

Request for Proposals: Occupational Health Services



PRESENTED TO
Village of Oak Park

DUE:
March 20, 2019
5:00 PM

PRESENTED BY



Edward Bielawski
Director of Sales
2615 West Harrison Street
Bellwood, IL 60104-2450

Mobile: 224.443.9128

E-mail: ebielawski@concentra.com



March 20, 2019

Julia Scott-Valdez
Assistant Village Manager/Human Resources Director
Village of Oak Park
123 W. Madison
Oak Park, IL 60302

RE: Request for Proposals: Occupational Health Services

Dear Ms. Scott-Valdez:

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

As 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 provide tangible benefits for the Village – supporting you in your efforts to meet your program objectives. Notably, our 2018 acquisition of U.S. HealthWorks, a national occupational health provider, increased our footprint to more than 530 centers in the United States and brought additional occupational health expertise and clinicians to Concentra.

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 will 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 will 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 *Edward Bielawski, Director of Sales*, via phone: 224.443.9128 or by email: ebielawski@concentra.com.

Concentra affirms that:

- All information contained herein is current, complete, accurate, and remains valid for 180 days following the due date, March 20, 2019
- The Village anticipates a contract term of two years; optional additional one-year period

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 the ideal partner for the requested services. We look forward to the opportunity to continue serving as the preferred Request for Proposals: Occupational Health Services partner with the Village of Oak Park and its employees.

Respectfully submitted,

DocuSigned by:

John R Anderson, DO

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John R. Anderson, DO, FACOEM
President, Treasurer and Corporate Secretary
Occupational Health Centers of Illinois, P.C. dba Concentra Medical Centers

Table of Contents

| | |
|--|----|
| A. Characteristics and Qualifications of the Firm..... | 3 |
| B. Scope of Services | 11 |
| C. Program Administration | 24 |
| D. Price Proposal | 28 |
| E. Forms and Reports | 29 |
| F. Legal Compliance | 30 |
| G. Reference List..... | 31 |
| Attachments | 32 |

A. Characteristics and Qualifications of the Firm

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

The Concentra Advantage

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

A Best-in-Class Occupational Health Model

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

Clinical Foundation

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



Concentra has also built the clinical infrastructure to keep us at the forefront in workplace health and our Enterprise Quality Improvement Program Committee monitors key quality measures and oversees improvement initiatives.

Expertise and Innovation

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



Unmatched Access

With Concentra, your employees have access to our extensive network of more than 500 Concentra Medical Centers nationwide. In addition, Concentra Telemed™ and Telerehab™ extends access to care beyond the centers' walls and standard working hours. Our integrated approach ensures continuity of care by leveraging the same electronic medical record and practice model regardless of access point.



Concentra's Transportation Solution powered by One Call Care Management provides injured employees with scheduled and real-time rides to and from Concentra Medical Centers. Available nationwide, our transportation solution is provided free of cost for employee transportation after initial injury, for follow-up appointments, and for scheduled physical therapy visits.

Employees or their supervisors can call their local Concentra Medical Center to request a ride. A few minutes after requesting a ride, a driver will send a text message notifying the employee of the estimated time of arrival for pickup. After the visit, Center staff members will arrange for the employee's ride back to the workplace or home, depending on the severity of the injury and the treating clinician's recommended treatment plan. GSA's employees will have prompt access to expert care, convenient rides with no smartphone app or tip required, and reduced time away from work.

One Call Care Management is a leading provider of specialized solutions in the workers' compensation industry. One Call Care Management provides transportation using their own transportation network, and through partnerships with ride-sharing services like Lyft and Uber.

Our Mission

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



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 2018 acquisition of U.S. HealthWorks, a national occupational health provider, increased our footprint to more than 500 centers in the United States and brought additional occupational health expertise and clinicians to Concentra. 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 530 medical centers in 44 states. In addition to these medical center locations, Concentra currently serves employers by providing a broad range of health advisory services and operating 123 onsite medical facilities and 31 community-based outpatient clinics.

- Concentra treats one in every five workplace injuries in the US
- Concentra treated more than 18 million injured workers since 1979
- In 2018, Concentra performed 1.67 million physicals and 2.16 million drug screens
- 44,000 people are seen at Concentra Medical Centers each day
- Concentra has 178,000 clients and more than 500 medical centers and community-based outpatient clinics nationwide in markets representing 60 percent of the nation's workforce
- Concentra treats more than 500,000 initial injuries each year
- Employers more than 11,500 employees
- In 2018, total revenue exceeded \$1,013,224,000

Through more than 600 nationwide clinical access points, Concentra offers an extensive suite of services including urgent care, occupational health, wellness and preventive care, physical and occupational therapy, and telemedicine. With this full complement of services, Concentra raises the standard of health care by putting the patient first, maintaining an unwavering commitment to evidence-based care, and focusing on ongoing wellness.

