Service in Illinois and Disclosures

Service providers shall provide an affirmative statement indicating that the Service Provider and all assigned key professional staff have any applicable licenses to provide service in the State of Illinois.

Service providers shall identify and describe any pending or previous litigation the Service Provider was involved in over the past five (5) years which dealt with the quality of services and/or of pricing of products provided.

Concentra is qualified to do business in all 50 states and the District of Columbia; our affiliated physicians, mid-level providers, and physical therapists are licensed to perform healthcare services in more than 40 states, including Illinois.

We have comprehensive policies and procedures, we fully credential all clinical professionals and ensure that their licenses and certifications remain up-to-date, and provide ongoing training to our employees to ensure they remain current on medical guidelines and regulations applicable to the healthcare industry. As evidence of Concentra's qualifications, we include our State of Illinois, Certificate of Good Standing in [Attachment A – Required Forms and Documents](#).

Legal Statement

Concentra is subject to certain legal proceedings, inquiries, claims, and disputes that arise from time to time in the ordinary course of business. Such claims and legal proceedings include employment matters, contractual issues, workers' compensation, professional liability, and general liability matters. Concentra employs various risk transfer methodologies to cover its exposure to risk, including various self-insured programs and high deductible programs. Concentra establishes reserves for its liabilities under those programs based on actuarial analysis that includes the elements of severity, frequency, and jurisdiction, with input from Concentra's legal representatives responsible for the defense of such claims. Concentra believes that its insurance coverage and the reserves established for its claims are sufficient for its operations. Concentra does not believe these legal proceedings or actions, individually or in the aggregate, will have a material adverse effect on our financial position, results of operations, or liquidity.

10. Attachments

Please provide completed copies of all the required attachments:

- I. Cost Proposal Form
- II. Compliance Affidavit
- III. EEO Report
- IV. No Proposal Explanation (if applicable)

If a Service Provider cannot meet any of the specifications, expectations or services in Section II, or takes exception to any of the terms or conditions presented, these exceptions should be distinctly noted in the appropriate sections. If no exceptions are presented, the Village will assume full capabilities as described in Section II.

We provide the requested attachments immediately following.

Attachment I. Cost Proposal Form

The undersigned proposes to furnish Occupational Health Services for the Village of Oak Park as follows:

Fee for Specified Work: – Defined in Price Proposal (Attach)

Hourly Rate(s) for Specified Work – Specify below

Hourly Fee for Onsite Collections for Drug Screens \$ 70.00
 _____ \$ _____
 _____ \$ _____

Other Pricing - Specify below

_____ \$ _____
 _____ \$ _____

Proposal Signature:  _____
3864C02388F94E6...

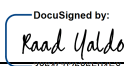
State of TEXAS), County of DALLAS)

Raad Yaldo, DO, President, Treasurer and Corporate Secretary, being first duly sworn on oath deposes and says that the Contractor on the above Proposal is organized as indicated below and that all statements herein made on behalf of such Contractor and that their deponent is authorized to make them, and also deposes and says that deponent has examined and carefully prepared their proposal from the Contract Specifications and has checked the same in detail before submitting their Proposal; that the statements contained herein are true and correct.

Signature of Contractor authorizes the Village of Oak Park to verify references of business and credit at its option. Signature of Contractor shall also be acknowledged before a Notary Public or other person authorized by law to execute such acknowledgments.

Occupational Health Centers of Illinois, P.C. dba Concentra Medical Centers

Organization Name

By:  _____ Dated: June 30, 2022
 Authorized Signature

2615 West Harrison Street Bellwood, IL 60104

Address

708.493.0299

zkelsaw@concentra.com

Telephone

E-mail

Subscribed and sworn to before me this

30 day of June, 2022

 _____
38EF8E561050433...

Notary Public



Attachment II. Compliance Affidavit

I, Raad Yaldo, DO, FACOEM being first duly sworn on oath depose and state as follows:

(Print Name)

1. I am the (title) President, Treasurer and Corporate Secretary of the Proposing Firm ("Firm") and am authorized to make the statements contained in this affidavit on behalf of the Firm.
2. The Firm is organized as indicated on Exhibit A to this Affidavit, entitled "Organization of Proposing Firm," which Exhibit is incorporated into this Affidavit as if fully set forth herein.
3. I have examined and carefully prepared this proposal based on the Request for Proposals and verified the facts contained in the proposal in detail before submitting it.
4. I authorize the Village of Oak Park to verify the Firm's business references and credit at its option.
5. Neither the Firm nor its affiliates¹ are barred from proposing on this project as a result of a violation of 720 ILCS 5/33E-3 or 33E-4 relating to bid rigging and bid rotating, or Section 2-6-12 of the Oak Park Village Code related to "Proposing Requirements".
6. Neither the Firm nor its affiliates is barred from contracting with the Village of Oak Park because of any delinquency in the payment of any debt or tax owed to the Village except for those taxes which the Firm is contesting, in accordance with the procedures established by the appropriate revenue act, liability for the tax or the amount of the tax. I understand that making a false statement regarding delinquency in taxes is a Class A Misdemeanor and, in addition, voids the contract and allows the Village of Oak Park to recover all amounts paid to the Firm under the contract in a civil action.
7. I am familiar with Section 13-3-2 through 13-3-4 of the Oak Park Village Code relating to Fair Employment Practices and understand the contents thereof; and state that the Proposing Firm is an "Equal Opportunity Employer" as defined by Section 2000(E) of Chapter 21, Title 42 of the United States Code Annotated and Federal Executive Orders #11246 and #11375 which are incorporated herein by reference.
8. All statements made in this Affidavit are true and correct.

Signature: 

Printed Name: Raad Yaldo, DO, FACOEM

Name of Business: Occupational Health Centers of Illinois, P.C. dba
Concentra Medical Centers

Your Title: President, Treasurer and Corporate
Secretary

Business Address: 2615 West Harrison Street

(Unit Number, Suite #) _____ (City, State & Zip): Bellwood, IL 60104

Telephone: 708.493.0299 Fax: 708.493.0594 Web Address: www.Concentra.com

Subscribed to and sworn before me this 30 day of June, 2022



Notary Public



¹ Affiliates means: (i) any subsidiary or parent of the bidding or contracting business entity, (ii) any member of the same unitary business group; (iii) any person with any ownership interest or distributive share of the bidding or contracting business entity in excess of 7.5%; (iv) any entity owned or controlled by an executive employee, his or her spouse or minor children of the bidding or contracting business entity.

EEO REPORT

Please fill out this form completely. Failure to respond truthfully to any questions on this form, or failure to cooperate fully with further inquiry by the Village of Oak Park will result in disqualification of this Proposal. An incomplete form will disqualify your Proposal. For assistance in completing this form, contact the Human Resources Department at 708-358-5650.

An EEO-1 Report may be submitted in lieu of this report

Occupational Health Centers of Illinois, P.C. dba Concentra Medical Centers

Consultant Name _____

Total Employees 100 _____

Job Categories	Total Employees	Total Males	Total Females	Males				Females				Total Minorities
				Black	Hispanic	American Indian & Alaskan Native	Asian & Pacific Islander	Black	Hispanic	American Indian & Alaskan Native	Asian & Pacific Islander	
Officials & Managers	31	21	10	2	0	0	5	0	0	0	4	11
Professionals	69	20	49	3	1	0	5	5	3	0	6	23
Technicians	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0
Office & Clerical	0	0	0	0	0	0	0	0	0	0	0	0
Semi-Skilled Laborers	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	100	41	59	5	1	0	10	5	3	0	10	34
Management Trainees	0	0	0	0	0	0	0	0	0	0	0	0
Apprentices	0	0	0	0	0	0	0	0	0	0	0	0

This completed and notarized report must accompany your Proposal. It should be attached to your Affidavit of Compliance. Failure to include it with your Proposal will disqualify you from consideration.

Raad Yaldo, DO, FACOEM

President, Treasurer and Corporate Secretary

(Name of Person Making Affidavit)

(Title or Officer)

Occupational Health Centers of Illinois, P.C. dba Concentra Medical and that the above EEO Report information is true and accurate and is submitted with the intent that it

be relied upon. Subscribed and sworn to before me this 30 day of June, 2022

June 30, 2022

DocuSigned by:
Raad Yaldo
389c7d268f5a2c5

(Signature)

(Date)

Attachment III. M/W/DBE Statue and EEO Report

Failure to respond truthfully to any questions on this form, failure to complete the form or failure to cooperate fully with further inquiry by the Village of Oak Park will result in disqualification of this Proposal. For assistance in completing this form, contact the Department of Human Resources at 708-358-5650.

1. Consultant Name: Occupational Health Centers of Illinois, P.C. dba Concentra Medical Centers
2. Check here if your firm is:
 - ☐ Minority Business Enterprise (MBE) (A firm that is at least 51% owned, managed and controlled by a Minority.)
 - ☐ Women's Business Enterprise (WBE) (A firm that is at least 51% owned, managed and controlled by a Woman.)
 - ☐ Owned by a person with a disability (DBE) (A firm that is at least 51% owned by a person with a disability)
 - ☒ None of the above

[Submit copies of any W/W/DBE certifications]

3. What is the size of the firm's current stable work force?
 - 91 Number of full-time employees
 - 9 Number of part-time employees
4. Similar information will be requested of all sub-consultants working on this agreement. Forms will be furnished to the lowest responsible Consultant with the notice of agreement award, and these forms must be completed and submitted to the Village before the execution of the agreement by the Village.

Signature:  _____

Date: June 30, 2022

Not applicable



Attachment IV. No Proposal Explanation

If your firm does not wish to submit a proposal, please provide us with Attachment IV and include in the space below any comments you may have concerning this proposal or any related factors that prevented you from submitting a response.

Project: Occupational Health Services
Department: Human Resources
Project Name: Occupational Health Services
Date Issued: May 23, 2022

Comments:

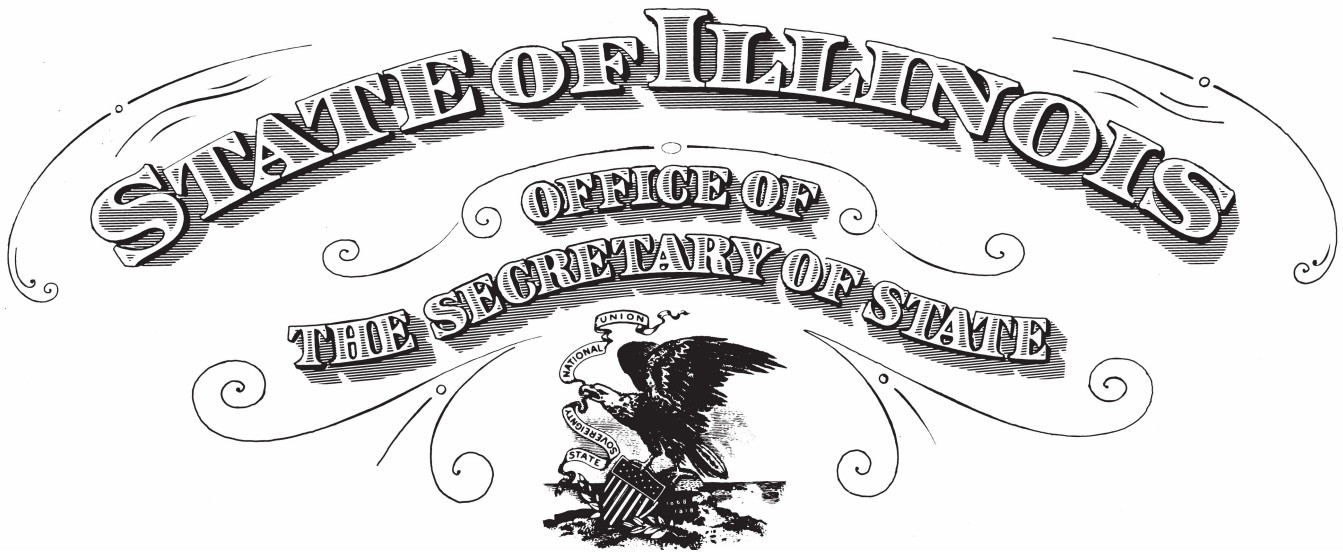
Attachments

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

- A: Required Forms and Documents
- B: Key Employee Qualifications
- C: Legal and Risk

Attachment A

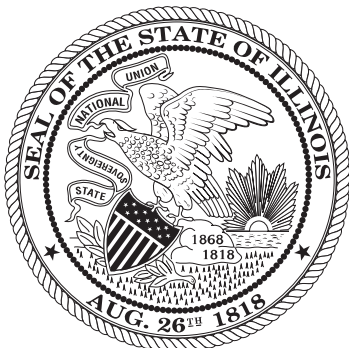
Required Forms and Documents



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

OCCUPATIONAL HEALTH CENTERS OF ILLINOIS, P.C., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 05, 2013, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 20TH
day of JUNE A.D. 2022 .***

Jesse White

SECRETARY OF STATE



Chicago Locations

1. Bedford Park

5015 W 65th St
Bedford Park, IL 60638
Mon-Fri: 8 am - 5 pm
Ph: 708.924.8000
Fx: 708.924.8008

2. Bellwood

2615 W. Harrison St.
Bellwood, IL 60104
Mon - Fri: 7 am - 7 pm
Ph: 708.493.0299
Fx: 708.493.0594

3. Bloomingdale

211 E. Army Trail Rd.
Bloomingdale, IL 60108
Mon - Fri: 7 am - 8 pm
Ph: 630.582.8946
Fx: 630.582.0969

4. Bridgeview

8755 S. Harlem Ave.
Bridgeview, IL 60455
24 Hours, 7 Days a Week
Ph: 708.430.2295
Fx: 708.430.2372

5. Chicago Ashland Ave

(Ashland Ave at I-55)
3145 S. Ashland Ave.
Suite 110
Chicago, IL 60608
Mon - Fri: 7 am - 10 pm
Ph: 773.254.5516
Fx: 773.254.5518

6. Chicago Downtown

614 W. Monroe St.
Chicago, IL 60661
Mon - Fri: 8 am - 5 pm
Ph: 312.258.0700
Fx: 312.258.0705

7. Chicago Midway

6500 West 65th St.
Chicago, IL 60638
Mon - Fri: 7 am - 7 pm
Ph: 708.496.1515
Fx: 708.496.3433

8. Chicago

Pullman District
900 E. 103rd St.
Chicago, IL 60628
Mon - Fri: 8 am - 5 pm
Ph: 773.468.2963
Fx: 773.468.2975

9. Chicago River West

1030 W. Chicago Ave.
Chicago, IL 60642
Mon - Fri: 7 am - 10 pm
Sat: 8 am - 5 pm
Sun: 9 am - 4 pm
Ph: 312.243.1574
Fx: 312.243.1698

10. Chicago West Loop

1230 W. Lake St.
Chicago, IL 60607
Mon - Fri: 8 am - 5 pm
Ph: 312.666.0028
Fx: 312.666.5214

11. Darien

7421 South Cass Ave.
Darien, IL 60561
Mon - Fri: 8 am - 8 pm
Ph: 630.286.5300
Fx: 630.986.1096

12. Elk Grove Village

1830 Jarvis Ave.
Elk Grove Village, IL 60007
Mon - Fri: 8 am - 5 pm
Ph: 847.952.1180
Fx: 847.952.1183

13. Franklin Park

10137 W. Grand Ave.
Franklin Park, IL 60131
Mon - Fri: 7 am - 10 pm
Sat: 8 am - 5 pm
Ph: 847.451.7590
Fx: 847.451.7608

14. Gary

7501 W 15th Ave
Gary, IN 46406
Mon-Fri: 8 am - 5 pm
Ph: 219.977.2090
Fx: 219.977.2091

15. Hammond

6423 Columbia Ave, Unit A
Hammond, IN 46320
Mon-Fri: 7 am - 8 pm
Ph: 219.937.3632
Fx: 219.937.4715

16. Morton Grove

8125 River Dr.
Suite 102
Morton Grove, IL 60053
Mon - Fri: 8 am - 5 pm
Ph: 847.470.1720
Fx: 847.470.1723

17. Schiller Park

4200 N. Mannheim Rd.
Schiller Park, IL 60176
Mon - Fri: 8 am - 5 pm
Ph: 847.801.5170
Fx: 847.801.5176

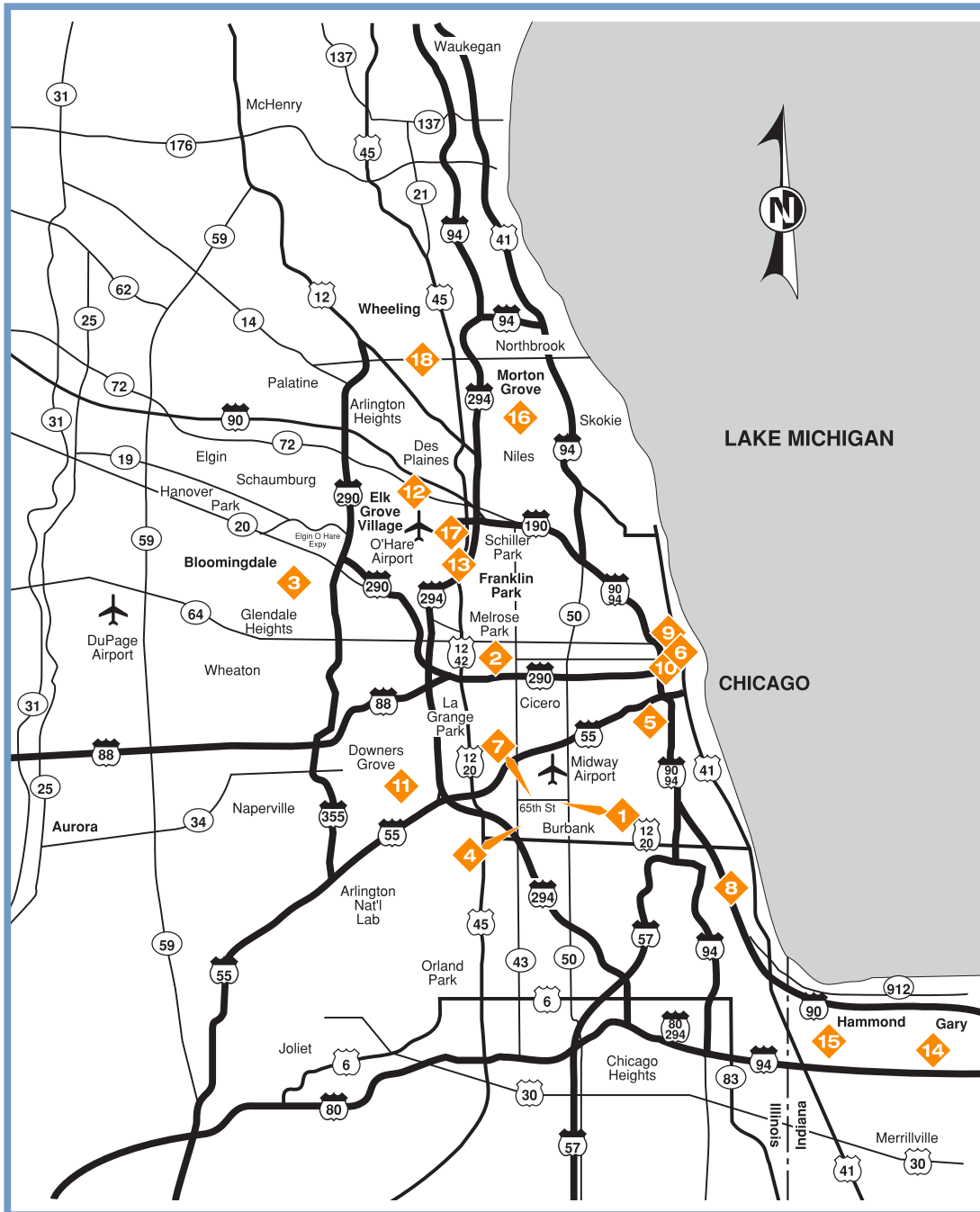
18. Wheeling

544A W. Dundee Rd.
Wheeling, IL 60090
Mon - Fri: 7 am - 9 pm
Ph: 847.419.6974
Fx: 847.419.6982

- Work-related injuries receive immediate triage assessment.
- Pre-placement and DOT exam forms are provided, or you may use other DOT approved MER and/or MEC forms.
- No contract is required when working with Concentra. Our fees are competitive and adhere to the applicable state workers' compensation fee guidelines.
- Visit concentra.com/our-locations for a list of locations and driving directions.