Products and Services

Concentra offers an extensive suite of services, categorized as follows:

| Concentra's Suite of Services | |
|---|--|
| Occupational Health Care <ul style="list-style-type: none"> ▪ Pre-placement services, including examinations, substance abuse testing, etc. ▪ Regulatory and employer mandated physicals ▪ Medical surveillance examinations ▪ Clinical testing (X-ray, audiograms, PFT, EKG) ▪ Work-related vaccinations and infectious disease screenings ▪ Travel health ▪ Functional capacity evaluations ▪ Human performance evaluations ▪ Office and industrial ergonomic evaluations ▪ Occupational therapy ▪ Medical advisory services ▪ Utilization review services (Medical ReviewStream™) | Injury Care <ul style="list-style-type: none"> ▪ Primary work-related injury care (workers' compensation) ▪ Workplace injury medication dispensing* and prescribing ▪ Physical therapy ▪ Specialist care ▪ Return-to-work examinations <p>*Where allowed by state law.</p> |


| Concentra's Suite of Services | |
|--|---|
| Urgent Care <ul style="list-style-type: none"> Diagnosis and treatment of minor non-work-related illnesses and injuries, such as colds, flu, skin conditions, back pain, and sprains Over 350 different types of laboratory tests X-rays Immunizations Infectious disease tests and screenings | Preventive Care <ul style="list-style-type: none"> Biometric screenings Vaccinations/immunizations Immigration examinations School and sports physicals |
| Pharmacy Services* <ul style="list-style-type: none"> Pre-packaged formulary Medication dispensing for occupational medicine and travel health* E-prescribing <i>*Where allowed by state law.</i> | Training and Education <ul style="list-style-type: none"> General injury prevention education Job-specific injury prevention education Workplace Office and Industrial stretching and exercise programs Back care and back injury prevention Drug and alcohol screening training Wellness and illness prevention education Online reasonable suspicion training (Concentra Medical Compliance Administration) |

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.

Primary Service Site

Concentra proposes that our center closest to 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.

The following table identifies the Bellwood clinic address, hours of operation, and contact information.

| Concentra Medical Center - Bellwood | | |
|---|--|---|
|  | Address 2615 West Harrison Street Bellwood, IL 60104-2450 | Contact Information T 708.493.0299 ♦ F 708.493.0594 |
| | | Hours of Operation: 7:00 a.m. – 7:00 p.m. (M-F) |
| | | |

Multilingual Support

Many Concentra centers are staffed with clinician's and office staff who are bilingual in order to support diverse employee populations. To further accommodate multiple languages, we use remote translation services through our preferred provider, Voiance. This 24/7 service supports more than 200 languages and dialects, including American Sign Language.

Facility Overview

Concentra Medical Centers offer a full complement of health care services including, but not limited to, substance abuse testing, physical examinations, clinical services, vaccinations, injury care, physical therapy, and wellness screenings. To accommodate our client's needs and our broad service offering, Concentra offers convenient weekday clinic hours. In many locations, we also offer evening and weekend hours.

We continually evaluate the layout of our centers to accommodate patient flow and volume. Therefore, the physical dimension, layout, and staffing of each center varies depending on the location and overall scope of services. The size of our centers average between 3,100 and 9,000 square feet, maintain security services, and most offer free parking on property or adjacent to the center. All facilities are handicapped-accessible (ADA-compliant) and conform to all applicable federal, state, and local safety and disability laws.

As described in the following table, each center's layout consists of support/common areas and clinical areas.

| Concentra Medical Centers Layout | | |
|--|--|---|
| Support/Common Areas | | |
| <ul style="list-style-type: none"> Waiting Room – seating for patients with a television/ magazines/coffee bar Business Office – work area for clerical staff | <ul style="list-style-type: none"> Manager Office Break Room Marketing Office | <ul style="list-style-type: none"> Restroom Records Storage Area Telephone/Electrical Area |
| Clinical Areas | | |
| <ul style="list-style-type: none"> Procedure Rooms – for minor procedures Examination Rooms Lab Area – separate restrooms (ADA-compliant) for drug and alcohol collections, blood collection area Breath Analysis/Exam Room – to maximize privacy for federally-mandated testing | <ul style="list-style-type: none"> Audio Testing Room – a single-person booth with a microprocessor Physician's Office Physician Station – with X-ray viewing areas and privacy to enter patient data into computer system X-ray Facilities (with darkroom and file storage) – a full service X-ray room | <ul style="list-style-type: none"> Storage Area – for patient charts Physical Therapy Area – with whirlpool, treatment areas, strength and flexibility equipment, hydrocollator/freezer, and a wide variety of therapy modalities |

Facility Equipment

| Concentra Medical Centers – Sample Equipment/Supply List | | |
|--|--|--|
| Area | Equipment/Supplies | |
| Audio | <ul style="list-style-type: none"> Acoustic system RE-125 mini booth Audiometer/printer/simulator | <ul style="list-style-type: none"> Oscar (OtoCheck) |
| Examination Room | <ul style="list-style-type: none"> Ophthalmoscope Head-Wall Wall mount aneroid blood pressure | <ul style="list-style-type: none"> Wall Unit Oto/Opth 3.5V w/ Handles |
| Intake Room/Hall | <ul style="list-style-type: none"> Titmus eye vision w/slides DOT NEW I400 Series | <ul style="list-style-type: none"> Scale with height measurer Wall eye chart |
| Physician Station | <ul style="list-style-type: none"> Desktop Oto/Opth 3.5v w/ handles Holder - wall X-ray chart Hot lamp X-ray Ophthalmoscope head | <ul style="list-style-type: none"> Otoscope head Printer (PFT machine) Spirometer (PFT machine) |
| Procedures Room | <ul style="list-style-type: none"> Aneroid, hand-held blood pressure cuff Autoclave Double pane built in X-ray viewer EKG Atria 6100 IV Stand Kick Bucket Mayo stand Ophthalmic Buhr (Instramed) | <ul style="list-style-type: none"> Otoscope Head-Wall Power procedure table Base - NAVY Power procedure table Top - NAVY Sharps container, wall mount, with gloves Slit lamp/Marcus table Stress cart with shelf Wall Unit Oto/Opth 3.5V w/ Handles Wheel chair |
| X-ray Room | <ul style="list-style-type: none"> Hot lamp X-ray Single pane view box X-ray Accessory Package (Hover for Detail) X-ray Cassettes | <ul style="list-style-type: none"> X-ray equipment/accessories X-ray High Volume Processor 201A X-ray Tabletop Processor 101A |