Chicago Locations





What is the Concentra Employer Portal?



The Concentra Employer Portal is a self-service, online tool that brings your employees' test results, reporting, and authorizations online—making it easier and more convenient to get the information you need to run your business, when you need it.

The Concentra Employer Portal includes:

- Convenient resource for all your Concentra visit transactions
- Create and print authorizations
- Custom service package designed to fit your unique needs
- Fast account results in less time with direct access 24/7
- Improved control over your account



How does it benefit me?

It's convenient. With the Portal, you no longer have to call us if you want to update your company address, request a new copy of a physical exam or report, or check on the status of an injury report. Better yet, you can do this anytime, anywhere—on any internet-enabled device.

It's secure. We're a health care company. We know how important it is to make sure your information is always protected. The Portal uses advanced security software to protect your information and ensure your privacy, including access control, database monitoring, malware and virus protection, and intrusion detection and prevention.

It's a time-saver. The Portal is 100% self-service—meaning that you can access it when you want to, where you want to, on your own time. You don't have to wait on us or anyone else: it's all about you and your information.

Getting started

Ready to set up your Portal account? Call our Customer Support team at 1-844-305-8868.



Reports Available on the Concentra Employer Portal*



Injury Visit Related

- First notice of injury letter
- Patient referral report
- Recheck appointment reminder letter
- Employee no-show letter
- Applicable state workers' compensation reports & forms



Employment Physicals

- Pre-placement physical results, related tests, labs, and vaccine administration
- HPE results



Substance Abuse Testing Related

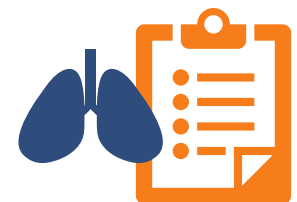
- Link to drug screen results portal for pass/fail results
- Alcohol testing form
- Custody and control form



Surveillance Physicals

(OSHA and Employer-mandated)

- Medical surveillance written medical opinion letters
- Respiratory clearance and fit test results
- Medical surveillance physical results, related tests, labs, and vaccine administration
- DOT physical result (MEC)



Summary Reports

- Employer patient visit report
- Injury activity status report
- Non-injury activity status report



*Additional reports available by request.



I N V O I C E

Tax Id: 75-2014828
Account: N20-1184000061
Invoice: 8083Aug13 **Balance:** \$220,889.36

Remit To: Occupational Health Centers of
the Southwest, P.A., P.C.
PO Box 82730
Hapeville, GA 30354-0730
(800) 686-0468
Invoice Date: 08/1/2013 – 08/31/2013
Date Printed: 08/19/2013

Bill To: ABC Company
MRO A/P Dept
123 Every Lane
PO#2700269710
SomeWhere, AL 11111-2222

Location: ABC Company
John Smith
123 Every Lane
Some Where, AL 11111

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE.

Date	Name/ Inv Number	Charge Description	Charge Amount	Pmts/ Adjmnts
08/31/2013		On Site Fee Clinic I	\$155,033.44	
08/31/2013		On Site Fee Clinic II	\$ 65,855.92	
		Balance Due		\$220,889.36

Remit To: Occupational Health Centers
Of the Southwest, P.A., P.C.
Account: N20-1184000061
Inv Date: 08/01/2013 – 08/31/2013

If you would like to pay your account by Visa, Master Card
or American Express please call us at 1-800-686-0468.

PAYMENT DUE UPON RECEIPT



INVOICE

Tax Id: 75-2014828
Account:
Invoice:

Balance: \$

Remit To: Occupational Health Centers
of the Southwest, P.A.
PO Box 18277
Baltimore, MD 21227-0277
(888)809-3214
Invoice Date: 05/31/2016 - 05/31/2016
Date Printed: 06/20/2016

Bill To:

Location:

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE.

Date	Name / PO Number	SSN / Birth date	Charge Description	Charge Amount	Pmts / Adjmnts
05/31/2016			CS-Management Fee		
05/31/2016			CS-Physician Oversight		
05/31/2016			CS-Certified Occupational Health Quantity @ 2		
05/31/2016			CS-Physician Quantity @ 4		
05/31/2016			CS-Technology Fee		
05/31/2016			CS-Over Time Pay		

Balance Due: \$

Remit To: Occupational Health Centers
Account: of the Southwest, P.A.
Inv Date: 05/31/2016 - 05/31/2016

We appreciate your business. For your convenience we accept
all major credit cards. Please reference the invoice number
when remitting payment.

PAYMENT DUE UPON RECEIPT



INVOICE

Tax Id: 26-2484838
Account:
Invoice: 809142448 Balance: \$21741.30

Remit To: Occupational Health Centers
of North Carolina, P.C.
PO Box 82730
Hapeville, GA 30354-0730
(800)686-0468
Invoice Date: 11/30/2014 - 11/30/2014
Date Printed: 04/01/2015

Bill To:

Location:

PLEASE RETURN THIS PORTION WITH YOUR REMITTANCE.

Date	Name / PO Number	SSN / Birth date	Charge Description	Charge Amount	Pmts / Adjmnts
11/30/2014			CS-Laboratory Fees	10.00	
11/30/2014	,		CS-Medications	456.90	
11/30/2014	,		CS-Printing	16.46	
11/30/2014	,		CS-Postage	6.33	
11/30/2014	,		CS-Medical Supplies	91.89	
11/30/2014	,		CS-Registered Nurse 25.00 hrs	1319.09	
11/30/2014	,		CS-Registered Nurse 160.00 hrs	7643.81	
11/30/2014	,		CS-Mileage	655.20	
11/30/2014	,		CS-On Site Account Manager 22.84 hrs	1477.44	
11/30/2014	Medical Waste,		CS-Additional Services	66.04	
11/30/2014	Registered Nurse,		CS-Over Time Pay 44.50 hrs	3188.90	
11/30/2014	Staffing Agency, 1 shif		CS-On Site Nurse per Hour	6022.80	
11/30/2014	Staffing Agency, Overti		CS-On Site Nurse per Hour	84.04	
11/30/2014	WC Specialist,		CS-On Call Fee	702.40	

Balance Due: \$21741.30

Remit To: Occupational Health Centers
Account: of North Carolina, P.C.
Inv Date: 11/30/2014 - 11/30/2014

We appreciate your business. For your convenience we accept all major credit cards. Please reference the invoice number when remitting payment. Please contact our Central Business Office at 800-686-0468 for additional information.

NON-INJURY ACTIVITY STATUS

Claim Number:	Concentra Medical Centers (FL) 1347 S Andrews Ave Ft Lauderdale, FL 33316 Phone: (954) 767-9999 Fax: (954) 763-9828		Service Date: 10/01/2014	
Non-Injury Work Status Report				
Patient:	Employer Location:		Contact:	
SSN:	Address:		Phone:	
Address:			Fax:	
Home:	Ext.:	Auth. by:	Ext.:	
Work:				

This Visit:

Time In: 07:58 am	Time Out: 08:42 am	Visit Type: New
-------------------	--------------------	-----------------

Reg UDS Collect Random
Regulated UDS Collect Random

Result Status:

Able to perform essential functions
No medical restrictions

Remarks:

Status - Non-Injury

© 1996-2014 Concentra Operating Corporation All Rights Reserved. AA/EEO Employer Revision Date: 01/16/2013

PRE-PLACEMENT PHYSICAL RESULT

Patient:

DOB:

Service Date:

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

_____ 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

	HPE Test Results
	Client Name:
	SSN:
	Date of Test:

Company Name: _____

Job Title: _____

Evaluation Results (*check one*):

_____ **Performs essential job functions**

_____ **Unable to perform essential job functions**

_____ **Test results will be provided by a 3rd party provider**

Evaluator's name/title: _____

Evaluator's signature: _____

Concentra Location: _____

Concentra Phone #: _____

DOT PHYSICAL MER (LONG FORM) (SHOWING PAGE I OF 5 ONLY) AND DOT MEC (DOT CARD)

Form MCSA-5875

OMB No. 2128-0008 Expiration Date: 8/31/2018

Public Burden Statement:
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2128-0008. Public reporting for this collection of information is estimated to be approximately 28 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-88A, 1200 New Jersey Avenue, SE, Washington, DC 20590.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examination Report Form
(for Commercial Driver Medical Certification)

MEDICAL RECORD #

(or sticker)

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____ Age: _____
Street Address: _____ City: _____ State/Province: _____ Zip Code: _____
Driver's License Number: _____ Issuing State/Province: _____ Phone: _____ Gender: ☐ M ☐ F
E-mail (optional): _____ CLP/CDL Applicant/Holder*: ☐ Yes ☐ No
Driver ID Verified By**:

Has your USDOT/MCSA medical certificate ever been denied or issued for less than 2 years? ☐ Yes ☐ No ☐ Not Sure

*CLP/CDL Applicant/Holder. See instructions for definition.

**Driver ID Verified By. Second what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. ☐ Yes ☐ No ☐ Not Sure

Are you currently taking medications (prescription, over-the-counter, herbal/remedies, diet supplements)?
If "yes," please describe below. ☐ Yes ☐ No ☐ Not Sure

(Attach additional sheets if necessary)

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

Page 1

Form MCSA-3070

OMB No. 2128-0008 Expiration Date: 8/31/2018

Public Burden Statement:
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2128-0008. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-88A, 1200 New Jersey Avenue, SE, Washington, DC 20590.

U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate
(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: Knox First Name: William in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 08/16/2019

Medical Examiner's Signature: _____ Medical Examiner's Telephone Number: _____ Date Certificate Signed: 08/16/2017

Medical Examiner's Name (please print or type): _____ ☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____
Medical Examiner's State License, Certificate, or Registration Number: _____ Issuing State: _____ National Registry Number: _____

Driver's Signature: _____ Driver's License Number: _____ Issuing State/Province: _____
Driver's Address: _____ CLP/CDL Applicant/Holder: ☐ Yes ☒ No
Street Address: _____ City: _____ State/Province: _____ Zip Code: _____

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE (PAGE 1 AND 4 OF 7)

OSHA RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE

Date: 06/21/2017 Chart #: _____
 Age: _____ Sex: _____ SSN: _____
 Name: _____ Job Title: _____
 Employer Name: _____ Department: _____

TO THE EMPLOYER

Answers to questions in Section 1, and to question 9 in section 2 of part A, do not require a medical examination. However, it does require that a Physician or Licensed Health Care Professional (PLHCP) review this questionnaire and answer any questions you may have concerning the questions asked in this questionnaire.

TO THE EMPLOYEE

Can you read? (Circle one) Yes No
 Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

TO THE PHYSICIAN OF OTHER LICENSED HEALTH CARE PROFESSIONAL (PLHCP)

Review Part A Sections 1 and 2. When an employee answers YES to any of the questions in Section 2 and the questionnaire is not administered in conjunction with a physical examination, the employee needs to be considered for a follow-up physical examination with particular emphasis on those areas in which the employee answered YES. When an employee answers YES to any of the questions in Section 2 and this questionnaire is completed in conjunction with a physical examination, the physician will place particular emphasis upon those areas to which the employee answered YES. In either situation the PLHCP will complete the "PLHCP's Written Statement" to both the employee and employer within 2 days.

PART A SECTION 1 (MANDATORY)

The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Your height: _____ ft. _____ in.
2. Your weight: _____ lbs.
3. Your job title: _____
4. A phone number where you can be reached by the health care professional who will review this questionnaire (include area code): _____
5. The best time to phone you at this number is: _____ am/ _____ pm.
6. Has your employer told you how to contact the health care professional who will review this questionnaire? (circle one): Yes No
7. Check the type of respirator you will use (you can check more than one category):
 a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
 b. _____ Other type (for example, half - or full-facepiece type, powered - air purifying, supplied - air, self-contained breathing apparatus).
8. Have you worn a respirator (circle one): Yes No
 If "Yes", what type(s): _____

TO BE FILED IN EMPLOYEE'S MEDICAL FILE

r_osh resp_eval

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Print Date: 06/21/2017
 Revision Date: 10/06/2003

TO THE PLHCP

Check ☒ the ONE that applies

- ☐ I have reviewed Part A Section 2 of this questionnaire with the employee and I do not recommend that a physical examination be performed.
- ☐ I have reviewed Part A Section 2 of this questionnaire with the employee and I am recommending that a physical examination be performed.
- ☐ I have reviewed Part A section 2 of this questionnaire without the employee and I do not recommend that a physical examination be performed.
- ☐ I have reviewed Part A Section 2 of this question without the employee and I am recommending that a physical examination be performed.

PLHCP Signature _____

Employee Signature
 (When Available)

Date _____

TO BE FILED IN EMPLOYEE'S MEDICAL FILE

r_osh resp_eval

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Print Date: 06/21/2017
 Revision Date: 10/06/2003

RESPIRATORY EXAM RECORD

Concentra Medical Centers (AZ)

4600 S Park Ave Ste 5 TUCSON, AZ 85714
Phone: (520) 889-9574 Fax: (520) 889-5072

Service Date:

Respiratory Questionnaire And Examination Record

Patient: Address:

SSN:

DOB:

Gender: Phone:

Race: ASIAN (Asiatico) BLACK (negro) HISPANIC (Hispano) INDIAN (Indio) WHITE (blanco) OTHER (otro)

OCCUPATIONAL HISTORY (ANTECEDENTES LABORALES)

Have you worked in:

(Ha trabajado anteriormente en:)

A foundry Yes No

(Una fundidora)

Stone or mineral mining, quarry, Yes No

or processing

(Minas o excavaciones procesamiento de)

Asbestos milling or Yes No

processing

(Molinos de minerales)

Gas or chemical Yes No

(Vapores o gases químicos)

Length of exposure (years) of each "Yes"

(Periodo de tiempo por el cual estuvo usted expuesto)

MEDICAL HISTORY:

(HISTORIA MEDICA)

Do You Wear: Glasses Yes No

Contacts Yes No

Have you ever had: (Ha tenido o padecido de:)

Epilepsy (Epilepsia) Yes No

Diabetes (Diabetes) Yes No

Cancer (Cancer) Yes No

Heat Exhaustion Yes No

(Exhausto debido a altas temperaturas)

Heart Disease Yes No

(Enfermedades del corazón)

CHEST COLD/CHEST ILLNESS

(ESFRIADOS/ENFERMEDADES DEL PECHO)

Have you ever had:

(Ha tenido o padecido de:)

Asthma (Asma) Yes No

Allergies (Alergias) Yes No

Chest Surgery (Cirugía en el pecho) Yes No

Tuberculosis (Tuberculosis) Yes No

Lung Problems Yes No

(Problemas en los pulmones)

If yes, name _____

(Si contestó afirmativamente, explique)

Do you:

Cough first thing in the morning Yes No

(Tos durante las primeras horas del día)

Cough during the day or night Yes No

(Tos durante el día o durante la noche)

Cough up phlegm (mucus) Yes No

first thing in the morning

(Tos con flemas durante las primeras horas del día)

Cough up phlegm (mucus) Yes No

during the day or night

(Tos con flemas durante el día o durante la noche)

Cough up phlegm (mucus)

like this on most days,

3+ months a year Yes No

(Tos con flemas la mayor parte del tiempo o más de)

(3 meses en el año)

SMOKING (FUMAR CIGARRILLOS)

Have you ever smoked Yes No

(Ha fumado alguna vez)

Years _____ Packs/day _____

(Años) (Cajetillas por día)

I hereby certify and have answered the above questions to the best of my knowledge and the the answers are complete and true.

(Por medio de la presente certifico que he contestado a estas preguntas en pleno uso de mis facultades y la información dada veraz.)