| Concentra Medical Centers – Sample Equipment/Supply List | | |
|--|---|---|
| Area | Equipment/Supplies | |
| Physical Therapy Area | <ul style="list-style-type: none"> 16" Wobble Board 20" Wobble Board 3" Casters for Hi-Lo Table 5 x 7 Value Line Mat (Midland-Navy) Adjustable low whirlpool chair BAP's Board Black theraband - 50 yard Butterfly Dupel Electrodes Cateye Stepper Cervical Col-pack Clr coded Wgt. Set, std. 32 piece Dakon Mobile Hi Lo Whirlpool w/ABS Tank Dakon Mobile Hi Lo Whirlpool w/Stainless Tank Dumbbells set Electro Therapy Cart Epix VT Ten Unit Flexible Spinal Column Foot Column Green theraband 50 yard Gymnic Ball 22" Gymnic Ball 26" Int'l Goniometer - 12.5" Iontophoresis-Dupel Jamar Hand Dynamometer | <ul style="list-style-type: none"> Lift box Bailey 5032 Mettler 4 Channel Order Bailey Push/Pull sled w/o access 6040 Oversize Col-pack Preston Tropic Heater Preston Tropic Heater no-packs Pro II Upper Body Ergometer Red theraband - 50 yard Rehabilitation Schwinn Airdyn AirBike Shoulder column SP Elec. Hi-Lo 3 Section Table – Navy SP Exercise putty - Red 2 oz. SP Exercise putty - Yellow 2 oz. Sports Art C52R Recumbent Bike Sports Art E825 Elliptical Standard Goniometer - 8" Standard parabath Standard Col-pack T630 Treadmill – Sports Art Taylor Percussion Hammer Trash Can for laundry, step on Vigor Gym Wall Pulley – Single Column w/acc pack |
| | | |

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: Medical Doctor; Clinical Staff; Account Manager; Main Service Support Contact.

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").

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.



Initial Contact

Edward Bielawski, Director of Sales, would be designated as Village's initial point of contact throughout the procurement and contracting phases. Mr. Bielawski would be responsible for ensuring Concentra colleagues know and understand Village's program requirements and would be available to answer your questions throughout this initial phase of engagement.

Operational Oversight

Tina Gonzalez, Center Operations Director (COD), would serve as the day-to-day service support 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. She is invaluable to the success of the program and is available to answer questions, address issues, and ensure the program continues to operate efficiently.

Responsibilities of the COD include:

- Serve as the liaison between Concentra and Village
- Oversee day-to-day medical center operations
- Implement and ensure ongoing compliance with operational policies, procedures, and training programs within the center
- Manage patient care issues and other center issues requiring resolutions
- Ensure a clear understanding of contract objectives and deliverables to successfully execute programs and projects
- Collaborate with center, area, and regional leadership teams to ensure we effectively deliver the agreed upon scope of work, monitor program outcomes, and maintain the account

| Tina Gonzalez Center Operations Director |
|--|
| Role: Program Manager and Main Service Support Contact |
| Experience: Years with Concentra: 12+ |
| Education: AS, Morton Community College, Cicero, IL Lincoln College of Technology, Registered Medical Assistant |

Clinical Oversight

Maria Vlahos, MD, MPH Center Medical Director (CMD), would provide primary oversight for clinical practices, ensuring continued compliance. She would ensure that the medical interpretations and associated clearances comply with the most recent medical standards and guidelines, and adhere to applicable regulations. Her expertise relevant to the desired scope of work would be instrumental in the provision of services.

Responsibilities of the CMD include:

- Review all medical history and perform medical physical examinations
- Understand all medical surveillance requirements of OSHA, DOT, NFPA, police officer standards, ADA, FMLA, and other regulated examinations
- Report the results of the medical evaluation to the employee, including any medical condition(s) identified during the evaluation
- Provide the recommendation as to whether the employee is medically certified to safely perform the essential job tasks
- Forward copies of any abnormal results, along with patient instructions regarding primary care follow-up, to individuals who were instructed to seek medical follow-up to address any medical conditions or abnormal laboratory results identified during the evaluation
- Provide or arrange for a prescriptive rehabilitation and/or fitness program when indicated to aid in the employee's recovery from illness or injury and enhance his/her ability to safely perform essential job tasks
- Review medical evaluations conducted by other clinicians
- Review individual medical evaluations and aggregate data to detect evidence of occupational exposure(s) or clusters of occupational disease

| Maria Vlahos, MD, MPH Center Medical Director |
|--|
| Role: Program Medical Director |
| Experience: Years in Healthcare: 28+ Years with Concentra: 5+ |
| Licenses/Certifications: Board Certified, American Board of Preventive Medicine with a specialization in Occupational Medicine Certified Medical Review Officer National Registry of Certified Medical Examiners #7969738618 |
| Education: Bachelor of Science in Psychology Rosalind Franklin University of Medicine and Sciences/The Chicago Medical School, MD School of Public Health, University of Illinois |

Physical Therapy and Functional Testing Oversight

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

Responsibilities of the CTD include:

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

| Emelyn Agoncillo, PT Center Therapy Director |
|---|
| Role: Program Therapy Director |
| Experience: Years in Healthcare: 24 Years with Concentra: 6+ |
| Licenses/Certifications: State of Illinois Therapy License |
| Education: Bachelor of Science in Physical Therapy Emilio Aguinaldo College |

We provide resumes, applicable certifications, licenses and credentials as part of **Attachment B – Key Personnel Qualifications**.

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.

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.

Provide a price proposal as set forth in this RFP.

We provide an itemized list of available procedures and associated prices to fulfill the scope of services outlined in this RFP in section *D. Price Proposal*, page 28.

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 Concentra's reporting capabilities and samples forms and reports in section *E. Forms and Reports*, page 29.

B. Scope of Services

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.

Approach to Performing Medical Services

Concentra acknowledge that the Village requires 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 the Village Police and Fire personnel. We describe our capabilities below.

Concentra realizes that any medical examination may be performed post-offer and pre-placement and must be "job-related and consistent with business necessity" (29 CFR 1630.14(b)). The purpose of a post-offer physical is to ensure that the employee does not have a medical condition that precludes performing the job safely, that could be seriously aggravated by the job duties, or that could affect the safety of others in the workplace. To make this determination, the physician needs to evaluate the individual's health status, and the job requirements.

We describe our capabilities below.

Medical and Work History Questionnaire

Prior to the physical examination, the employee completes a thorough medical history questionnaire that includes medical, personal, occupational, family, and medication history. 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. Examples of such mandated questionnaires include the Asbestos Questionnaire and the Respiratory Medical Evaluation Questionnaire. Once the employee completes the questionnaire, Concentra's physician reviews the questionnaire in conjunction with the individual's test results and makes the appropriate medical recommendations. Concentra immediately contacts any findings that pose an immediate danger to the life or health of the employee. *After reviewing the questionnaire, the provider performs a comprehensive physical examination.*

As part of Concentra's quality control plan, a Concentra physician or Regional Medical Director reviews randomly selected employee medical charts to assure due diligence.

Concentra retains all completed paperwork in accordance with state and federal guidelines in order to maintain compliance and provide the Village with requested patient information.

Exams

Pre-placement Physical – Examination Components

While we will include all Village-defined exam elements, it is customary that Concentra recommend that a thorough medical examination include at least those items listed below. We can also perform any ancillary testing as requested and/or when indicated, and upon the Village's approval.

- Complete medical history (family, occupational, health, disease)
- 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

Exam Components

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

Return-to-Work Physical Examinations

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

During a return-to-work examination, in addition to the medical history review and review of existing documentation, employees undergo a basic medical examination administered by a clinician. The clinician determines if the patient is medically able to proceed with the functional test. In some cases, the employee has a medical condition that precludes participation in a functional test (recent back/knee/shoulder surgery, an active hernia, a cardiac condition). In these cases, we require clearance from the employee's personal physician prior to the functional test.

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. Concentra may require additional testing upon the client's approval to ensure our examining clinician renders the proper medical decision. However, we will not conduct any additional testing without exclusive authorization by the designated client contact.

Department of Transportation (DOT) Physical Examinations

Concentra has been performing Department of Transportation (DOT) examinations for our clients since our founding. In 2017, we performed more than 800,000 DOT physicals for our clients. We maintain comprehensive policies and procedures for these examinations and thoroughly train our staff on each testing component. Specifically, when performing these examinations, the medical examiner (who is listed on the National Registry of Certified Medical Examiners), adheres to the physical examination components outlined in the Federal Motor Carriers Safety Administration (FMCSA) regulations, 391.41-Physical Qualifications for Drivers. If the driver passes, the medical examiner (ME) immediately generates the required Medical Examiner Certificate. The certificate may be issued for up to 24 months; however, the Concentra ME may limit certification based on a driver's medical history. All Concentra MEs who perform these examinations possess the proper certification in accordance with FMCSA guidelines.

The purpose of this 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 should be conducted carefully and should at least include 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.

FormFox Electronic Forms

Concentra currently uses the FormFox system to capture information related to DOT exams electronically. Documenting the exam in electronic format ensures the forms are completed and legible. For drivers who are certified, the medical examiners certificate is provided in the center, post-visit. All determinations are reported to the National Registry of Certified Medical Examiners per regulations.