Employee signature (Firma del empleado)

RESPIRATOR:

Type _____ Disposable _____

_____ Full Face / Half Mask with cartridge or canister

_____ Other

Reason for wearing a respirator:

Activity level Light % of use _____

Moderate

Heavy

EXAMINATION

Height _____ Weight _____ Pulse _____

Blood Pressure _____ / _____ / _____ Respirations _____

Heart NL AB

Lungs NL AB

Ears NL AB

Ear Drums NL AB

Nose NL AB

Comments: _____

Pulmonary Function Tests:

FVC _____ FEV1 _____ FEV1/FVC% _____

Predicted _____ Predicted _____

Comments: _____

Chest X-Ray: # of views: _____ X-Ray #: _____

Comments: _____

Respirator Fit Test: Pass Fail

RESULTS: (see attached documentation)

_____ Worker is medically qualified for respirator use

_____ Worker is not medically qualified for respirator use

_____ Worker should stop smoking

_____ Worker must shave beard

_____ Worker cannot wear contact lens with respirator,

must use glass conversion kit

Physician's signature Date

PLHCP WRITTEN STATEMENT FOR RESPIRATORS (EMPLOYEE)

PLHCP¹ WRITTEN STATEMENT for RESPIRATORS (EMPLOYEE)

Service Date: _____

Employee Name: _____

Employee SSN: _____

Address: _____

Employer: _____

You were evaluated in this office of your medical status related to your physical capability to wear a respirator. (Check ☒ one that applies)

- ☐ There were no abnormal findings that would hamper your ability to perform your job duties while wearing a respirator.
☐ The abnormal findings listed below were not related to wearing a respirator but should be reported to your personal physician for further evaluation.

Based upon the results of this evaluation it is my opinion that you: (Check ☒ ALL that apply)

- ☐ ARE qualified to wear a respirator.
☐ Have the following restrictions concerning respirator usage: _____
☐ ARE NOT qualified to wear a respirator.
☐ Require further testing by your private physician who must submit a written report of his/her findings to _____ so that a final decision on your ability to wear a respirator can be made.
☐ Must wear Special prescription eye-wear needed to accommodate respirator.
☐ Must use an Eye glass conversion kit.
☐ May need to shave Facial hair to assure tight seal on certain face masks.
☐ Need to stop smoking.

(Check ☒ ALL that apply)

- ☐ The above individual HAS been examined for respirator fitness in accordance with 29 CFR 1910.134. This limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
☐ The above individual HAS NOT been examined by me for respirator fitness. The employee's medical evaluation consisted of a review of OSHA's Medical Evaluation Questionnaire in Appendix C Part A Section 2. In accordance with 29 CFR 1910.134, this limited evaluation is specific to respirator use only. Employees should be instructed to report any difficulties in using respirators or change of any physical status to their supervisor or physician. This evaluation included the Respiratory Questionnaire outlined in 29 CFR 1910.134.
☐ In accordance with specific OSHA requirements, I have informed the above named individual of the results of this evaluation and of any medical conditions resulting from exposures that may require further explanation or treatment. Where applicable, the above named individual has been informed of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos, lead and/or other chemical exposure(s).

Respirators must be properly selected based on the containment and concentration levels to which the worker will be exposed. Failure to follow the use and fitting instruction and warnings for proper use contained on the respirator packaging and/or failure to wear the respirator during all times of exposure can reduce the respirator's effectiveness and result in sickness or death. Wearer must be trained in the proper care of any respirator. Refer to product literature and packaging for specific information regarding fit, use and/or limitations.

PLHCP Signature _____

Employee's Signature _____

PLHCP Name (printed) _____

Expiration Date _____

¹Physician or other Licensed Healthcare Professional

To be maintained in the employee's file with a copy to the employee

MEDICAL SURVEILLANCE PHYSICAL RESULT

Patient: _____ DOB: _____ Service Date: _____

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

- _____ 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

SILICA WRITTEN MEDICAL OPINION FOR EMPLOYER

DATE OF EXAMINATION: _____

EMPLOYEE NAME: _____ DOB: _____

TYPE OF EXAMINATION:

☐ Initial examination ☐ Periodic examination ☐ Specialist examination
☐ Other: _____

USE OF RESPIRATOR:

☐ No limitations on respirator use
☐ Recommended limitations on use of respirator: _____

Dates for recommended limitations, if applicable: _____ to _____
MM/DD/YYYY MM/DD/YYYY

The employee has provided written authorization for disclosure of the following to the employer (if applicable):

☐ This employee should be examined by an American Board Certified Specialist in Pulmonary Disease or Occupational Medicine
☐ Recommended limitations on exposure to respirable crystalline silica: _____

Dates for exposure limitations noted above: _____ to _____
MM/DD/YYYY MM/DD/YYYY

NEXT PERIODIC EVALUATION: ☐ 3 years ☐ Other: _____
MM/DD/YYYY

☐ I attest that the results have been explained to the employee.

The following is required to be checked by the Physician or other Licensed Health Care Professional (PLHCP):

☐ I attest that this medical examination has met the requirements of the medical surveillance section of the OSHA Respirable Crystalline Silica standard (§ 1910.1053(h) or 1926.1153(h)).

Signature of Examining Clinician: _____ Date: _____

Clinician's Name: _____

Office Address: _____ Office Phone: _____

Based on Respirable Crystalline Silica standard (§ 1910.1053- General Industry/Maritime and/or 1926.1153- Construction)

SILICA WRITTEN MEDICAL REPORT FOR EMPLOYEE

DATE OF EXAMINATION: _____

EMPLOYEE NAME: _____ DOB: _____

TYPE OF EXAMINATION:

☐ Initial examination ☐ Periodic examination ☐ Specialist examination

☐ Other: _____

RESULTS OF MEDICAL EXAMINATION:

Physical Examination – ☐ Normal ☐ Abnormal (see below) ☐ Not performed

Chest X-Ray – ☐ Normal ☐ Abnormal (see below) ☐ Not performed

Breathing Test (Spirometry) – ☐ Normal ☐ Abnormal (see below) ☐ Not performed

Test for Tuberculosis – ☐ Normal ☐ Abnormal (see below) ☐ Not performed

Other: _____ ☐ Normal ☐ Abnormal (see below) ☐ Not performed

Results reported as abnormal: _____

☐ Your health may be at increased risk from exposure to respirable crystalline silica due to the following:

RECOMMENDATIONS:

☐ No limitations on respirator use

☐ Recommended limitations on use of respirator: _____

☐ Recommended limitations on exposure to respirable crystalline silica: _____

Dates for recommended limitations, if applicable: _____ to _____
MM/DD/YYYY MM/DD/YYYY

☐ I recommend that you be examined by a Board Certified Specialist in Pulmonary Disease or Occupational Medicine

☐ Other recommendations*: _____

Your next periodic examination for silica exposure should be in: ☐ 3 years ☐ Other:

Signature of Examining Clinician: _____ Date: _____

Clinician's Name: _____

Office Address: _____ Office Phone: _____

*These findings may not be related to respirable crystalline silica exposure or may not be work-related, and therefore may not be covered by the employer. These findings may necessitate follow-up and treatment by your personal physician.

Based on Respirable Crystalline Silica standard (§ 1910.1053- General Industry/Maritime and/or 1926.1153- Construction)

AUDIOMETRIC EXAM RESULT

Concentra Medical Centers (AZ)

4000 S Park Ave Ste 5 TUCSON, AZ 85714
Phone: (520) 889-5074 Fax: (520) 889-5072

Service Date:

Audiometric Examination Record

Patient: _____ Address: _____
SSN: _____
DOB: _____
Gender: _____ Phone: _____

AFFIX AUDIOMETRIC RESULTS HERE:

RESULTS:

- ___ Baseline - yes _____ no _____
___ 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
___ Standard threshold shift noted
___ Recommend repeat audiogram within 30 days
___ Ear protection necessary at 85db. Employee informed.
___ Employee advised to followup with his/her physician.

LEFT EAR RIGHT EAR

500		500	
1K		1K	
2K		2K	
3K		3K	
4K		4K	
6K		6K	
8K		8K	

Hearing Loss Formula: $\frac{500-1000-2000-3000}{4} - 25 \times 1.5$

Comments: _____ Audiometer make & serial no. _____
_____ Calibration date: _____
_____ Technician signature: _____

Signature of physician _____

VISION EXAM RESULT

Concentra Medical Centers (AZ)

4000 S Park Ave Ste 5 TUCSON, AZ 85714
Phone: (520) 889-5074 Fax: (520) 889-5072

Service Date:

Vision Examination Record

Patient: _____ Address: _____
SSN: _____
DOB: _____
Gender: _____ Phone: _____

MEDICAL HISTORY (Historia Medica)

Have you ever had any disease or injury to your eyes? Yes No If Yes, please explain: _____
Alguna vez ha tenido una enfermedad o lesion en sus ojos? Si contestó afirmativamente, explique: _____
Has any member of your immediate family suffered from eye disease (glaucoma, vision loss, tumors, cataracts, etc?) Yes No
Ningún miembro de su familia sufre de una enfermedad de los ojos? (glaucoma, perdida de vision, tumores, cataratas, etc?)
If yes, please explain: _____
Si contestó afirmativamente, explique: _____
Name of physician and date of last eye examination: _____
Nombre del doctor y fecha de la ultima examinacion de vista: _____

Have you ever had disease of, or injury to: (Ha tenido o padecido alguna vez de:)

Back/Spine (Espalda-Espinazo)	Yes No	Back Pain (Dolor de espalda)	Yes No	Nervous Breakdown (Ataque nervioso)	Yes No
Head (Cabeza)	Yes No	Rheumatism (Reumatismo)	Yes No	Excessive Drinking (Tomar exceso)	Yes No
Bones (Huesos)	Yes No	Diabetes (Diabetes)	Yes No	Drug Habits (Habito de drogas)	Yes No
Joints (Articulaciones)	Yes No	Seizures (Ataque repentino)	Yes No	Cancer (Cancer)	Yes No
Heart (Corazon)	Yes No	Dizziness (Desvanecimiento)	Yes No	Varicose Veins (Venas varicosas)	Yes No
Lungs (Pulmones)	Yes No	Asthma (Asma)	Yes No	Encephalitis (Encefalitis)	Yes No
Kidneys (Riñones)	Yes No	TB (Tuberculosis)	Yes No	Stomach Ulcer (Ulcera)	Yes No
Intestines (Intestinos)	Yes No	High Blood Pressure (Presion alta)	Yes No	Incurable Disease (Enfermedad incurable)	Yes No

Do you smoke? Yes No If yes, packs per day: _____
Fuma Usted? Si No Si asi es, cuantos paquetes por día?: _____

Do you take medication regularly? Yes No If yes, please list: _____
Esta tomando alguna medicina regularmente? Si No Si asi es, describa por favor: _____

VISUAL ACUITY

	Uncorrected		Corrected	
	Right	Left	Right	Left
Distance:	_____	_____	_____	_____
Near:	_____	_____	_____	_____

FUNDUS EXAM

	RIGHT	LEFT
Opacities:	_____	_____
Disc: Margins:	_____	_____
Color:	_____	_____
Cup Depth:	_____	_____
V/A:	_____	_____
Foveal Reflex:	_____	_____
Retinal Pathology:	_____	_____

Physician's Signature _____

Concentra Medical Centers (AZ)

4600 S Park Ave Ste 5 TUCSON, AZ
Phone: (520) 889-9574 Fax: (520) 889-5072

Service Date:

Tuberculin Skin Test Results

Patient:

SSN:

Address:

Employer:

Gender:

Date of Birth:

Work Phone:

Home Phone:

THIS SECTION FOR CENTER USE ONLY

Purified protein derivative (PPD): ☐ Tubersol ☐ Aplisol ☐ Lot No: _____ ☐ Expiration Date: _____

Administered by Mantoux technique into: ☐ left forearm ☐ right forearm ☐ PPD not administered

Administered by: _____ Date: _____ Time: _____ am/pm

RESULTS: _____ millimeters of induration (Using a ruler, measure induration, not redness)

Read by: _____ Date: _____ Time: _____ am/pm

☐ TB Screen is NEGATIVE

☐ TB Screen is POSITIVE

Signature: _____ Date: _____

RESPIRATORY FIT TEST RESULT

RESPIRATORY FIT TEST ASSESSMENT RECORD

Service Date: _____ Respirator Type: _____
 Employee Name: _____ Respirator Model: _____
 Employee SSN: _____ Size: _____
 Employer: _____
 Department: _____ Cartridge Type: _____

Qualitative Fit Test (QLFT) Service Package used:

- ☐ Isoamyl Acetate (Respirator must be equipped with an organic vapor filter)
☐ Saccharin Solution (Must use DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent)
☐ Bitrex (Denatonium Benzoate) Aerosol

Quantitative Fit Test (QNFT) Service Package used:

- ☐ _____ Test Chamber: Circle one of the following:

Corn Oil
 Polyethylene glycol 400 (PEG 400)
 di-2-ethyl hexyl sebacate (DEHS)
 Sodium Chloride
 Condensation Nuclei Counter: ambient aerosol

- Yes No Subject donned respirator at least 5 minutes prior to assessment
 Yes No Subject conducted user seal check
 Yes No Apparel interfering with a satisfactory fit must be removed or altered.
 Yes No Subject given a description of the fit test and his/her responsibilities prior to assessment.

Yes No Subject wore applicable safety equipment during fit test

Assessment of Comfort (C: Comfortable, NC: Not Comfortable)

- C NC Position of the mask on the nose
 C NC Room for eye protection
 C NC Room to talk
 C NC Position of mask on face and cheeks

Adequacy of the fit (A: Adequate, NA: Not Adequate)

- A NA Chin properly placed
 A NA Adequate strap tension, not overly tight
 A NA Fit across nose bridge
 A NA Proper size to span length from nose to chin
 A NA Tendency of respirator to slip
 A NA Subject observed self in mirror to evaluate fit and position.

Physician's Comments

- ☐ Passed Fit Test
☐ Failed Fit Test
☐ Applicant presents for fit testing only. Respiratory clearance not presented.

 Technician

Anticipated Usage: _____ Minutes/day
 _____ Hours/day
 _____ Days/week

Exercise (each exercise shall be conducted for one minute except for grimace which shall be conducted for 15 seconds)

Breathing

Normal	Pass	Fall
Deep	Pass	Fall
Turn head left and right	Pass	Fall
Move head up and down	Pass	Fall

Talking

Name	Pass	Fall
SSN#	Pass	Fall
Read	Pass	Fall
Rainbow Passage observed by tester	Pass	Fall

Body Movement

Bend at waist	Pass	Fall
Jog in place	Pass	Fall
Normal Breathing	Pass	Fall

Subject rates comfort of respirator : 1 2 3 4 5 6 7 8 9 10
 Least ----- Most

Yes No Subject made no attempt(s) to adjust respirator during assessment.

Assessment (CHECK ✓ ALL THAT APPLY)

Test discontinued due to:

- ☐ _____ Hair growth; beard, mustache, sideburns which cross respirator sealing surface,
☐ _____ Difficulty breathing, or
☐ _____ Comfort or Fit of respirator was unacceptable to employee.
 Recommendation(s) _____

This record is to be maintained by the employer in accordance with 29 CFR 1910.134 Paragraph (m) (2)(IXA) - (E).
 Re-testing must occur ANNUALLY as long as the employee is required to wear a respirator.

r_resp_fit_test_asses

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Print Date: 06/21/2017

Revision Date: 07/26/2012

PULMONARY FUNCTION TEST RESULT

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[†] _____

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 FEV1 and FVC in Black individuals must be multiplied by 0.85.

† In stocking foot

BTPS: Body Temperature Ambient Pressure Saturated with Water Vapor Calculation.

r_pulmonary_func

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Print Date: 06/21/2017

Revision Date: 06/29/1999

LAB RESULTS

Concentra offers over 350 laboratory tests. There are variable results formats per lab. Most results communicated via a Written Medical Opinion.

VACCINE ADMINISTRATION RECORD



Center Address: _____

Vaccine Administration Record Adult (18 years and older)

Patient name: _____ Birth date: _____

Before administering any vaccines, give the patient copies of all pertinent Vaccine Information Statements (VIS) and make sure he/she understands the risks and benefits of the vaccine(s). Update the patient's personal vaccine record/yellow card (ICVP) or provide new International Certificate of Vaccination or Prophylaxis (ICVP) if for travel. Give the patient a copy of this sheet for the patient's PCP if ICVP not used.