DOT Exam Details

Components the ME will typically examine include the following:

- **General appearance and development.** Note marked overweight. Note any postural defect, perceptible limp, tremor, or other conditions that might be caused by alcoholism, thyroid intoxication or other illnesses.
- **Head-eyes.** When charts other than the Snellen chart are used, the results must be expressed in values comparable to the standard Snellen test. If the driver wears corrective lenses for driving, these should be worn while driver's visual acuity is being tested. If contact lenses are worn, there should be sufficient evidence of good tolerance of and adaptation to their use.
- **Ears.** Note evidence of any ear disease, symptoms of aural vertigo, or Meniere's Syndrome. When recording hearing, record distance from patient at which a forced whispered voice can first be heard. If the individual fails the whispered voice test, the audiometric test should be administered. For the audiometric test, record decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz. Average the decibel loss at 500 Hz, 1,000 Hz, and 2,000 Hz and record as described on the form. If the individual fails the audiometric test and the whispered voice test has not been administered, the whispered voice test should be performed to determine if the standard applicable to that test can be met.
- **Throat.** Note any permanent deformities likely to interfere with breathing or swallowing.
- **Heart.** Note murmurs and arrhythmias, and any history of an enlarged heart, congestive heart failure, or cardiovascular disease that is accompanied by syncope, dyspnea, or collapse. Indicate onset date, diagnosis, medication, and any current limitation. An electrocardiogram is required when findings so indicate.
- **Blood pressure (BP).** If a driver has hypertension and/or is being medicated for hypertension, he or she should be recertified more frequently. An individual diagnosed with Stage 1 hypertension (BP is 140/90-159/99) may be certified for one year. At recertification, an individual with a BP equal to or less than 140/90 may be certified for one year; however, if his or her BP is greater than 140/90 but less than 160/100, a one-time certificate for three months can be issued. An individual diagnosed with Stage 2 (BP is 160/100-179/109) should be treated and a one-time certificate for three-month certification can be issued.
- **Lungs.** Note abnormal chest wall expansion, respiratory rate, breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, or cyanosis. Abnormal finds on physical examination may require further testing such as pulmonary tests and/or X-ray of chest.
- **Abdomen and viscera.** Note enlarged liver, enlarged spleen, abnormal masses, bruits, hernia, and significant abdominal wall muscle weakness and tenderness. If the diagnosis suggests that the condition might interfere with the control and safe operation of a commercial motor vehicle, further testing and evaluation is required.
- **Genital-urinary and rectal examination.** A urinalysis is required. Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problems.
- **Neurological.** Note impaired equilibrium, coordination, or speech pattern; paresthesia; asymmetric deep tendon reflexes; sensory or positional abnormalities; abnormal patellar and Babinski's reflexes; ataxia. Abnormal

neurological responses may be an indication for further testing to rule out an underlying medical condition. Any neurological condition should be evaluated for the nature and severity of the condition, the degree of limitation present, the likelihood of progressive limitation, and the potential for sudden incapacitation.

- **Spine, musculoskeletal.** Previous surgery, deformities, limitation of motion, and tenderness should be noted. Findings may indicate additional testing and evaluation should be conducted.
- **Extremities.** Carefully examine upper and lower extremities and note any loss or impairment of leg, foot, toe, arm, hand, or finger. Note any deformities, atrophy, paralysis, partial paralysis, clubbing, edema, or hypotonia.
- **Laboratory and other testing.** Other test(s) may be indicated based upon the medical history or findings of the physical examination.
- **Diabetes.** If insulin is necessary to control a diabetic driver's condition, the driver is not qualified to operate a commercial motor vehicle in interstate commerce. If mild diabetes is present and it is controlled by use of an oral hypoglycemic drug and/or diet and exercise, it should not be considered disqualifying. However, the driver must remain under adequate medical supervision.

Firefighter and Police Officer Examination Experience

For nearly 40 years, Concentra has performed examinations for firefighters, police officers, and other safety sensitive positions through our network of Concentra Medical Centers and employer onsite clinics. *Today we provide services to more than 1500 fire, rescue, and police departments nationwide.* We maintain written guidelines on all firefighter and police officer standards, OSHA, ADA, and other applicable regulations. Our clinicians delivering services have all certifications required to perform the associated clinical evaluations.

Police Officer Examination Experience

In performing their duties, police officers frequently face strenuous physical situations. Police officers can be involved in combative incidents, including handcuffing, use of restraining devices, batons, locks, grips, holds, self-defense, and body force. As emergency responders, police officers can be required to run, jump, climb, crawl and walk extensively, lift, carry, drag, pull, balance, and push. In addition, police officers are often subjected to extreme psychological and emotional stress when dealing with aggression, violence, and cruelty, and must often intervene in high-pressure, human crisis situations. As such, thorough evaluations and pre-screenings as well as access to ongoing medical and psychological support are imperative to provide for the ongoing health and safety of all officers. Concentra has extensive experience working with hundreds of police departments across the country to help ensure their police officers are fit to perform their essential job functions. We adhere to all local, state, and federal guidelines, as well as our clients' unique police officer standards.

Firefighter Examination Experience

Firefighters face a range of physical demands and evaluating candidates to determine whether he/she is physically capable of performing the essential functions of the firefighter position requires special expertise. Firefighter candidates must be evaluated in conjunction with the NFPA 1582 guidelines — a standard established by individuals with fire safety expertise and approved by the American National Standards Institute. The inherent on-the-job requirements of a firefighter necessitate candidates having the strength and fitness to have the ability to crawl or walk extensively, climb stairs/ladders while lifting and carrying heavy objects, wear a self-contained breathing apparatus, ventilate roofs or walls using power tools and/or hand tools, and advance water-filled hoses. With this in mind, Concentra created physical conditioning procedures and we perform job site analyses, physical fitness testing, and more for hundreds of fire departments across the country. We follow local, state, and federal guidelines, including NFPA and IAFF/IAFC standards, to ensure that individuals in these positions are fit to perform their essential job functions.