Date Vaccine and VIS Given	VACCINE	SCHEDULE			VIS Date	DOSE	RT	Vaccine Information			SITE		ADMINISTERED BY (Signature)	CLINICIAN ORDER (Signature)
								MFR	Lot #	Exp.	R/L	Part		
	Hepatitis A	Initial			20 JUL 16	1.0 ml	IM	GSK Merck				Deltoid		
		6 months			20 JUL 16	(0.5ml if ≤18)		GSK Merck				Deltoid		
	Hepatitis B	0	0	0	20 JUL 16	1.0 ml	IM	GSK Merck				Deltoid		
		1m	7d	1m	20 JUL 16			GSK Merck				Deltoid		
		4-6m	21d	2m	20 JUL 16			GSK Merck				Deltoid		
			12m	12m	20 JUL 16			GSK Merck				Deltoid		
	Hep A/B Twinrix	0	0		20 JUL 16	1.0 ml	IM	GSK				Deltoid		
		1 mo.	7d		20 JUL 16			GSK				Deltoid		
		6 mo.	21d		20 JUL 16			GSK				Deltoid		
			12m		20 JUL 16			GSK				Deltoid		
	Polio (IPV)				20 JUL 16	0.5 ml	IM SC	Sanofi				Deltoid/ Upper Arm		
	Influenza (Inactivated)				07 AUG 15	0.5 ml	IM					Deltoid		
												Deltoid		
	Japanese Encephalitis Ixio	Initial			24 JAN 14	0.5 ml	IM	Valneva				Deltoid		
		Day 28*			24 JAN 14			Valneva				Deltoid		
		Booster*			24 JAN 14			Valneva				Deltoid		
	MMR	Initial			20 APR 12	0.5 ml	SC	Merck				Upper Arm		
		≥28 days			20 APR 12			Merck				Upper Arm		
	Meningococcal Menactra/ Menveo				31 MAR 16	0.5 ml	IM	Sanofi Novartis				Deltoid		
	Rabies Pre-exposure	Initial			06 OCT 09	1.0 ml	IM	Sanofi Novartis				Deltoid		
		Day 7			06 OCT 09							Deltoid		
		Day 21 or Day 28			06 OCT 09							Deltoid		
	Rabies Post-exposure (5 th dose Day 28 only if immune compromised)	Initial			06 OCT 09	1.0 ml	IM	Sanofi Novartis				Deltoid		
		Day 3			06 OCT 09	1.0 ml	IM					Deltoid		
		Day 7			06 OCT 09	1.0 ml	IM					Deltoid		
		Day 14			06 OCT 09	1.0 ml	IM					Deltoid		
	Td Tetanus/Diphtheria				11 APR 17	0.5 ml	IM	Sanofi Mass Bio				Deltoid		
	Tdap Tet/Dip/Pertussis				24 FEB 15	0.5 ml	IM	Sanofi GSK				Deltoid		
	Injectable Typhoid				29 MAY 12	0.5 ml	IM	Sanofi				Deltoid		
	Oral Typhoid	1 capsule every other day			29 MAY 12	4 caps	PO	Parvax				N/A		
	Varicella Chicken Pox	Initial			13 MAR 08	0.5 ml	SC	Merck				Upper Arm		
		≥28 days			13 MAR 08			Merck				Upper Arm		
	Yellow Fever				30 MAR 11	0.5 ml	SC	Sanofi				Upper Arm		
	Pneumococcal Prevner**				05 Nov 15	0.5 ml	IM	Wyeth				Deltoid		

* Accelerated JE vaccine schedule ages 18-65 yrs. (off-label in the U.S.): Initial and Day 7 Booster: 1 dose. ≥1 year after primary series

** If Pneumovax, Vaxchora, or other vaccine not listed is administered, write in.

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05/2017

VAR-AD

DRUG OR ALCOHOL TEST RESULT

CHAIN OF CUSTODY AND CONTROL FORM (AKA CHAIN OF CUSTODY FORM) (CCF)

ALCOHOL TESTING FORM (ATF)

INJURY ACTIVITY STATUS REPORT

Claim Number:

Concentra Medical Centers (FL)

4455 Medical Center Way West Palm Beach, FL 33407
Phone: (561) 881-0268 Fax: (561) 881-5533

Service Date: 10/01/2014

Case Date: 09/30/2014

Physician Work Activity Status Report

Patient:

SSN:

Address:

Home:

Work:

Ext.:

Employer Location:

Address:

Auth. by:

Auth:

Contact

Role:

Phone:

Fax:

This Visit: Time In: 08:35 am

Time Out: 10:37 am

Recordable: N/A

Visit Type: New

Treating Provider: David F. San Miguel, DO

Diagnosis: 892.0 Foot Laceration

Medications:

- ☐ Dispensed Prescription Medication to Patient
- ☐ Dispensed Over-The-Counter Prescription
- ☐ Written Prescription given to Patient

Patient Status:

Regular Activity - Returning for follow-up visit

Return to regular duty on:

Remarks: KEEP CLEAN AND DRY

Employer Notice:

The prescribed activity recommendations are suggested guidelines to assist in the patient's treatment and rehabilitation. Your employee has been informed that the activity prescription is expected to be followed at work and away from work.

Anticipated Date of Maximum Medical Improvement: 10/15/2014 Actual Date of Maximum Medical Improvement:

Next Visit(s):

Patient Notice: It is essential to your recovery that you keep your scheduled appointments, but should you need to reschedule or cancel your appointment, please contact the clinic. Thank you for your cooperation.

Visit Date:

Provider/Facility:



(Patient Must Present Photo ID at Time of Service)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Street Address: _____ Location Number: _____

Temporary Staffing Agency: _____

Work Related

☐ Injury ☐ Illness

Date of Injury _____

Substance Abuse Testing* (check all that apply)

☐ Regulated drug screen ☐ Breath alcohol

☐ Collection only ☐ Hair collect

☐ Non-regulated drug screen ☐ Rapid drug screen

☐ Other _____

Type of Substance Abuse Testing

☐ Preplacement ☐ Reasonable cause

☐ Post-accident ☐ Random

☐ Follow-up

Special instructions/comments: _____

Physical Examination

☐ Preplacement ☐ Baseline ☐ Annual ☐ Exit

DOT Physical Examination

☐ Preplacement ☐ Recertification

Special Examination

☐ Asbestos ☐ Respirator ☐ Audiogram

☐ Human Performance Evaluation*

☐ HAZMAT ☐ Medical Surveillance

☐ Other _____

Billing (check if applicable)

☐ Employee to pay charges

Authorized by: _____ Title: _____

Please print

Phone: (_____) _____

Date

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)

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FIRST NOTICE OF INJURY LETTER

Date of Service:
Date of Injury:

Attn:

Dear

Your employee received treatment for a new work
related injury at our CMC - Cle Downtown clinic on

The billings for this injury care will be sent to Health Management Solutions. If you have any questions or
information is incorrect, please call our office or fax any changes to the attention of the
Billing Department.

Sincerely,

CMC - Cle Downtown
Central Business Office
888-476-0460
216-447-1889

PATIENT REFERRAL REPORT

Concentra Medical Centers (FL) 7000 HWY 55N St Ste 4 1800W, FL 32127 Phone: (352) 352-3174 Fax: (352) 352-3437		Service Date:
Patient Referral		
Patient Information:		
Patient: SSN: Address:	Home Phone: Work Phone: DOB: DOB:	Ext:
Employer Contact:		
Employer Location: Address: Auth. by:	Contact: Role: Phone: Fax:	Ext.
Program:		
Billing Information:		
Carrier: Address:	Billing: Address:	
Phone: Fax: Notes:	Claim #:	
Referral Contact:		
Contact: Role: Phone: Fax: Email:	Ext.:	
**NOTE TO THE ABOVE FACILITY OR PHYSICIAN: Please send a copy of all reports on this patient to the payer and the center.		
r_referral © 1996-2014 Concentra Operating Corporation All Rights Reserved. AA/EEO Employer Revision: 05/23/2018 Page 1 of 2		

Concentra Medical Centers (FL) 7000 HWY 55N St Ste 4 1800W, FL 32127 Phone: (352) 352-3174 Fax: (352) 352-3437		Service Date:
Patient Referral		
Patient Information:		
Patient: SSN: Address:	Home Phone: Work Phone: DOB: DOB:	Ext:
Facility Referral Information:		
Referral Status: Accepted		
Priority: Routine		
REFERRAL PRESCRIPTION		
Recommended Facility: Facility Type: Test Center		
Facility Service: CT Scan		
Referral Purpose		
Referral Focus	Hemisphere	Ruleout
Abdomen	[none]	Internal derangement
Pelvis	Bilateral	Internal derangement
Diagnosis		Contrast
Code	Description	Without
724.4	Lumbar Radiculopathy	Without
Additional Notes:		
Date:	Referring Provider:	
	*** Provider Signature on File ***	
Appointment		
Visit Date:	Address:	Phone:
Facility:		Fax:
**NOTE TO THE ABOVE FACILITY OR PHYSICIAN: Please send a copy of all reports on this patient to the payer and the center.		
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RECHECK APPOINTMENT LETTER

To:
Date:

REMINDER

Please remind your employee,
that he/she has a follow up appointment at Concentra Medical
Centers , tomorrow.
If they are unable to keep their appointment, please have them call
us at (954) 941-6301 to reschedule. Thank you for your assistance.

EMPLOYER NO SHOW LETTER

CMC - Tucson Craycroft

888 S Craycroft Rd Ste 150
Tucson, Arizona 85711
Phone: (520)747-0446 Fax: (520)747-0417

Client Name
Street Address
City, State ZIP

Employee: Patient Name
SS#: XXXXX #####
Claim #:
Injury Date: 09/27/2018

Client Name:

In reviewing our records we show that Patient Name missed a scheduled appointment with Francis Stagg, MD on 10/24/2018 at 08:30 am. We are concerned about Patient Name and want the patient to understand that it is medically important to keep all scheduled appointments.

Please ask Patient Name to call the Medical Center to reschedule an appointment.

It is our policy to notify the employer in writing or by phone when a patient misses an appointment.

Sincerely,

CMC - Tucson Craycroft

STATE SPECIFIC REPORTS

There are many state specific workers' compensation forms. An example for Texas is shown below as well as the list of state-based forms Concentra provides electronically as of September 2018.

Page **28** of **34**

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Employer Reports	Payor Reports	Central Billing Office Reports
<ul style="list-style-type: none"> • Arizona – 102 FROI • California RFA (RF) • Colorado WC164 • Florida DWC 25 • Louisiana 1010 (RF) • Maine M1 • Nevada C4 • Ohio – C9 (RF) • Ohio- FROI • Texas 073 • Texas 069 	<ul style="list-style-type: none"> • Arizona – 102 FROI • California RFA (RF) • Colorado WC164 • Florida DWC 25 • Nevada C4 • Texas 073 • Texas 069 	<ul style="list-style-type: none"> • Michigan – (BWC-117h) • Arkansas – Physician Report (AR-3) • UTAH 123 • Arizona – 102 FROI • PA LIBC-9 • Maine M1 • NH WCA1 • Oregon-FROI • Hawaii – Physicians Report (WC-2) • RI 29 • RI DWC 27-28 • Colorado WC164 • CA PR-2 • CA 5201 TX 069 • LA 1010 (RF) • Ohio – C9 (RF) • RI –MAB06 (RF) • CA RFA (RF) • Utah221a • Utah221b • Utah221c • OHIO- FROI • NJM Insurance Pre-Cert • Nevada C4 • FL DWC 25 • Delaware-FROI

Manually Reported State Specific Forms

Employer Reports	Payor Reports	Central Billing Office Reports
<ul style="list-style-type: none"> • New Hampshire WCA1 • UTAH 123 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

Employee - You are required to report your injury to your employer within 30 days of your employer has workers' compensation insurance. You have the right to free assistance from the Texas Workers' Compensation Commission and may be entitled to certain medical and income benefits. For further information call your local Commission field office or (800) 452-7031.



Trabajador - Es necesario que usted reporte su lesión a su empleador dentro de 30 días a partir del día en que se lesionó, si su empleador tiene seguro de compensación para trabajadores. La Comisión Texas de Compensación para Trabajadores le ofrece asistencia gratuita, también puede que usted tenga derecho a ciertos beneficios médicos y monetarios. Para mayor información llame a la oficina local de la Comisión 1-800-452-7031.

TEXAS WORKERS' COMPENSATION WORK STATUS REPORT

PART I: GENERAL INFORMATION		5. Doctor's Name and Degree Eusebio M. Morales, MD		(for transmission purposes only)		Date Being Sent	
1. Injured Employee's Name		6. Clinic/Facility Name CMC - DFW Stemmons		8. Employer's Name			
2. Date of Injury	3. Social Security Number	7. Clinic/Facility Doctor Phone & Fax (214)930-0301 (214)905-1313		10. Employer's Fax & Email Address (if known)			
4. Employee's Description of Injury/Accident Patient states "I was moving a wheel dog and injured my right hand."		9. Clinic/Facility/Doctor Address (street address) 2920 N Stemmons Frey		11. Insurance Carrier			
		City State Zip DALLAS TX 75247		12. Carrier's Fax & Email Address (if known)			

PART II: WORK STATUS INFORMATION (FULLY COMPLETE ONE INCLUDING ESTIMATED DATES AND DESCRIPTION IN 13(c) AS APPLICABLE)

13. The injured employee's medical condition resulting from the workers' compensation injury:

☐ (a) will allow the employee to return to work as of _____ (date) without restrictions.

☐ (b) will allow the employee to return to work as of _____ (date) with the restrictions, identified in PART III, which are expected to last through _____ (date).

☐ (c) has prevented and still prevents the employee from returning to work as of _____ (date) and is expected to continue through _____ (date). The following describes how this injury prevents the employee from returning to work:
Regular Activity- Released from care

PART III: ACTIVITY RESTRICTIONS (REQUIRED IF BOX 13(b) IS CHECKED)

14. POSTURE RESTRICTIONS (if any): Max Hours per day: 0 2 4 6 8 Other _____ Standing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Kneeling/Squatting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Bending/Stooping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Pushing/Pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____		17. MOTION RESTRICTIONS (if any): Max Hours per day: 0 2 4 6 8 Other _____ Walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Grasping/Squeezing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Overhead Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Other: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____		19. MISC. RESTRICTIONS (if any): Max hours per day of work: _____ <input type="checkbox"/> Sit/Stretch breaks of _____ per _____ <input type="checkbox"/> Must wear splint/cast at work <input type="checkbox"/> Must use crutches at all times <input type="checkbox"/> No driving/operating heavy equipment <input type="checkbox"/> Can only drive automatic transmission <input type="checkbox"/> No work/ _____ hours/day work: <input type="checkbox"/> in extreme hot/cold environments <input type="checkbox"/> at heights or on scaffolding <input type="checkbox"/> Must keep _____ <input type="checkbox"/> Elevated <input type="checkbox"/> Clean & Dry <input type="checkbox"/> No skin contact with: _____ <input type="checkbox"/> Dressing changes necessary at work <input type="checkbox"/> No running	
15. RESTRICTIONS SPECIFIC TO (if applicable): <input type="checkbox"/> L. Hand/Wrist <input type="checkbox"/> R. Hand/Wrist <input type="checkbox"/> L. Arm <input type="checkbox"/> R. Arm <input type="checkbox"/> Neck <input type="checkbox"/> L. Leg <input type="checkbox"/> R. Leg <input type="checkbox"/> Back <input type="checkbox"/> L. Foot/Ankle <input type="checkbox"/> R. Foot/Ankle <input type="checkbox"/> Other: _____		18. LIFT/CARRY RESTRICTIONS (if any): <input type="checkbox"/> May not lift/carry objects more than _____ lbs for more than _____ hours per day <input type="checkbox"/> May not perform any lifting/carrying <input type="checkbox"/> Other: _____			
16. OTHER RESTRICTIONS (if any): _____ _____ _____		20. MEDICATION RESTRICTIONS (if any): <input type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible safety/driving issues)			

*These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. Note - these restrictions should be followed outside of work as well as at work.

PART IV: TREATMENT FOLLOW-UP APPOINTMENT INFORMATION

21. Work Injury Diagnosis Information: 842.10 Hand Sprain, Unspecified Site 923.20 Contusion of Hand(s) 923.3 Contusion of Finger		22. Expected Follow-up Services Include: <input type="checkbox"/> Evaluation by the treating doctor on _____ (date) at _____ am/pm <input type="checkbox"/> Referral to/Consult with _____ on _____ (date) at _____ am/pm <input type="checkbox"/> Physical medicine _____ X per week for _____ weeks starting on _____ (date) at _____ am/pm <input type="checkbox"/> Special studies (list): _____ on _____ (date) at _____ am/pm <input type="checkbox"/> None. This is the last scheduled visit for this problem. At this time, no further medical care is anticipated.	
Date / Time of Visit	EMPLOYEE'S SIGNATURE	DOCTOR'S SIGNATURE	Visit Type: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up Role of Doctor: <input type="checkbox"/> Designated doctor <input type="checkbox"/> Carrier-selected RME <input type="checkbox"/> DWC-selected RME <input checked="" type="checkbox"/> Treating doctor <input type="checkbox"/> Referral doctor <input type="checkbox"/> Consulting doctor <input type="checkbox"/> Other doctor



TRANSCRIPTION AND TRANSCRIPTION SUMMARY

Concentra Medical Centers 811 NE Highway Blvd Ste 400 SUITE 400, TX 75089 Phone: (972) 355-1211 Fax: (972) 355-1055			
Transcription			
Patient:		Service Date:	
Enc. Sec. #:		Injury Date:	
Date of Birth:	Age:	Employer:	
Service Location:		Dictated By:	
Service ID #:		Diagnosis:	847.2 Lumbar strain

Notes:

Visit History

Total visit(s) (cumulative total): 4
Current episode visit # : 4
Missed Previous Appointments: 0
Therapy referral is valid until No time frame .
of therapy visits authorized: 6.
of authorized visits used: 4 .

Active Problems

Co-morbidities identified per active problem list.

Current Meds

1. Metaxalone 800 MG Oral Tablet (Skelaxin); TAKE 1 TABLET 3 TIMES DAILY AS NEEDED FOR MUSCLE SPASM;
Therapy: to (Evaluate:); Last Rx: Ordered
2. Naproxen 500 MG Oral Tablet; Take 1 tablet twice daily as needed;
Therapy: to (Last Rx:) Ordered

History of Present Condition

Patient Status: Pt reports that he felt good after therapy on Monday but felt very sore and some pain in LB after therapy on Wednesday Pt notes that the NIT was present in his LLE following therapy on Wednesday but has since decreased and is only present in L foot.
Patient reports they are performing their home exercise program twice a day. Pt reports that he has been using a swim noodle to do his core stabilization exercises at home.

Activity Status and Restrictions

Treatment Status:

Dictated On:	Dictated By:
Last Updated:	Last Updated By:
Transcription Printed Date:	

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Concentra Medical Centers 811 NE Highway Blvd Ste 400 SUITE 400, TX 75089 Phone: (972) 355-1211 Fax: (972) 355-1055							
Transcription Summary							
Patient:	SSN:	Service ID:	Service Date:	Case Date:	Dictated By:	Nature of Case:	Diagnosis:
						Leg Injury	929.30 Crush Injury of Foot

EMPLOYER VISIT SUMMARY

Patient Visit Information

Concentra Medical Centers

15810 Midway Road ADDISON, TX 75001
Phone: (972) 458-8111 Fax: (972) 458-7776

Employer: Relocation

Phone:

Fax:

Armstrong Relocation

Service Date	Patient	SSN	Nature of Case	Service Type	Sign In Time	Admit Time	Time Out	Provider	Center
		XXX-XX-	TB Skin Test	New	12:33 PM	12:42 PM	1:08 PM		CMC - DFW Carrollton
		XXX-XX-	Flu Shot	New	12:16 PM	12:16 PM	12:17 PM		CMC - DFW Carrollton
		XXX-XX-	TB Skin Test	New	11:40 AM	11:44 AM	12:16 PM		CMC - DFW Carrollton
		XXX-XX-	TB Skin Test	New	11:40 AM	11:47 AM	12:16 PM		CMC - DFW Carrollton
		XXX-XX-	Flu Shot	New	12:18 PM	12:18 PM	12:18 PM		CMC - DFW Carrollton
		XXX-XX-	Lag Injury - Left	Recheck	10:40 AM	10:41 AM	11:39 AM		CMC - DFW Redbird
		XXX-XX-	TB Skin Test	New	12:23 PM	12:33 PM	1:08 PM		CMC - DFW Carrollton
		XXX-XX-	TB Skin Test	New	1:50 PM	1:53 PM	2:07 PM		CMC - DFW Carrollton

Total Visits: 8

Average Time of Service: 0:24

Average Time In Center: 0:29

d_patient_visit

Page 1 of 1

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AA/EEO Employer Print Date :

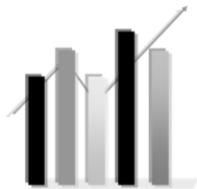
Revision Date: 03/27/2000

LEVEL III REPORT



Akron Client Injury Case Details

For Period 1/1/2017 thru 6/30/2017



7/1/2017 11:24:39 PM

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Concentra

Akron

Dates: 1/1/2017 thru 6/30/2017

Total Closed Cases:	5
Cases Referred to Specialist	1
Cases Referred to PT - All	2
Cases put on Limited Duty	5
Cases put on Off-Duty	0
Avg. Charge per Case	\$1,213.31

Diagnostic Group	Injury Area	Date Closed	Date of Injury	Referred to Specialist	Referred to PT - All	Treated by CMC PT	MD Visits	CMC PT Visits	Limited Duty Case	Limited Duty Days	Lost Duty Case	Lost Duty Days	Total Charges	Case Duration
Torso	Lumbo Sacral	2/17/2017	1/18/2017	N	Y	Y	5	8	Y	16	N	0	\$2,040.18	30
Torso	Thoracic Spine	3/14/2017	3/6/2017	N	N	N	3	0	Y	3	N	0	\$506.85	8
Upper Extremities	Hand	3/14/2017	2/17/2017	N	N	N	4	0	Y	25	N	0	\$759.42	25
Upper Extremities	Shoulder	4/11/2017	2/3/2017	Y	Y	Y	8	4	Y	60	N	0	\$1,997.25	60
Lower Extremities	Knee	6/26/2017	6/1/2017	N	N	N	5	0	Y	18	N	0	\$763.87	25

[1] When injury volume is less than 10 cases/month, summary statistics are not meaningful, therefore, case details allow for more effective assessment of injury utilization.

7/1/2017 11:24:39 PM

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Page 2 of 3

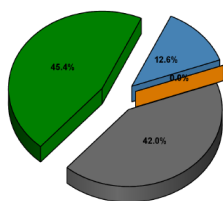
Concentra

- Akron

Dates: 1/1/2017 thru 6/30/2017

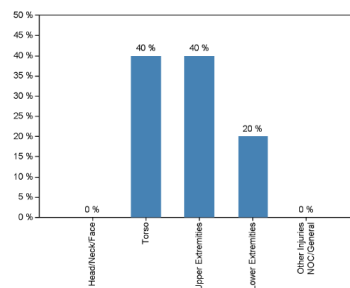
Total Closed Cases:	5
Cases Referred to Specialist	1
Cases Referred to PT - All	2
Cases put on Limited Duty	5
Cases put on Off-Duty	0
Avg. Charge per Case	\$1,213.31

Cost Distribution



Diagnostic Group	Injuries	Injury Charges
Head/Neck/Face	0	\$0.00
Torso	2	\$2,546.03
Upper Extremities	2	\$2,756.67
Lower Extremities	1	\$763.87
Other Injuries NOC/General	0	\$0.00

Injury Frequency



7/1/2017 11:24:39 PM

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Stewardship reports can be requested by sending a form to the Clinical Data Analytics team. These are semi-custom reports created for annual review meetings with Strategic Accounts.

RFP – Occupational Health Services Provider

June 16, 2022 Addendum

1. What are the specific vaccinations you are looking for?

Vaccinations for Hepatitis B are required for first responders and recommended for other front-line workers. Employees may require additional vaccinations, specific to medical guidance under certain conditions, including but not limited to tetanus, rabies, tuberculosis, etc.

2. What are the specific drug panels for Non-DOT?

A standard 10-panel drug screen.

3. In Section 2, subsection B, number 1v, what is post exposure referencing?

Post exposure exams refer generally to an examination following exposure to a communicable disease or toxin, or contaminant, or bodily fluid that may require the need for medical attention. Village staff includes firefighter/paramedics who perform emergency medical services, police officers who perform public safety duties and public works employees who have roles in which they may come into contact with environmental hazards.

4. In Section 2, subsection B, number D13 what does preventative care and educational services reference?

If the occupational health provider has any preventative care or educational service programs specific to municipal workers or occupational health generally, please include as a part of the price proposal. If not, please indicate.

RFP – Occupational Health Services Provider

June 16, 2022 Addendum

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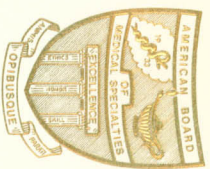
If the occupational health provider has any preventative care or educational service programs specific to municipal workers or occupational health generally, please include as a part of the price proposal. If not, please indicate.

Attachment B

Key Employee Qualifications

The American Board of Preventive Medicine

Incorporated



*Organized to Encourage the Study, Improve the Practice
and Advance the Cause of Preventive Medicine*

This Certifies that

Maria Morton Mahon, M.D., M.P.H.

*having demonstrated to the satisfaction of this Board possession of
special knowledge, is therefore certified for proficiency and specialization in*

Occupational Medicine

Dated: January 20, 1997

Certificate No. 24117

Joseph M. Camella, M.D., M.S.
CHAIR

David C. Rubin, M.D., M.P.H.
VICE CHAIR

James M. Vondra, M.D., M.P.H.
SECRETARY



National Registry of Certified Medical Examiners

The Federal Motor Carrier Safety Administration certifies that

Maria Vlahos

is a *certified Medical Examiner on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners for Medical Doctor, Illinois license number 036093874 which expires on 07/31/2020. Maria Vlahos has completed the required training and testing concerning the Federal physical qualifications and standards for truck and bus drivers and possesses the necessary knowledge and professional credentials to perform physical qualification examinations for commercial motor vehicle drivers in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 – 391.49).*

Issued at: Washington, DC 20590

Date: 12/28/2012

National Registry No.: 7969738618

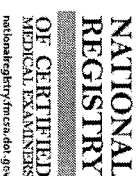
Expires: 05/22/2023

Christine A. Hydock
Christine A. Hydock, Chief

Medical Programs Division



U.S. Department of Transportation
Federal Motor Carrier Safety Administration





2615 W. Harrison Street
Bellwood, IL 60104
Tel: 708 493 0399; Fax: 708 623 1679
EAgoncillo@concentra.com

Emelyn Agoncillo, PT - Center Therapy Director

Education:

Bachelor of Science in Physical Therapy
Emilio Aguinaldo College, Manila Philippines
June, 1988 to March 1993

Work Experience:

- Concentra Medical Centers: Chicago, IL.
Start Date: 5/2018 to present
Title: Center Therapy Director
 - Evaluate and treat work-related injuries in an occupational medicine facility, post-op patients by our in-house specialist.
 - Complete job-specific functional human performance evaluations.

- AOMS to USHW Bellwood, IL.
Start Date: August, 2010 to 5/2018
Title: Staff Physical Therapist
 - Evaluation & treatment of work related injuries, post-op patients from specialists, private insurance (mostly BCBS).

- Gottlieb Memorial Hospital
Start Date: 09/2008 End Date: 8/2010
Title: Part Time Staff
 - Evaluation & treatment in out patient setting from a variety of patient population such as Medicare, private insurance & work related injuries.

- St. Elizabeth-St Mary's Hospital
Start Date: 09/2007 End Date: 09/2008
Title: Registry Physical Therapy (PRN)

- Stay at home parent
Start: 04/2002 to 09/2007

- Center of Balance
Start Date: 03/1999 End Date: 04/2002
Private Clinic in Northlake, IL mostly acute private insurance, Medicare patients

- Contract PT
Start Date: 01/1995 to End Date: 03/1999

Licensures:

- **State Therapy License**
License #: 070.008627 State: IL Status: Active
Issue Date: 12/1994

Certifications

- Currently taking the programs of Institute of Physical Art with the intentions of going through the certification

References:

Available on request.

Certificate of Completion

Drug Screen Collector Qualification Training

Enrique Salvarrey

Has successfully completed Qualification and Proficiency Training and
Is found to be Knowledgeable in the Procedures as documented in the
Concentra Drug Screen Collection Manual

and

U.S. Department of Transportation Mandatory Guidelines, Federal Workplace Drug Testing Program *

07/28/2020

Certification Date

07/28/2025

Expiration Date

Concentra™



Monitor (PD)

* DOT Rule 49 CFR Part 40 Section 40.33 [65 FR 79526, Dec 19, 2000; 66 FR 3885, Jan. 17, 2001, as amended at 66 FR 41950, Aug. 9, 2001; 73 FR 33329, June 12, 2008; 82 FR 52244, November 13, 2017] and Electronic Code of Federal Regulations Part 40 – Procedures for Transportation Workplace Drug Testing Programs.

Certificate of Completion

Enrique Salvarrey

Has successfully completed the

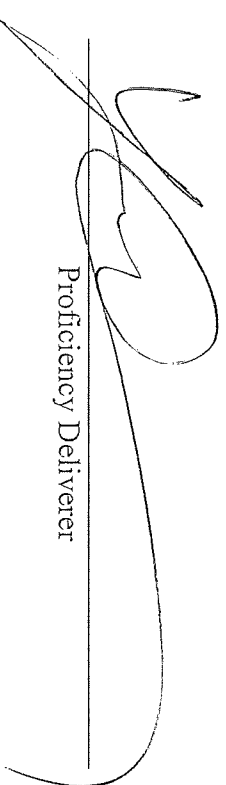
Breath Alcohol Technician

Training Course

☒ Proficient in CFR Part 40 Procedures
☒ Proficient in Operation of EBT

EBT Name/ Model No.:
Alcosensor Vxl

Proficiency Deliverer



09/15/2020

Certification Date
09/15/2025

Expiration Date

Concentra

Certificate of Completion

Jessica Gomez

Has successfully completed the

Breath Alcohol Technician

Training Course

☒ Proficient in CFR Part 40 Procedures
☒ Proficient in Operation of EBT

Alcosensor VxL

EBT Name/ Model No.

4-19-19

Date

Instructor, Concentra Medical Centers

Concentra⁺

Certificate of Completion

Drug Screen Collector Qualification Training

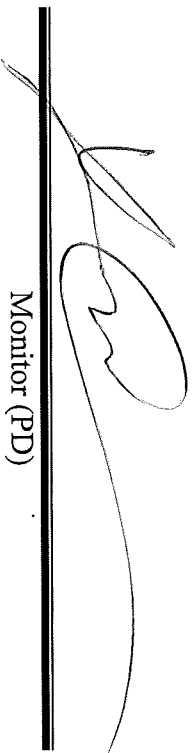
Jessica Gomez

Has successfully completed Qualification and Proficiency Training and
Is found to be Knowledgeable in the Procedures as documented in the

Concentra Drug Screen Collection Manual

and

U.S. Department of Transportation Mandatory Guidelines, Federal Workplace Drug Testing Program *



Monitor (PD)

Concentra™

6/6/19

Date

* DOT Rule 49 CFR Part 40 Section 40.33 [65 FR 79526, Dec 19, 2000; 66 FR 3885, Jan. 17, 2001, as amended at 66 FR 41950, Aug. 9, 2001; 73 FR 33329, June 12, 2008; 82 FR 52244, November 13, 2017] and Electronic Code of Federal Regulations Part 40 – Procedures for Transportation Workplace Drug Testing Programs.

Certificate of Completion

Drug Screen Collector Qualification Training

Laura Zuleta Jolon

Has successfully completed Qualification and Proficiency Training and
Is found to be Knowledgeable in the Procedures as documented in the
Concentra Drug Screen Collection Manual

and

U.S. Department of Transportation Mandatory Guidelines, Federal Workplace Drug Testing Program *

03/11/2011

Certification Date

03/11/2026

Expiration Date

Monitor (PD)

Concentra[®]

* DOT Rule 49 CFR Part 40 Section 40.33 [65 FR 79526, Dec 19, 2000; 66 FR 3885, Jan. 17, 2001, as amended at 66 FR 41950, Aug. 9, 2001; 73 FR 33329, June 12, 2008; 82 FR 52244, November 13, 2017] and Electronic Code of Federal Regulations Part 40 – Procedures for Transportation Workplace Drug Testing Programs.

Certificate of Completion

Laura Zuleta-Jolon

Has successfully completed the

Breath Alcohol Technician

Training Course

- ☒ Proficient in CFR Part 40 Procedures
☒ Proficient in Operation of EBT

Alcosensor Vxl

EBT Name/ Model No.

February 20, 2019

Date

Maria Montal
Instructor, Concentra Medical Centers

Concentra[®]

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
060.012319
036.106164

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
01/01/2022

REGISTERED PROFESSIONAL SERVICE CORPORATION



AMERICAN CURRENT CARE OF ILLINOIS PC
2615 HARRISON ST
BELLWOOD, IL 60104-2450



MARIO TRETO, JR.
ACTING SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

13450188

Cut on Dotted Line



For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3773268

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
060.012320
036.106164

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
01/01/2025

REGISTERED PROFESSIONAL SERVICE CORPORATION



OCCUPATIONAL HEALTH CENTERS OF ILLINOIS PC
2615 HARRISON ST
BELLWOOD, IL 60104-2450



MARIO TRETO, JR.
ACTING SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

16206445

Cut on Dotted Line



For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3773265

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
060.012333
036.106164

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
01/01/2025

REGISTERED PROFESSIONAL SERVICE CORPORATION



US MEDGROUP OF ILLINOIS PC
2615 HARRISON ST
BELLWOOD, IL 60104-2450



MARIO TRETO, JR.
ACTING SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

16376806

Cut on Dotted Line



For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3783563

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
060.012319
036.106164

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
01/01/2022

REGISTERED PROFESSIONAL SERVICE CORPORATION



AMERICAN CURRENT CARE OF ILLINOIS PC
2615 HARRISON ST
BELLWOOD, IL 60104-2450



MARIO TRETO, JR.
ACTING SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

13450188

Cut on Dotted Line



For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3773268

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
060.012320
036.106164

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
01/01/2025

REGISTERED PROFESSIONAL SERVICE CORPORATION



OCCUPATIONAL HEALTH CENTERS OF ILLINOIS PC
2615 HARRISON ST
BELLWOOD, IL 60104-2450



MARIO TRETO, JR.
ACTING SECRETARY

CECILIA ABUNDIS
ACTING DIRECTOR

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16206445

Cut on Dotted Line



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State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

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EXPIRES:
01/01/2025

REGISTERED PROFESSIONAL SERVICE CORPORATION



US MEDGROUP OF ILLINOIS PC
2615 HARRISON ST
BELLWOOD, IL 60104-2450



MARIO TRETO, JR.
ACTING SECRETARY

CECILIA ABUNDIS
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Curriculum Vitae

MARIA F. VLAHOS
MD, MPH

Home Address:
1201 Glenwood Lane
Hoffman Estates, IL 60010

Cell: 224-388-2451
mariaocmed@yahoo.com

CARRER OBJECTIVE

Board certified Occupational Medicine physician with extensive experience in the treatment of work related injuries and illnesses. I am a certified DOT medical examiner and Medical Review Officer.

PROFESSIONAL EXPERIENCE

Concentra, Center Medical Director, Belwood, IL 5/2018 to present
Clinic-based occupational medicine and urgent care center.

U.S. Healthworks Medical Group, Center Medical Director, Chicago, IL 8/2016 to 5/2018
Clinic-based occupational medicine and urgent care center.

Midwest Orthopedics at Rush, Occupational Medicine Physician, Westchester, IL 5/2015 to 7/2016
Clinic-based occupational medicine center. Hospital Affiliation: Rush Oak Park Hospital, IL.

Presence Health System, Occupational Medicine Physician, Elgin, IL 8/2009 – 4/2015
Hospital-based occupational medicine center, Hospital Affiliations: St. Joseph's Hospital, Elgin, IL.
Mercy Medical Center, Aurora, IL.

Chrysler Corporation, Occupational Medicine Physician, Kenosha, WI 8/2008 – 10/2010
Factory-based occupational medicine program. Kenosha Engine Plant

Mercy Health System, Occupational Medicine Physician, McHenry, IL, 4/2005 - 7/2008
Clinic-based occupational medicine program. Hospital Affiliations: Mercy Hospital, Janesville, WI
and Harvard, IL.

Centegra Health System, Occupational Medicine Physician, Woodstock, IL, 9/1996 - 1/2004
Hospital-based occupational medicine program. Hospital Affiliations: Northern Illinois Medical Center,
McHenry, IL, and Memorial Medical Center, Woodstock, IL.

United States Navy, Active Duty, General Medical Officer, Great Lakes, IL, 9/1991 - 9/1994
Great Lakes Naval Hospital. Responsibilities included evaluation and treatment of injuries and
illness of naval recruits, students and staff, and supervision of physicians at a hospital clinic.

EDUCATION

University of Illinois, Chicago, IL, 9/1994-8/1996
Occupational Medicine Residency

School of Public Health, University of Illinois, Chicago, IL, 9/1994-5/1996
MPH (Masters in Public Health)

U.S. Naval Hospital, Jacksonville, FL, 7/1990-9/1991
Family Practice Internship

Rosalind Franklin University of Medicine and Sciences / The Chicago Medical School, MD
North Chicago, IL 7/1986-6/1990

Loyola University of Chicago, Rogers Park, IL, 8/1982-5/1986
Bachelor of Science in Psychology

Curriculum Vitae

CERTIFICATIONS

Board Certified, American Board of Preventive Medicine with specialization in Occupational Medicine. Certificate 24117, 1997-current
Certified Medical Review Officer. Certificate 18-12424, 1997-current
National Registry of Certified Medical Examiners, #7969738618, 2013-current

LICENSES

State of Illinois, Department of Professional Regulation, Physician and Surgeon License, 1996-current
State of Wisconsin, Department of Regulation/Licensing, Medicine and Surgery License, 1995-current

PROFESSIONAL AFFILIATIONS

American College of Occupational and Environmental Medicine, 1995-current
Central States Occupational Medical Association, 1995-current
American College of Preventive Medicine, 1997-current
American Academy of Family Physicians, 1990-1994

INTERESTS

Return to work planning, work fitness, and disability prevention and management.