Firefighter Physical Examinations

Concentra recognizes that a firefighter's physical condition is essential to his/her safety and the public's safety. *As such, Concentra administers examinations and maintains all necessary records associated with medical surveillance requirements, including those set forth by the NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments, regarding firefighter examination components.*

Concentra conducts comprehensive examinations of firefighters. To begin, we require firefighters' completion of a medical history questionnaire, which includes medical, personal, occupational, family, and medication history. Concentra's clinician reviews the questionnaire and performs a thorough physical examination that focuses on the individual's ability to perform the essential job functions, which include both physical and cardiovascular demands. The

medical examination is designed to reveal health conditions that may affect the performance of the job, while the functional examination is designed to identify whether the individual is physically capable of performing the job's essential functions.

Examples of essential functions tested include:

- *Lifting/carrying* – Simulates the height/weight of the fan, jaws of life, chain saw, portable ladders
- *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, opening doors
- *Climbing* – Simulates accessing the fire ladder to reach victims, stairs in structures

In addition, clinicians assess the firefighter for aerobic capacity, muscular strength, cardiovascular endurance, and muscular flexibility. 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 a client'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 client's prescribed form. The clinician indicates whether a medical, physical, or mental circumstance in Category II or III exists, describes how the circumstance affects the officer's ability to perform his/her duties, and specifies the type and duration of treatment required. Infectious disease screenings and immunizations are completed, as needed, based on patient health history.

Medical Surveillance Examinations

Concentra performs medical surveillance examinations for employees who may be exposed to potentially hazardous substances and conditions. We maintain medical surveillance exam policies and procedures for the most common exposure types and employ skilled personnel trained in examination components. Concentra assures that all exam components and results reporting will be in accordance with current OSHA regulations.

Regarding surveillance examinations, Concentra:

- Renders services and abides by the recordkeeping standard 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

- ✓ 1910.1030. Bloodborne pathogens
- ✓ 1910.1053. Respirable crystalline silica
- Follows the recommendations of the Centers for Disease Control and Prevention (CDC)
- Ensures all personnel possess the appropriate certifications from National Institute for Occupational Safety and Health (NIOSH) and Council for Accreditation in Occupational Hearing Conservation (CAOHC) to perform associated clinical testing (i.e., audiograms, pulmonary function tests, etc.)

Clinical and Laboratory Testing

Clinical Components

Concentra acknowledges that the City may require various clinical testing as part of the examination process (i.e., audiograms, vision tests, X-rays, spirometry, etc.) and we affirm our ability to meet this requirement. Concentra offers a selection of clinical testing services in our urgent care clinics, which we perform on equipment that has been thoroughly examined and calibrated prior to testing. We can provide calibration reports to the City upon request.

The following table outlines Concentra's clinical testing capabilities:

| Concentra's Clinical Testing Capabilities | |
|---|--|
| Type of Test | Details |
| Audiometric Testing | <p>All audiometric testing conforms to the OSHA standard 29 CFR 1910.95. We have CAOHC-certified technicians to perform the tests, and we will provide all certifications upon request. Concentra's services specific to audiometric testing include:</p> <ul style="list-style-type: none"> ■ Audiometers that pause testing if ambient sound levels temporarily exceed OSHA levels ■ Immediate 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 |
| Vision | 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 for red, green, and amber. |
| Vitals | A trained technician records resting pulse rates and blood pressure using a hospital grade sphygmomanometer and stethoscope. The examining physician must obtain a repeat reading for any person who does not meet normal pulse rate or blood pressure criteria. |
| X-rays | All posterior-anterior X-rays are performed by registered X-ray technicians and certified B-readers will review selected chest X-rays in accordance with OSHA regulations. |

Respiratory Medical Evaluations

Concentra will perform respiratory evaluations as part of the Village's occupational health services program. We summarize our capabilities in the following table.

| Respirator Medical Evaluations | |
|--------------------------------|---|
| Component | Details |
| Physical Examination | A follow-up medical exam may be required based on questionnaire responses. The exam will include all components as applicable and medically appropriate. We will conduct the evaluations in accordance with OSHA standards, as outlined in 29 CFR 1910.134. |
| Clinical Testing | As appropriate, Concentra will perform spirometry, Chest x-rays and resting EKGs. |

| Respirator Medical Evaluations | |
|--|--|
| Component | Details |
| Fit Testing (additional fee) | Concentra has comprehensive policies and procedures in which to train our medical support specialist on respirator fit testing in accordance with OSHA regulation 29 CFR 1910.134. We regularly provide qualitative fit testing at Concentra medical centers and perform quantitative fit testing at select locations. |
| OSHA Respirator Medical Evaluation Questionnaire | <p>Concentra utilizes the required OSHA Respirator Medical Evaluation Questionnaire (questionnaire) when rendering services for the Village. First the employer will provide the evaluating clinician with OSHA required information that includes</p> <ul style="list-style-type: none"> • type and weight of respirator • exposures encountered with respirator use • duration and frequency of respirator use • physical effort expected with respirator use • additional protective equipment to be worn • any subsequent medical information <p>After the employee completes the questionnaire, and the employee provides a positive response to any question # 1 through #8 of the questionnaire, a follow up exam and ancillary tests, such as spirometry, resting EKG and CXR, may be required at the discretion of the evaluating clinician. The evaluating clinician reviews the responses, performs a focused physical exam and reviews any test results, then provides a written medical opinion to the employer regarding the employee's ability to use the respirator.</p> |