PERSONAL

US Citizen, born October 10, 1964 in Athens, Greece.

REFERENCES

Available upon request.

National Registry of Certified Medical Examiners

The Federal Motor Carrier Safety Administration certifies that

NICHOLAS M MCHUGH, PA

is a registered medical examiner on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners. NICHOLAS M MCHUGH has completed the required training and testing concerning the Federal physical qualifications and standards for truck and bus drivers and possesses the necessary knowledge and professional credentials to perform physical qualification examinations for commercial motor vehicle drivers in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 – 391.49).

Issued at: Washington, DC 20590

Date: 10/23/2018

National Registry No.: 1293699568

Expires: 10/23/2028

Charles A. Horan III, Director

Office of Carrier, Driver and Vehicle Safety Standards



U.S. Department of Transportation
Federal Motor Carrier Safety Administration



National Registry of Certified Medical Examiners

The Federal Motor Carrier Safety Administration certifies that

Nicholas McHugh

is a certified Medical Examiner on the Federal Motor Carrier Safety Administration's National Registry of Certified Medical Examiners for Physician Assistant, Illinois license number 085.006766 which expires on 03/01/2024. Nicholas McHugh has completed the required training and testing concerning the Federal physical qualifications and standards for truck and bus drivers and possesses the necessary knowledge and professional credentials to perform physical qualification examinations for commercial motor vehicle drivers in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41 – 391.49).

Issued at: Washington, DC 20590

Date: 10/23/2018

National Registry No.: 1293699568

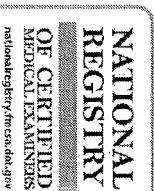
Expires: 10/23/2028

Christine A. Hydock, Chief

Medical Programs Division



U.S. Department of Transportation
Federal Motor Carrier Safety Administration



LONDELL KELSAW

Consistent Team leader

Chicago, IL 60616
londellk@gmail.com
317.496.4763

WORK EXPERIENCE

Concentra

February 2021 to Present

Field Account Executive

Chicago, IL & Wisconsin

- Strategically evaluates and assess customer and prospect needs through various activities conducted throughout sales cycle.
- Analyze organizational charts of prospects and customers to uncover decision makers, influencers, and buying centers to progress the sale.
- Thoroughly research decision makers by persona and industry types in order to formulate solution value proposition.

Cintas

2021

June 2016 to February

Market Development Representative Major Accounts – Chicago, IL (Midwest)

- Utilize expertise in sales leadership to manage accounts in a variety of industries, including general industrial, manufacturing, healthcare, and major food manufacturers.
- Effectively negotiate and close business, and consistently meet and exceed sales quota goals 118% to goal in second quarter and third quarter.
- Develop new business, and manage all aspects of the sale, including placing orders, inspecting quality, directing installations, and transitioning customers to the service team.
- Work closely with all customers using the consultative sales approach to maximize opportunities. Additionally, serve as the Subject Matter Expert for all of Central Indiana and the State of Ohio and Illinois for Healthcare clients such as Amazon, FedEx, St Vincent Hospital and JW Marriott.
- Attend discovery meetings, deliver presentations, and manage all new accounts for 90 days following the sale.
- Currently exceeding goals and on track to earn the "SPIRIT OF EXCELLENCE AWARD" and President Club for 2017-2019 and won rookie of the year in 2017.
- Led the implementation of numerous large accounts for both Indiana and Ohio and Illinois.
- Exceeded annual goal of \$10,000 in Direct Purchase Sales in Q1 of this fiscal year, and achieved over \$62,000 in Direct Purchase Sales by end of Q2.

Weblink International

February 2012 to June 2016

Internet Marketing & Sales Consultant - Indianapolis, IN

- Ranked #2 Year to Date at 103% to goal in 2016.
- Finished March 2016 ranked # 1 in sales at 115% to goal
- Managing relationships with clients.
- Developing and cultivating relationships with leads from multiple sources.
- Designing marketing campaigns to drive prospects to marketing events.
- Making presentations to key decision makers about products and tools for advertising exposure.
- Setting up face-to-face and phone meetings with qualified prospects.
- Meeting and exceeding individual monthly and annual sales goals.
- Providing documentation on new client acquisitions to the Operations team.

Indianapolis Star/Apartments. Com

October 2007 to February 2012

Account Executive - Indianapolis, IN

- 95% to goal for fiscal year 2011.
- Averaged an 8% yearly Net Gain from February 2008 -2012
- Ranked top sales in the Indianapolis rental market from November 2008-February 2012.
- Exceeded sales goals for first and second quarter 2011.
- Managed and directed the Sales Coordinator in client engagement and implementation of sales process.

- Selected as the Indianapolis Star Product Champion 2010.
- Classified Directors Award Winner for 2007, 2008, 2009, 2010, 2011. (based on sales)
- Committee member on the Fun, Golf. and Retention committee for The Indiana Apartment Association
- Demonstrated new sales presentations.
- Managed client control and ancillary products to local and national printer and internet advertisers.
- Developed long lasting customer relationships. by building a consultative sales approach
- Implemented marketing solutions by introducing products to decision makers in order to maximize lead generation.
- Designed intuitive print advertising to increase exposure at apartment communities for prospective renters.
- Engaged in collecting past due amounts from current advertisers.

Yellow Book USA

February 2005 to October 2007

Account Executive - Indianapolis, IN

- Ranked in the top 5% in Net Gain.
- Ranked in top 15% for Increase Sales of current clients.
- Exceeded sales quotas for new clients producing over 125% of plan.

EDUCATION

Bachelor's in Journalism

Indiana University-Bloomington

SKILLS

Business Requirements

Event Marketing

CRM Software

Microsoft Access

Business Development

Salesforce

Social Media Management

Account Management

Business Analysis

Branding

Analytics

Cold Calling

Data Warehouse

Marketing

SQL

User Interface (UI)

Sales Support (8 years)

RTOS (3 years)

GROUPS

Boys and Girls Club

Volunteered at the Boys and Girls Club while at Indiana University.

Bloomington Parks and Recreation

Worked with teenagers at risk in a after-school program to help them get there lives structured and show the teenagers the value of a education while at Indiana University.

ADDITIONAL INFORMATION

Skills

- Proficient in Microsoft office including Outlook, Word, Excel, Microsoft Access and PowerPoint.
- Knowledgeable of Salesforce CRM

- Skillful at training new hires to be expert sales reps
- Proficient in both meeting and exceeding sales goals set before me on an average of 112%
- Experienced in all aspects of selling: needs, analysis and closing
- Experienced in building and maintaining relationships with business partners and customers.
- Ability to integrate into an organization and be productive immediately.
- Utilizes strong communication and active listening skills to identify and define customer needs and business requirements



2615 W. Harrison Street
Bellwood, IL 60104
Tel.: (708) 493-0299 Fax: (708) 493-0594
Email: AgGonzalez@Concentra.com

Tina Gonzalez – Center Operations Director

Education:

- **Morton Community College, Cicero, IL.**
Start Date: 08/2004 End Date: 05/2007
Degree: Associate in Science
- **Lincoln College of Technology**
Start Date: 08/2008 End Date: 07/2009
Certification: Registered Medical Assistant

Work Experience:

- **Westlake Community Hospital, Melrose Park, IL.**
Start Date: 2/1996 End Date: 07/2006
Title: Health Information Assistant
 - General duties: Analyzing medical charts, general filing, recording information into hospital system in a timely manner.
 - Merging of records, retrieval of charts as requested.
 - Answer phones.
 - Handled medical records requests from patients and/or other medical facilities.
 - Order office supplies as needed.
- **Advanced Occupational Medicine Specialists, Bellwood, IL.**
Start Date: 07/2006 End Date: 09/2007
Title: Receptionist
 - Provide excellent customer service to patients/clients in a high patient volume clinic.
 - Answer a high volume of calls, scheduling and filing.
 - Registration and reporting of results.
 - Insurance verification, collect and post payments to patient accounts.
 - Obtained approval for specialty referrals and diagnostic testing.

Start Date: 09/2007

End Date: 02/2009

Title: Office Supervisor

- Staff Schedules
- Provide clinical supervision, training and direction to colleagues.
- Patient care: vitals, blood draws, EKG's, DOT drug and alcohol collector, DOT physicals and PFT's.
- Liaison for the Medical Review Officer for all the after hours testing and on-site testing for clients.

Start Date: 02/2009

End Date: 01/2013

Title: Facility Administrator

- Responsible for daily management of the facility in a variety of administrative duties such as staff schedules, vacation request, interviewing, hiring and payroll assistance.
- Maintain clinic inventory, cost effective in ordering medication, medical and office supplies.
- Coordinate and scheduling of on-site testing.
- Coordinate maintenance of the facility
- Scheduling IME's, EMG's and depositions.
- Handled customer service complaints in as professional manner.

➤ **US HealthWorks Medical Group, Bellwood, IL.**

Start Date: 01/2013

End Date: 06/2014

Title: Office Supervisor

- Provide clinical supervision, training and direction of staff members.
- Check patients in/out and results reporting to clients in a timely manner.
- Maintain clinic inventory, order medication, medical and office supplies.
- Patient care: Vitals, blood draws, EKG's, DOT drug and alcohol collector/trainer, scheduling and billing of on-site services.
- Provide excellent customer service to patients and clients.
- Managed appointments and events via Outlook.

Start Date: 06/2014

End Date: 02/2018

Title: Center Manager

- Responsible for daily center operations and one work site.
- Payroll, time off requests/coverage
- Develop plans and systems to improve processes.
- Staffing Management of colleagues and clinicians.
- Center financials and budgeting.
- Coordinate meetings with new/existing clients regarding their accounts, protocols and billing.

➤ **Concentra Medical Center, Bellwood, IL.**

Start Date: 02/2018

End Date: Present

Title: Center Operations Director

- Responsible for day to day operations.
- Manage key operations metrics.

- Review of key indicator reports in order to achieve annual business plan.
- Financial responsibility for center budget and key business metrics.
- Staffing management.
- Payroll, time off requests/coverage.
- Maintaining relationships of existing clients on a daily basis.
- Promote teamwork, quality, exceptional outcomes and patient safety.
- Work with clinician to support staff competency in regards to all patient needs.
- Colleague weekly schedules
- Maintain center initiatives and work flows.
- Work with leadership to identify gaps and implement changes to ensure optimal patient care and patient/client satisfaction.
- Daily charge entry.

References:

Available on request.

Certificate of Completion

Drug Screen Collector Qualification Training

Yogesh Dhimar

Has successfully completed Qualification and Proficiency Training and
Is found to be Knowledgeable in the Procedures as documented in the

Concentra Drug Screen Collection Manual and

U.S. Department of Transportation Mandatory Guidelines, Federal Workplace Drug Testing Program *

Yesenia Montalvo

Instructor

October 23, 2018

Date

Concentra™

Yesenia Montalvo

Monitor

October 23, 2018

Date

Concentra™

* The DOT operating administrations' rules require that employers conduct drug testing according to provisions of 49 CFR Part 40, "Procedures for Transportation Workplace Drug Testing Programs." Final Rule published in the Federal Register on December 1, 1989, (54 FR 49854), revised on February 15, 1994, as "Procedures For Transportation Workplace Drug and Alcohol Testing Programs" (59 FR 7340) amended 7/96, rewritten effective December 18, 2000. The procedures in 49 CFR Part 40 are based on the Department of Transportation Urine Specimen Collection Guidelines written by the Office of Drug and Alcohol Policy and Compliance published August 2001.

Certificate of Completion

Yogesh Dhimar

Has successfully completed the

Breath Alcohol Technician

Training Course

- ☒ Proficient in CFR Part 40 Procedures
☒ Proficient in Operation of EBT

Alcosensor VxL

EBT Name/ Model No.

Yesenia Montalvo

October 23, 2018

Instructor, Concentra Medical Centers

Date

Concentra⁺

Attachment C

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 Village, 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 Village and Concentra.

M. Service Provider Personnel Assigned to the Village of Oak Park Account(s)

The Village reserves the right to accept or reject any staff designated by the Service Provider to manage the Village account(s). If no suitable replacement staff is provided, the Village reserves the right to terminate the contract.

N. Confidentiality

The Service Provider shall keep the Village's employee information and all related data confidential.

O. Contract Term

The initial contract term shall begin upon approval via resolution by the Board of Trustees for a period not to exceed three (3) years.

P. Contract Renewal

The Village shall have the right to renew the contract for two (2) additional one (1) year terms with all terms and conditions, other than price, remaining the same, upon receipt of the mutual written agreement of Service Provider. The Village shall allow the Contractor to increase or decrease the contract price for each annual renewal provided that the annual price adjustment shall equal the change in the latest published Index (as defined below) as compared to the Index for the previous year. The Index shall be the United States Department of Labor, Bureau of Labor Statistics, (US DOL/BLS) Revised Consumer Price Index for all Urban Wage Earners for Chicago, Illinois – Gary, Indiana – Kenosha, Wisconsin (all items, 1982-1984 = 100). However, the maximum increase in cost shall be capped at five percent (5%) of the previous year's cost.

The Contractor must propose an annual cost adjustment pursuant to the terms of this section with supporting documentation in writing to the Village 60 days before the expiration of the applicable term. If the Village rejects the proposed cost adjustment, the Village shall have the option not to renew the contract for the applicable term.

Q. Tentative Schedule

Below is a tentative schedule for the request for proposal, evaluation of responses, selection and approval of a preferred firm or firms ("Service Providers"):

RFP posted:	June 3, 2022
Proposals due:	<u>July 1, 2022 at 12:00 PM</u>
Proposals reviewed by Personnel Committee:	July 1, 2022 to July 8, 2022
Selection by the selection committee	July 8, 2022
Approval by the Village Board	On or before August 1, 2022
Contract effective date:	September 1. 2022

5. Non-DOT drug testing collection fees for pre-employment, random, return-to-duty, reasonable suspicion/reasonable cause, post-accident and follow-up.
6. DOT drug testing collection fees for pre-employment, random, return-to-duty, reasonable suspicion/reasonable cause, post-accident and follow-up.
7. BAT testing.
8. Vaccinations.
9. TB Screenings.
10. Respiratory/spirometry exams.
11. Vision exams.
12. Post-exposure screenings and treatment.
13. Preventive care and educational services.
14. Other available services as mutually agreed to by both parties.

E. Forms and Reports

Provide samples of all forms your facility uses to report exam/test results and specify how quickly results will be available for the Village. Indicate which results can be completed, submitted or retrieved online. Please provide samples of invoices, statements and any other accounting reports. Indicate which of these documents can be accessed online.

F. Legal Compliance

Comply with all state and federal laws and regulations pertaining to occupational health services licensed in the State of Illinois.

G. Reference List

1. Provide evidence of the firm's experience in providing service for other unionized municipalities.
2. List other accounts the firm has served and indicate whether the Village may independently contact such accounts for an appraisal of comparable services they have received from your firm.

Section III. RFP Response Instructions

Proposal Format

Proposals should be prepared simply and economically, providing a straight-forward, concise description of proposer capabilities to satisfy the requirements of this request.

For your hardcopy submission, special bindings, colored displays, promotional materials, etc., are not desired. If using tabs please ensure each tab is labeled with more than simply a number or letter.

In responding to this RFP, the official logo of the Village of Oak Park is not to be used in any form. Use of the Village logo is strictly prohibited by law and such use could subject the proposer to disqualification.



Attachment V. Professional Services Agreement

THIS PROFESSIONAL SERVICES AGREEMENT ("Agreement") is entered into this _ day of _____, 2022, between the Village of Oak Park, an Illinois home rule municipal corporation (hereinafter referred to as the "Village"), and Occupational Health Centers of Illinois, P.C., an Illinois professional corporation- (hereinafter referred to as the "Contractor").

RECITAL

WHEREAS, the Village intends to have Contractor provide occupational health services pursuant to the Village's Request for Proposals (hereinafter referred to as "RFP"), attached hereto and incorporated herein by reference, and the Contractor's Proposal, attached hereto and incorporated herein by reference; and

WHEREAS, the Contractor has represented to the Village that it has the necessary expertise to perform such services for the Village; and

WHEREAS, the Contractor has expressed its willingness to furnish its services subject to the terms and conditions set forth in this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants hereinafter set forth, the parties agree as follows:

1. RECITALS INCORPORATED.

1.1. The above recitals are incorporated herein as though fully set forth.

2. SERVICES OF CONTRACTOR AND TERM OF AGREEMENT.

2.1. Contractor shall provide the services set forth in the Contractor's Proposal (hereinafter referred to as the "Services") after receiving written authorization by the Village. The Village shall approve the use of subcontractors by Contractor to perform any of the Services that are the subject of this Agreement.

2.2. Contractor shall submit to the Village all reports, documents, data, and information set forth in the Village's RFP in a format customarily used in the industry. The Village shall have the right to require such corrections as may be reasonably necessary to make any required submittal conform to this Agreement. Contractor shall be responsible for any delay in the Services to be provided pursuant to this Agreement due to Contractor's failure to provide any required submittal in conformance with this Agreement.

2.3. In case of a conflict between the provisions of Contractor's Proposal and the Village's RFP and/or this Agreement, this Agreement ~~and the Village's RFP~~ shall control to the extent of such conflict.

2.4. Village Authorized Representative. The Village's Human Resources Director or the Director's designee shall be deemed the Village's authorized representative for purposes of this Agreement, unless applicable law requires action by the Corporate Authorities, and shall have the power and authority to make or grant or do those things, certificates, requests, demands, approvals, consents, notices and other actions required that are ministerial in nature or described in this Agreement for and on behalf of the Village and with the effect of binding the Village as limited by this Agreement. Contractor is entitled to rely on the full power and authority of the person executing this Agreement on behalf of the Village as having been properly and legally given by the Village. The Village shall have the right to change its authorized representative by providing Contractor with written notice of such change which notice shall be sent in accordance with Section 18 of this Agreement.