Testing

Drug and Alcohol Testing Components

Urine Drug Screens

DOT regulation 49 CFR Part 40 outlines "*Procedures for Transportation Workplace Drug and Alcohol Testing Programs*," providing guidelines and standards for drug and alcohol testing. For more than four decades, these procedures have been considered the gold standard. Therefore, Concentra conducts all drug testing, DOT and non-DOT, in full compliance with 49 CFR Part 40 and adheres to all Substance Abuse and Mental Health Services Administration (SAMHSA) policies and procedures. By following these procedures in federal and non-federal testing Concentra streamlines the collection process, offers defensible procedures for our collectors and clients, and ensures donor confidentiality.

Our typical process includes:

- Certified staff to perform DOT collections
- Collection via a split sample method as required by DOT
- Use of the proper chain of custody form (CCF) for regulated and non-regulated testing
- Proper specimen containment
- Shipment of specimen to a certified laboratory for analysis *within 24 hours or the next business day*
- Laboratory analysis performed by an appropriately licensed and certified laboratory
- Medical review officer (MRO) review as appropriate

| Testing Components | |
|--------------------|---|
| ✓ | 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. |
| ✓ | 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. |

Collectors

Concentra's certification course meets and exceeds the DOT training model. To help ensure consistency among all Concentra markets in adhering to DOT regulations, we developed a three-phase *Concentra 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 in the collection process. *To that end, Concentra requires refresher training for all collectors every*

2.5 years, although DOT regulations require refresher training to occur within five years. If the collector does not complete refresher training within the designated timeframe, we will not allow him/her to perform DOT collections. We summarize each phase of our Collector Certification Program in the following table.

| Concentra Collector Certification Program | |
|---|--|
| Phase One: Study Guide and Quiz | |
| Intranet study guide and quiz (required prior to attending phase two) | |
| Phase Two: Classroom Instruction | |
| <ul style="list-style-type: none"> Interactive instruction Hands-on collection training | <ul style="list-style-type: none"> Written examination (85 percent pass rate required for certification) Completion of Collector Acknowledgement Form |
| Phase Three: Proficiency Examination | |
| <ul style="list-style-type: none"> Five consecutive, error-free mock collections Two uneventful collection scenarios One "insufficient quantity of urine" scenario | <ul style="list-style-type: none"> One "temperature out-of-range" scenario One scenario in which the donor refuses to sign the CCF and initial the specimen bottle's tamper-evident seal |

Collection Process

Concentra administers all drug tests using the split sample method as required by the DOT and tests all samples for substances outlined in the most recent regulations. The certified collector and appropriate laboratory adhere to the following guidelines:

- Collects a minimum of 45 milliliters (ml.) of urine
- Divides the specimen into two bottles, 30 ml. in one and 15 ml. into a second bottle
- Seals the specimen appropriately
- Sends each specimen to the laboratory, ensuring shipment occurs as quickly as possible, but in any case, within 24 hours or during the next business day
- Once received, the laboratory 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

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 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 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

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 any case, within 24 hours or during the next business day. Specimens are picked up one to two times per day depending on the volume of the center location.

Breath Alcohol Testing

Concentra conducts breath alcohol testing using an evidential breath testing (EBT) device approved on the National Highway Traffic Safety Administration's (NHTSA) Conforming Products List for both screening and confirmation testing. To ensure quality results, we calibrate each EBT device daily, as well as after every positive result, without exception. Records of the calibration are placed on file 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 DOT guidelines.

Medical Review Officer Services

Concentra will perform MRO services utilizing our preferred vendor. When a laboratory-confirmed non-negative result is received, the MRO reviews and interprets the result to ensure scientific validity. The MRO also interviews the donor to determine if there is a legitimate medical explanation for the non-negative result, such as ingestion of a lawfully prescribed substance. The MRO typically makes three or more attempts during a 24-hour period to reach the donor, barring unforeseen circumstances (such as donor's phone disconnected). The MRO can ask medically related questions, which the Village cannot under the ADA, to definitively confirm a positive or negative result. The MRO always reviews the MRO copy of the CCF for non-negative tests. The MRO assistant ensures the MRO copy and the laboratory copy are transmitted timely as the MRO will not initiate a donor interview until receiving the MRO copy of the CCF, and will not transmit verified results until receiving the laboratory copy. If the MRO is unable to obtain either copy, the MRO will notify the Village of a "canceled" test.

Below we outline the typical responsibilities of the MRO.