2.5. Contractor's Authorized Representative. In connection with the foregoing and other actions to be taken under this Agreement, Contractor hereby designates an Associate Director of Operations colleague as its authorized representative who shall have the power and authority to make or grant or do all things, certificates, requests, demands, approvals, consents, notices and other actions required that are ministerial in nature or described in this Agreement for and on behalf of the Contractor and with the effect of binding Contractor. The Village is entitled to rely on the full power and authority of the person executing this Agreement on behalf of the Contractor as having been properly and legally given by Contractor. Contractor shall have the right to change its authorized representative by providing the Village with written notice of such change which notice shall be sent in accordance with Section 18 of this Agreement.

2.6 The Contractor shall be an independent contractor to the Village. The Contractor shall solely be responsible for the payment of all salaries, benefits and costs of supplying personnel for the Services.

3. COMPENSATION FOR SERVICES.

3.1. The Village shall compensate Contractor for the Services as set forth pursuant to the Contractor's Qualifications in an amount equal to that set forth in Contractor's weekly invoice. not to exceed \$_____. ~~Contractor shall be paid not more frequently than once each month ("Progress Payments").~~ Payments shall be made within thirty (30) days of receipt by the Village of an an ~~pay request~~/invoice from the Contractor. Payments shall be due and owing by the Village in accordance with the terms and provisions of the Local Government Prompt Payment Act, 50 ILCS 505/1 *et seq.*, except as set forth herein.

3.2. The Village may, at any time, by written and agreed to in writing by Contractor, ~~order, make request~~ changes regarding the general scope of this Agreement

in the Services to be performed by Contractor. If such changes cause an increase or decrease in the amount to be paid to Contractor or time required for performance of any Services under this Agreement, whether or not changed by any order, an

equitable adjustment shall be made and this Agreement shall be modified by amendment to this Agreement in writing accordingly. No service for which additional compensation will be charged by Contractor shall be furnished without the mutual written authorization of the parties Village.

3.3. Contractor shall, ~~as a condition precedent to its right to receive a progress~~ payment, submit to the Village an invoice accompanied by such receipts, vouchers, and other documents as may be necessary to establish costs incurred for all labor, material, and other things covered by the invoice and the absence of any interest, whether in the nature of a lien or otherwise, of any party in any property, work, or fund with respect to the Services performed under this Agreement. ~~In addition to the foregoing, such invoice shall include: (a) employee classifications, rates per hour, and hours worked by each classification, and, if the Services are to be performed in separate phases, for each phase; (b) total amount billed in the current period and total amount billed to date, and, if the Services are to be performed in separate phases, for each phase; and (c) the estimated percent completion, and, if the Services are to be performed in separate phases, for each phase.~~

3.4. Notwithstanding any other provision of this Agreement and without prejudice to any of the Village's rights or remedies, the Village shall have the right at any time or times to withhold from any payment such amount as may reasonably appear necessary to compensate the Village for any actual or prospective loss due to: (1) services that are defective, damaged, flawed, unsuitable, nonconforming, or incomplete; (2) damage for which Contractor is liable under this Agreement; (3) claims of subcontractors, suppliers, or other persons performing Contractor's Services; (4) delay in the progress or completion of the Services; (5) inability of Contractor to complete the Services; (6) failure of Contractor to properly complete or document any pay request; or (7) any other failure of Contractor to perform any of its obligations under this Agreement. ~~or (8) the cost to the Village, including attorneys' fees and administrative costs, of correcting any of the aforesaid matters or exercising any one or more of the Village's remedies set forth in this Agreement.~~ The Village must notify Contractor of cause for withholding within fourteen (14) days of the Village's receipt of an invoice.

3.5. The Village shall be entitled to retain any and all amounts withheld pursuant to this Agreement until Contractor shall have either performed the obligations in question or furnished security for such performance satisfactory to the Village. ~~The Village shall be entitled to apply any money withheld or any other money due Contractor under this Agreement to reimburse itself for any and all costs, expenses, losses, damages, liabilities, suits, judgments, awards, attorneys' fees, and administrative expenses incurred, suffered, or sustained by the Village and chargeable to Contractor under this Agreement.~~

4. TERM AND TERMINATION.

4.1. This Agreement shall take effect upon the Effective Date as defined herein and shall expire in three years. The term of this Agreement may be extended in writing for two (2) additional one (1) year periods upon the mutual written agreement of the parties at the Village's option. The Village will allow Contractor to increase ~~or decrease~~ the Contract Price for each annual renewal provided that the annual price

adjustment shall equal the change in the latest published Index (as defined below) as compared to the index for the previous year. The index shall be the United States Department of Labor, Bureau of Labor Statistics, (US OOL/BLS) Revised Consumer Price Index for all Urban Wage Earners and Clerical Workers for Chicago, Illinois - Gary, Indiana - Kenosha, Wisconsin (all Items, 1982-1984 = 100). However, the maximum increase in the Contract Price shall be capped at five percent (5%) of the previous year's cost. Contractor must propose an annual cost adjustment to the Contract Price pursuant to the terms of this Section with supporting documentation in writing to the Village sixty (60) days before the expiration of the current term.

4.2. This Agreement may be terminated, in whole or in part, by either party if the other party substantially fails to fulfill its obligations under this Agreement through no fault of the terminating party. The Village may terminate this Agreement, in whole or in part, for its convenience. No such termination shall be effective unless the terminating party gives the other party not less than ten (10) calendar days' written notice pursuant to Section 18 below of its intent to terminate. Additionally, either party shall have the right to terminate the Agreement in whole or in part, for its convenience upon thirty (30) days written notice.

4.3. If this Agreement is terminated by either party, Contractor shall be paid for Services performed to the effective date of termination, including reimbursable expenses. In the event of termination, the Village shall receive reproducible copies of drawings, specifications and other documents completed by Contractor pursuant to this Agreement.

5. INDEMNIFICATION.

5.1. Contractor shall, without regard to the availability or unavailability of any insurance, either of the Village or Contractor, indemnify, save harmless, and defend the Village and its officers, officials, employees, agents, and volunteers against any and all lawsuits, claims, demands, damages, liabilities, losses, and expenses, including reasonable attorneys' fees and administrative expenses, that may arise, or be alleged to have arisen, out of or in connection with the Contractor's negligent performance of, or failure to perform, the Services or any part thereof, whether or not due or claimed to be due in whole or in part to the active, passive, or concurrent negligence or fault of Contractor, but only to the extent caused by the negligence of Contractor or its subcontractors or their respective employees. Nothing herein shall be construed to require Contractor to indemnify or hold harmless the Village against the Village's own negligent or intentional acts or omissions, or the acts or omissions of any third party

6. INSURANCE.

6.1. Contractor shall at Contractor's expense secure and maintain in effect throughout the duration of this Agreement, insurance of the following kinds and limits set forth in this Section 6. Contractor shall furnish Certificates of Insurance to the Village before starting work or within ten (10) days after the notice of award of the Agreement, whichever date is reached first. All insurance policies, except professional liability insurance, shall be written with insurance companies licensed to do business in the State of Illinois and having a rating of at least A according to the latest edition of the Best's Key Rating Guide; and shall include a provision

preventing cancellation of the insurance policy unless fifteen (15) days prior written notice is given to the Village. This provision shall also be stated on each Certificate of Insurance: "Should

any of the above described policies be canceled before the expiration date, the issuing company shall mail fifteen (15) days' written notice to the certificate holder named to the left." The Contractor shall require any of its subcontractors to secure and maintain insurance as set forth in this Section 6 and indemnify, hold harmless and defend the Village and its officers, officials, employees, agents, and volunteers as set forth in this Agreement.

6.2. The limits of liability for the insurance required shall provide coverage for not less than the following amounts, or greater where required by law:

(A) **Commercial General Liability:**

- i. Coverage to include, Broad Form Property Damage, Contractual and Personal Injury.
- ii. Limits:

General Aggregate	\$ 2,000,000.00
Each Occurrence	\$ 2,000,000.00
Personal Injury	\$ 2,000,000.00
- iii. Coverage for all claims arising out of the Contractor's operations or premises, anyone directly or indirectly employed by the Contractor.

(B) **Professional Liability/Malpractice:**

- i. Per Claim/Aggregate \$2,000,000.00
- ii. Coverage for all claims arising out of the Contractor's operations or premises, anyone directly or indirectly employed by the Contractor, and the Contractor's obligations under the indemnification provisions of this Agreement to the extent same are covered.

(C) **Workers' Compensation:**

- i. Workers' compensation shall be in accordance with the provisions of the laws of the State of Illinois, including occupational disease provisions, for all employees who provide Services, and in case work is sublet, Contractor shall require each subcontractor similarly to provide workers' compensation insurance. In case employees engaged in hazardous work under this Agreement are not protected under the Workers' Compensation Act, Contractor shall provide, and shall cause each subcontractor to provide, adequate and suitable insurance for the protection of employees not otherwise provided.

(D) **Comprehensive Automobile Liability:**

- i. Comprehensive Automobile Liability coverage shall include all owned, hired, non-owned vehicles, and/or trailers and other equipment required to be licensed, covering personal injury, bodily injury and property damage.
 - ii. Limits:
-

Combined Single Limit

\$1,000,000.00

(E) **Umbrella:**

i. Limits:

Each Occurrence/Aggregate

\$2,000,000.00

- (F) The Village, its officers, officials, employees, agents, and volunteers shall be named as additional insureds on all insurance policies set forth herein except workers' compensation and professional liability/malpractice. The Contractor shall be responsible for the payment of any deductibles for said insurance policies. The coverage shall contain no special limitations on the scope of protection afforded to the Village, its officers, officials, employees, agents, and volunteers.

6.3. The Village and Contractor agree to waive against each other all claims for special, incidental, indirect, or consequential damages arising out of, resulting from, or in any way related to the Services.

6.4. Contractor understands and agrees that, except as to professional liability, any insurance protection required by this Agreement or otherwise provided by the Contractor, shall in no way limit the responsibility to indemnify, keep and save harmless, and defend the Village, its officers, officials, employees, agents and volunteers as herein provided. Contractor waives and shall have its insurers waive, its rights of subrogation against the Village and its officers, officials, employees, agents and volunteers.

7. SUCCESSORS AND ASSIGNS.

7.1. The Village and Contractor each bind themselves and their partners, successors, executors, administrators and assigns to the other party of this Agreement and to the partners, successors, executors, administrators and assigns of such other party in respect to all covenants of this Agreement. Except as above, neither the Village nor Contractor shall assign, sublet or transfer its interest in this Agreement without the written consent of the other. Nothing herein shall be construed as creating any personal liability on the part of any officer or agent of any public body that may not be a party hereto, nor shall it be construed as giving any right or benefits hereunder to anyone other than the Village and Contractor.

8. FORCE MAJEURE.

8.1. Neither the Contractor nor the Village shall be responsible for any delay caused by any contingency beyond their control, including, but not limited to: acts of nature, war or insurrection, strikes or lockouts, walkouts, fires, natural calamities, riots or demands or requirements of governmental agencies.

9. AMENDMENTS AND MODIFICATIONS.

9.1. This Agreement may be modified or amended from time to time provided, however, that no such amendment or modification shall be effective unless reduced to writing and duly authorized and signed by the authorized representative of the Village and the authorized representative of Contractor.

10. STANDARD OF CARE.

10.1. Contractor is responsible for the quality, technical accuracy, timely completion, and coordination of all Services furnished or required under this Agreement, and shall endeavor to perform such Services with the same skill and judgment which can be reasonably expected from similarly situated professionals.

10.2. Contractor shall promptly make revisions or corrections regarding its Services resulting from its errors, omissions, or negligent acts without additional compensation. The Village's acceptance of any of Contractor's Services shall not relieve Contractor of its responsibility to subsequently correct any such errors or omissions, provided the Village notifies Contractor thereof within one (1) year of completion of Contractor's Services.

10.3. Contractor shall respond to the Village's notice of any errors and/or omissions within seven (7) days of written confirmation by Contractor of the Village's notice. Such confirmation may be in the form of a facsimile confirmation receipt by the Village, or by actual hand delivery of written notice by the Village to Contractor.

10.4. Contractor shall comply with all federal, state, and local statutes, regulations, rules, ordinances, judicial decisions, and administrative rulings applicable to its performance under this Agreement.

10.5. Contractor shall give all notices, pay all fees, and take all other action that may be necessary to ensure that the Services are provided, performed, and completed in accordance with all required governmental permits, licenses, and other approvals and authorizations that may be required in connection with providing, performing, and completing the Services, and with all applicable statutes, ordinances, rules, and regulations, including, but not limited to, the Fair Labor Standards Act; any statutes regarding qualification to do business; any statutes prohibiting discrimination because of, or requiring affirmative action based on race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, sexual orientation, or unfavorable discharge from military service or other prohibited classification, including, without limitation, the Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 *et seq.*, and the Illinois Human Rights Act, 775 ILCS 5/1-101 *et seq.* The Contractor shall also comply with all conditions of any federal, state, or local grant received by the Village or Contractor with respect to this Agreement.

10.6. Contractor shall be solely liable for any fines or civil penalties that are imposed by any governmental or quasi-governmental agency or body that may arise, or be alleged to have arisen, out of or in connection with Contractor's, or its subcontractors', performance of, or failure to perform, the Services required pursuant to this Agreement or any part thereof.

11. DOCUMENTS AND BOOKS AND RECORDS.

11.1. Reports, examinations, information, observations, calculations, notes and any other reports, documents, data or information, in any form, prepared, collected, or received by the Contractor in connection with any or all of the Services to be provided pursuant to this Agreement ("Documents") shall be and remain the property of the Village upon completion of the Services and payment to Contractor all amounts then due under this Agreement. At the Village's request, or upon termination of this Agreement, the Documents shall be delivered promptly to the Village. Contractor shall have the right to retain copies of the Documents for its files. Contractor shall maintain files of all Documents unless the Village shall consent in writing to the destruction of the Documents, as required herein.

11.2. Contractor's Documents and records pursuant to this Agreement shall be maintained and made available during performance of the Services under this Agreement and for three (3) years after completion of any Services. Contractor shall give notice to the Village of any Documents to be disposed of or destroyed and the intended date after said period, which shall be at least ninety (90) days after the effective date of such notice of disposal or destruction. The Village shall have ninety (90) days after receipt of any such notice to give notice to Contractor not to dispose of or destroy said Documents and to require Contractor to deliver same to the Village, at the Village's expense. Contractor and any subcontractors shall maintain for a minimum of three (3) years after the completion of this Agreement, or for three (3) years after the termination of this Agreement, whichever comes later, adequate books, records and supporting documents to verify the amounts, recipients and uses of all disbursements of funds passing in conjunction with the Agreement. At the Village's sole expense, aAll books, records and supporting documents related to this Agreement shall be available for review and audit by the Village and the federal funding entity, if applicable, and Contractor agrees to cooperate fully with any audit conducted by the Village and to provide full access to all materials.~~Failure to maintain the books, records and supporting documents required by this section shall establish a presumption in favor of the Village for recovery of any funds paid by the Village under this Agreement for which adequate books, records and supporting documentation are not available to support their purported disbursement.~~ Contractor shall make the Documents available for the Village's review, inspection and audit during the entire term of this Agreement and three (3) years after completion of the Services as set forth herein and shall fully cooperate in responding to any information request pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 *et seq.* by providing any and all responsive documents to the Village.

11.3. Contractor shall furnish all records related to this Agreement and any documentation related to the Village required under an Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request within five (5) business days after the Village issues notice

of such request to Contractor. Contractor shall not apply any costs or charge any fees to the Village regarding the procurement of records required pursuant to a FOIA request. Contractor agrees to defend, indemnify, and hold harmless the Village, and its officers, officials, employees, agents, and volunteers, and agrees to pay all reasonable costs connected therewith (including, but not limited to reasonable attorney's and witness fees, filing fees, and any other expenses) for the Village to defend any and all causes, actions, causes of action, disputes, prosecutions, or conflicts arising from the Contractor's actual or alleged violation of the FOIA, or the Contractor's failure to furnish all documentation related to a request within five (5) days after the Village issues notice of a request. Furthermore, should the Contractor request that the Village utilize a lawful exemption under FOIA in relation to any FOIA request thereby denying that request, Contractor shall pay all costs connected therewith (such as reasonable attorney's and witness fees, filing fees, and any other expenses) to defend the denial of the request. The defense shall include, but not be limited to, challenged or appealed denials of FOIA requests to either the Illinois Attorney General or a court of competent jurisdiction. Contractor shall defend, indemnify, and hold harmless the Village, and its officers, officials, employees, agents, and volunteers, and shall pay all costs connected therewith (such as reasonable attorney's and witness fees, filing fees and any other expenses) to defend any denial of a FOIA request by the Contractor's request to utilize a lawful exemption to the Village.

12. SAVINGS CLAUSE.

12.1. If any provision of this Agreement, or the application of such provision, shall be rendered or declared invalid by a court of competent jurisdiction, or by reason of it requiring any steps, actions or results, the remaining parts or portions of this Agreement shall remain in full force and effect.

13. NON-WAIVER OF RIGHTS.

13.1. No failure of either party to exercise any power given to it hereunder or to insist upon strict compliance by the other party with its obligations hereunder, and no custom or practice of the parties at variance with the terms hereof, nor any payment under this agreement shall constitute a waiver of either party's right to demand exact compliance with the terms hereof.

13.2. This Agreement shall not prohibit Contractor from providing services to any other public or private entity or person. In the event that Contractor provides Services to a public or private entity or person, the Village, at its sole discretion, may determine that such Services conflict with a service to be provided to the Village by Contractor, and the Village may select another Contractor to provide such Services as the Village deems appropriate.

14. THE VILLAGE'S REMEDIES.

14.1. If it should appear at any time prior to payment for Services provided pursuant to this Agreement that Contractor has failed or refused to prosecute, or has delayed in the

prosecution of, the Services to be provided pursuant to this Agreement with diligence at a rate that assures completion of the Services in full compliance with the requirements of this Agreement, or has attempted to assign this Agreement or Contractor's rights under this Agreement, either in whole or in part, or has falsely made any representation or warranty, or has otherwise failed, refused, or delayed to perform or satisfy any other requirement of this Agreement or has failed to pay its debts as they come due ("Event of Default"), and has failed to cure, or has reasonably commenced to cure any such Event of Default within fifteen business days after Contractor's receipt of written notice of such Event of Default, then the Village shall have the right, at its election and without prejudice to any other remedies provided by law or equity, to pursue any one or more of the following remedies:

14.1.1. The Village may require Contractor, within such reasonable time as may be fixed by the Village, to complete or correct all or any part of the Services that are defective, damaged, flawed, unsuitable, nonconforming, or incomplete and to take any or all other action necessary to bring Contractor and the Services into compliance with this Agreement;

14.1.2. The Village may accept the defective, damaged, flawed, unsuitable, nonconforming, incomplete, or dilatory Services or part thereof and make an equitable reduction;

14.1.3. The Village may terminate this Agreement without liability for further payment of amounts due or to become due under this Agreement except for amounts due for Services properly performed prior to termination;

14.1.4. ~~Reserved. The Village may withhold any payment from Contractor, whether or not previously approved, or may recover from Contractor any and all costs, including attorneys' fees and administrative expenses, incurred by the Village as the result of any Event of Default or as a result of actions taken by the Village in response to any Event of Default; or~~

14.1.5. The Village may recover any damages suffered by the Village as a result of Contractor's Event of Default.

14.2. In addition to the above, if Contractor fails to complete any required Services pursuant to this Agreement after Village has provided written notice to Contractor and Contractor has failed to complete the Services within ten (10) days of receipt of said notice, the Village shall be entitled to liquidated damages in the amount of five hundred dollars (\$500.00) per day for each day the Services remains uncompleted. This amount is not a penalty, and the parties agree to said amount given the difficulties associated with determining or calculating damages to the Village in the event the required Services are not completed on time.

15. NO COLLUSION.

15.1. Contractor hereby represents and certifies that Contractor is not barred from contracting with a unit of state or local government as a result of: (1) a delinquency in the

payment of any tax administered by the Illinois Department of Revenue unless Contractor is

contesting, in accordance with the procedures established by the appropriate revenue Act, its liability for the tax or the amount of the tax, as set forth in 65 ILCS 5/11-42.1-1; or (2) a violation of either Section 33E-3 or Section 33E-4 of Article 33E of the Criminal Code of 1961, 720 ILCS 5/33E-1 *et seq.* Contractor hereby represents that the only persons, firms, or corporations interested in this Agreement are those disclosed to the Village prior to the execution of this Agreement, and that this Agreement is made without collusion with any other person, firm, or corporation. If at any time it shall be found that Contractor has in procuring this Agreement, colluded with any other person, firm, or corporation, then Contractor shall be liable to the Village for all loss or damage that the Village may suffer thereby, and this Agreement shall, at the Village's option, be null and void and subject to termination by the Village.

16. ENTIRE AGREEMENT.

16.1. This Agreement sets forth all the covenants, conditions and promises between the parties, and it supersedes all prior negotiations, statements or agreements, either written or oral, with regard to its subject matter. There are no covenants, promises, agreements, conditions or understandings between the parties, either oral or written, other than those contained in this Agreement.

17. GOVERNING LAW AND VENUE.

17.1. This Agreement shall be governed by the laws of the State of Illinois both as to interpretation and performance.

17.2. Venue for any action pursuant to this Agreement shall be in the Circuit Court of Cook County, Illinois.

18. NOTICE.

18.1. Any notice required to be given by this Agreement shall be deemed sufficient if made in writing and sent by certified mail, return receipt requested, by personal service, email transmission to the persons and addresses indicated below or to such other addresses as either party hereto shall notify the other party of in writing pursuant to the provisions of this subsection:

If to the Village:

If to the Contractor:

Village Manager _____	_____
Village of Oak Park _____	_____
123 Madison Street _____	_____
Oak Park, Illinois 60302 _____	_____
Email: villagemanager@oak-park.us	Email: _____

18.2. Mailing of such notice as and when above provided shall be equivalent to personal notice and shall be deemed to have been given at the time of mailing.

18.3. Notice by email transmission shall be effective as of date and time of facsimile transmission, provided that the notice transmitted shall be sent on business days during business hours (9:00 a.m. to 5:00 p.m. Chicago time). In the event email notice is transmitted during non-business hours, the effective date and time of notice is the first hour of the first business day after transmission.

19. BINDING AUTHORITY.

19.1. The individuals executing this Agreement on behalf of the Contractor and the Village represent that they have the legal power, right, and actual authority to bind their respective parties to the terms and conditions of this Agreement.

20. HEADINGS AND TITLES.

20.1. The headings and titles of any provisions of this Agreement are for convenience or reference only and are not to be considered in construing this Agreement.

21. COUNTERPARTS.

21.1. This Agreement shall be executed in counterparts, each of which shall be considered an original and together shall be one and the same Agreement.

21.2. A facsimile or pdf/email copy of this Agreement and any signatures thereon will be considered for all purposes as an original.

22. EFFECTIVE DATE.

22.1. As used in this Agreement, the Effective Date of this Agreement shall be the last date of its execution by one of the parties as set forth below.

23. AUTHORIZATIONS.

23.1. The Contractor's authorized representatives who have executed this Agreement warrant that they have been lawfully authorized by the Contractor's board of directors or its by-laws to execute this Agreement on its behalf. The Village Manager and Village Clerk warrant that they have been lawfully authorized to execute this Agreement. The Contractor and the Village shall deliver upon request to each other copies of all articles of incorporation, bylaws, resolutions, ordinances or other documents which evidence their legal authority to execute this Agreement on behalf of their respective parties.

24. EQUAL OPPORTUNITY EMPLOYER.

24.1. The Contractor is an equal opportunity employer and the requirements of 44 Ill. Adm. Code 750 APPENDIX A and Chapter 13 ("Human Rights") of the Oak Park Village Code are

incorporated herein as though fully set forth. The Contractor shall not discriminate against any employee or applicant for employment because of race, sex, gender identity, gender expression, color, religion, ancestry, national origin, veteran status, sexual orientation, age, marital status, familial status, source of income, disability, housing status, military discharge status, or order of protection status or physical or mental disabilities that do not impair ability to work, and further that it will examine all job classifications to determine if minority persons or women are underutilized and will take appropriate affirmative action to rectify any such underutilization. The Contractor shall comply with all requirements of Chapter 13 ("Human Rights") of the Oak Park Village Code.

24.2. In the event of the Contractor's noncompliance with any provision of Chapter 13 ("Human Rights") of the Oak Park Village Code, the Illinois Human Rights Act or any other applicable law, the Contractor may be declared non-responsible and therefore ineligible for future Agreements or subcontracts with the Village, and the Agreement may be cancelled or voided in whole or in part, and such other sanctions or penalties may be imposed or remedies invoked as provided by statute or regulation.

24.3. In all solicitations or advertisements for employees placed by it on its behalf, the Contractor shall state that all applicants will be afforded equal opportunity without discrimination because of race, sex, gender identity, gender expression, color, religion, ancestry, national origin, veteran status, sexual orientation, age, marital status, familial status, source of income, disability, housing status, military discharge status, or order of protection status or physical or mental disabilities that do not impair ability to work.

**[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK-
SIGNATURE PAGE FOLLOWS]**

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be signed by their duly authorized representatives on the dates set forth below.

VILLAGE OF OAK PARK

**OCCUPATIONAL HEALTH CENTERS OF
ILLINOIS, P.C. CONTRACTOR**

By: Kevin J. Jackson
Its: Village Manager

Date: _____, 2022

ATTEST

By:
Its:

Date: _____, 2022

ATTEST

By: Christina Waters
Its: Village Clerk

Date: _____, 2022

By:
Its:

Date: _____, 2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/21/2022

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

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

PRODUCER The Graham Company The Graham Building 1 Penn Square West Philadelphia PA 19102-		CONTACT NAME: Concentra Unit PHONE (A/C, No, Ext): 215-567-6300 FAX (A/C, No): 215-405-2694 E-MAIL ADDRESS: Concentra_Unit@grahamco.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Columbia Casualty Company	
		INSURER B: Liberty Mutual Fire Ins. Co.	
		INSURER C: Liberty Insurance Corporation	
		INSURER D: Liberty Mutual Insurance Group	
		INSURER E: American Guarantee & Liability Ins. Co.	
		INSURER F: Allied World Assurance Company, AG	

COVERAGES **CERTIFICATE NUMBER:** 2038129446 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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	Y	HAZ 4032244581-6	1/1/2022	1/1/2023	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"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	AS2-631-510199-322	4/1/2022	4/1/2023	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"/> UMBRELLA LIAB <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	Y	Y	HMC 4032235752	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 10,000,000 \$
C D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	WA7-63D-510199-352 WC5-631-510199-362	4/1/2022 4/1/2022	4/1/2023 4/1/2023	<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			ZMD0119116-06 C023701-007	1/1/2022 1/1/2022	1/1/2023 1/1/2023	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 \$18,000,000 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 4032244595-8; Effective 1/1/2022-1/1/2023 - \$500,000 Each Medical Incident/\$1,500,000 Aggregate Per Insured or Surgeon
See Attached...

CERTIFICATE HOLDER VILLAGE OF OAK PARK Attn: KIRA TCHANG 123 MADISON STREET OAK PARK IL 60302	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ADDITIONAL REMARKS SCHEDULE

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AGENCY The Graham Company		NAMED INSURED Occupational Health Centers of Illinois, P.C. c/o Select Medical Corporation 4716 Old Gettysburg Road Mechanicsburg PA 17055	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

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 4032244600-8; Effective 1/1/2022-1/1/2023 - \$500,000 Each Medical Incident/\$1,500,000 Aggregate Per Insured or Surgeon

LOUISIANA PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Columbia Casualty Company - Policy #HAZ 4032244614-8; Effective 1/1/2022-1/1/2023 - \$100,000 Each Medical Incident/\$300,000 Aggregate Per Insured or Surgeon

NEBRASKA PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Columbia Casualty Company - Policy #HAZ 4032244628-8; Effective 1/1/2022-1/1/2023 - \$500,000 Each Medical Incident/\$1,000,000 Aggregate Per Insured or Surgeon

PENNSYLVANIA PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Columbia Casualty Company - Policy #HAZ 4032244631-8; 1/1/2022-1/1/2023 - \$500,000 Each Medical Incident/\$1,500,000 Aggregate Per Insured or Surgeon

WISCONSIN PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Continental Casualty Company - Policy #HAZ 4032244659-8; 1/1/2022-1/1/2023 - \$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-510199-312; Effective: 4/1/2022-4/1/2023

WORKERS COMPENSATION - Occupational Health Centers of Southwest, P.A. - Liberty Insurance Corp. - Policy #WA7-63D-510199-402; Effective: 4/1/2022-4/1/2023

WORKERS COMPENSATION - Occupational Health Centers of Southwest, P.A. - Liberty Mutual Insurance Corp. - Policy #WC5-631-510199-252 (WI); Effective: 4/1/2022-4/1/2023

ADDITIONAL WORKERS COMPENSATION POLICIES:

OHC of Arkansas - Liberty Insurance Corp. - Policy #WC7-631-510199-282; Effective: 4/1/2022-4/1/2023

OHC of Southwest (AZ/UT) - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-242; Effective: 4/1/2022-4/1/2023

OHC of Delaware - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-332; Effective: 4/1/2022-4/1/2023

OHC of Georgia/Hawaii - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-382; Effective: 4/1/2022-4/1/2023

OHC of Illinois - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-412; Effective: 4/1/2022-4/1/2023

OHC of Louisiana - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-292; Effective: 4/1/2022-4/1/2023

OHC of Michigan - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-272; Effective: 4/1/2022-4/1/2023

OHC of Nebraska - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-372; Effective: 4/1/2022-4/1/2023

OHC of New Jersey - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-262; Effective: 4/1/2022-4/1/2023

OHC of North Carolina - Liberty Insurance Corp. - Policy #WC7-631-510199-342; Effective: 4/1/2022-4/1/2023

OHC of Southwest (KS) - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-422; Effective: 4/1/2022-4/1/2023

Therapy Centers of Southwest I, PA (OR) - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-392; Effective: 4/1/2022-4/1/2023

Therapy Centers of South Carolina, PA - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-302; Effective: 4/1/2022-4/1/2023

OHC of Minnesota - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-452; Effective: 4/1/2022-4/1/2023

OHC of Alaska - Liberty Mutual Fire Insurance Company - Policy #WC2-631-510199-442; Effective: 4/1/2022-4/1/2023

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

CRIME COVERAGE - National Union Fire Insurance Company of Pittsburgh, PA - Policy #02-406-10-33; Effective: 12/31/2021-12/31/2022 - Limit: \$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 IL/CMC IS BIDDING ON AN RFP TO PROVIDE MEDICAL SERVICES WHICH COULD INCLUDE PHYSICAL EXAMS; DRUG/ALCHOL TESTING; INJURY CARE; ETC. TO THE EMPLOYEES OF THE NAMED CLIENT.

VILLAGE OF OAK PARK, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS are all included as additional insureds on the above General Liability, Auto Liability and Umbrella Liability Policies and coverage shall apply on a Primary and Non-Contributory basis if required by written contract.

Prior to loss, and if required by written contract, Waiver of Subrogation is provided on General Liability, Auto Liability, Umbrella Liability and Workers Compensation Policies for work performed under contract if permissible by state law.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Not applicable in Alaska, Kentucky, New Hampshire and New Jersey

The waiver does not apply to any right to recover payments which the Minnesota Workers Compensation Reinsurance Association may have or pursue under M.S. 79.36.

Schedule

Any person or organization for which the employer has agreed by written contract, executed prior to loss, may execute a waiver of subrogation. However, for purposes of work performed by the employer in Missouri, this waiver of subrogation does not apply to any construction group of classifications as designated by the waiver of right to recover from others (subrogation) rule in our manual.

Where required by contract or written agreement prior to loss and allowed by law.

In the states of Alabama, Arizona, Arkansas, Colorado, Delaware, Dist. Of Columbia, Georgia, Illinois, Indiana, Kansas, Maine, Michigan, Minnesota, Mississippi, Missouri, Nevada, New Mexico, North Carolina, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Vermont and West Virginia, the premium charge is 2% of the total manual premium, subject to a minimum premium of \$100 per policy.

In the states of Connecticut, Florida, Iowa, Maryland, Nebraska and Oregon, the premium charge is 1% of the total manual premium, subject to a minimum premium of \$250 per policy.

In the state of Hawaii, the premium charge is \$250 and determined as follows: The premium charge for this endorsement is 1% of the total manual premium, subject to a minimum premium of \$250 per policy.

In the state of Louisiana, the premium charge is 2% of the total standard premium, subject to a minimum premium of \$250 per policy.

In the state of Massachusetts, the premium charge is 1% of the total manual premium.

In the states of New York, Tennessee, the premium charge is 2% of the total manual premium, subject to a minimum premium of \$250 per policy.

In the state of Virginia, the premium charge is 5% of the total manual premium, subject to a minimum premium of \$250 per policy.

Issued by Liberty Insurance Corporation 21814

For attachment to Policy No. WA7-63D-510199-352

Effective Date

Premium \$

Issued to Concentra Group Holding Parent, LLC

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

SCHEDULE

Name Of Person(s) Or Organization(s):
Any person or organization whom you have agreed in writing to add as an additional insured, but only to coverage and minimum limits of insurance required by the written agreement, and in no event to exceed either the scope of coverage or the limits of insurance provided in this policy.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** - Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** - Covered Autos Coverages of the Auto Dealers Coverage Form.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

SCHEDULE

Name(s) Of Person(s) Or Organization(s):

Any person or organization for whom you perform work under a written contract if the contract requires you to obtain this agreement from us, but only if the contract is executed prior to the injury or damage occurring.

Premium: \$ INCL

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The **Transfer Of Rights Of Recovery Against Others To Us** condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

Policy	Policy #	Deductible
General Liability	HAZ 4032244581-6	\$1,000,000
Auto	AS2-631-510199-322	\$1,000 for Each Auto - Comprehensive Collision
Umbrella	HMC 4032235752	\$3,000,000 General/Professional Liability Self Insured Retention \$5,000,000 Abuse or Molestation Self Insured Retention
WC - Concentra	WA7-63D-510199-352	\$500,000 Deductible
WC - OHC CA	WA5-36D-510199-312	\$250,000 Deductible
WC - OHC SWPA	WA7-63D-510199-402	\$100,000 Deductible
		\$50,000 Property Damage Per Occurrence Deductible EXCEPT: \$150,000 Water or Liquid Damage
		QUAKE: \$100,000 Property Damage and Time Element Combined - Per Occurrence EXCEPT: 5% Property Damage and 5% Time Element Combined At each premises, but not less than \$250,000 Property Damage and Time Element combined at any and all premises within defined Earthquake Zone 1. 2% Property Damage and 2% Time Element Combined At each premises, but not less than\$250,000 Property Damage and Time Element Combined at any and all premises within defined Earthquake Zone 2.
Property	ZMD0119116-06	FLOOD: \$ 100,000 Property Damage and Time Element Combined at any and all premises (Per Occurrence) EXCEPT: \$ 1,000,000 Property Damage and \$1,000,000 Time Element at each Location within a Special Flood Hazard Area \$ 250,000 Property Damage and Time Element Combined at each Location within a Moderate Flood Hazard Area
Excess Liability	C023701-007	\$150,000 Self Insured Retention



Additional Insured - Owners, Lessees or Contractors - Completed Operations Endorsement

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
Any person or organization to whom or to which you are required to provide additional insured status in a written contract or agreement executed prior to loss, except where such contract or agreement is prohibited by law	Any person or organization to whom or to which you are required to provide additional insured status in a written contract or agreement executed prior to loss, except where such contract or agreement is prohibited by law

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

It is understood and agreed as follows:

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for **bodily injury** or **property damage** caused, in whole or in part, by **your work** at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the **products-completed operations hazard**.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

ANY PERSON OR ORGANIZATION TO WHOM OR TO WHICH YOU ARE REQUIRED TO PROVIDE ADDITIONAL INSURED STATUS IN A WRITTEN CONTRACT OR AGREEMENT EXECUTED PRIOR TO LOSS, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and

- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.