- Conform to DOT Regulation 49 CFR Part 40 in the performance of all services and data transmissions for DOT and non-DOT drug tests
- Provide an MRO assistant to review all test results and CCFs under the MRO's direct supervision
- Receive appropriate copies of the CCFs within 24 hours of the collection; if collection sites are not adhering to this requirement, Concentra will provide appropriate follow up and training
- Store MRO records within regulatory requirements and best practices to maintain confidentiality
- Facilitate blind sampling for all laboratories, per DOT regulations
- Adhere to federal guidelines when coordinating the collection site process
- Transmit results via a secured network – DOT-certified laboratories produce an export file from their information management system and send it across their internal network; this information is stored in an encrypted file, restricting access

Occupational Injury/Workers' Compensation Case Management

Injury Care

By choosing Concentra, the Village is assured that its injured workers will 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.

Occupational Injury/Worker's Compensation Case Management Components

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

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 will immediately refer more serious conditions to the nearest emergency department.

- Abrasions
- Allergic reactions
- Back injuries
- Colds
- Cumulative trauma
- Eye injuries
- Joint injuries
- Lacerations
- 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 Examinations

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

During a return-to-work examination, in addition to the medical history review and review of existing documentation, employees undergo a basic medical examination administered by a clinician. The clinician determines if the patient is medically able to proceed with the functional test. In some cases, the employee has a medical condition that precludes participation in a functional test (recent back/knee/shoulder surgery, an active hernia, a cardiac condition). In these cases, we require clearance from the employee's personal physician prior to the functional test.

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. Concentra may require additional testing upon the Village's approval to ensure our examining clinician renders the proper medical decision. However, we will not conduct any additional testing without exclusive authorization by the designated client contact.

Referrals and Care Management

If our clinician determines an employee's medical condition requires specialty care or testing, he/she will put 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 include the employee as an active participant in the referral management process. We 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

Executive Physical Examinations

Concentra can 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.

Other

Medical Consultation

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

On-site Services

Concentra acknowledges that the Village desires on-site drug and alcohol testing for the Village departments as required. Concentra affirms our ability to perform these services on site with appropriate advance notice.

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 increasing function to expedite the employee's safe and sustainable return-to-work. Our clinicians will communicate with the Village, perform job analyses, and, whenever possible, arrange for limited duty to avoid lost time and productivity. Our clinicians will 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.

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.

Wellness and Screening Programs or Strategies

At Concentra, we believe there is power in the prevention of chronic health conditions that can negatively impact your employees' health and productivity. Before recommending specific strategies, however, we would like to review your health care claims to identify the Village's population health trends.

Keeping in mind that 70 percent of chronic health conditions are related to lifestyle, we typically advocate a comprehensive approach that includes identification of potential health issues, intervention, monitoring, educational services, and other activities. Our goal is to help employees understand the potential implications of chronic conditions and to encourage them to make changes that can have a positive impact on their overall health and productivity.

| Other Services Components | |
|---------------------------|--|
| ✓ | Medical consultation to Village Human Resources staff. |
| ✓ | Provide on-site drug and alcohol testing for Village departments as required. |
| ✓ | Partner with the Village in administering its return to work program. |
| ✓ | 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. |
| ✓ | Wellness programs, work hardening, and educational services preferred. |
| ✓ | Services shall be provided on an as-needed basis. |
| ✓ | Participate in wellness programs and screenings to establish and promote a safety and health-conscious culture among Village employees. |

C. Program Administration

Concentra affirms our ability to provide medical services at the Bellwood medical center Monday through Friday during normal business hours starting at 7:00 a.m. to 7:00 p.m.

Administrative and Support Services

Appointment Scheduling

Concentra will 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.

| Concentra's Billing and Invoicing Practices | |
|---|--|
| 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

Records Management

Concentra understands the importance of ensuring confidentiality of personal health information (PHI) and we maintain medical charts in accordance with the state practice acts governing their licensure. We house all charts on site and in a secure location, and provide all candidates and employees with HIPAA consent forms and Notice of Privacy statements. Per state and federal laws, the client's management personnel can only access these records on a "need to know" basis. We thoroughly train all Concentra employees designated to provide services on the HIPAA regulations that cover the release of medical records, authorization forms, and personal health information. Specifically, we instruct our staff not to disclose PHI either verbally or in writing to any other individual without the express written permission of the employee.

We created more than 70 HIPAA-related policies and procedures company-wide. The following are examples of processes, procedures, and guidelines we have in place to support compliance with HIPAA legislation:

- Include a Business Associate HIPAA agreement in all client and vendor contracts between Concentra and the party with whom we are contracting; agreement is reflective of the current HIPAA legislation and has been affirmed by legal counsel who specializes in this area
- Own and hold secure internal documentation systems and an on-site server, all of which are firewall and virus protected and monitored daily
- Have a secured intranet for all internal documents and employ a secured virtual private network (VPN) system for remote access
- Maintain a HIPAA-specific internal policy manual outlining the required privacy and security requirements for handling, maintaining, and disposing of PHI

Technology

Allscripts TouchWorks® Electronic Health Record (EMR) enables our clinicians to access patient records from any Concentra Medical Center, onsite clinic, Concentra Telemed, or 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.

Employer Portal

Concentra offers a self-service, online tool for the Village's convenient access to account information, test results, and reporting. The Concentra Employer Portal (the Portal) 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 of authorization forms
 - ✓ Print and email functionality to communicate authorizations to your employees
 - ✓ Search and archive functions
- Enhanced security features protect your information
 - ✓ Access control
 - ✓ Database monitoring
- Malware and virus protection
- Intrusion detection and prevention

Reporting

Standard Reports

Individual patient encounters provide the basis for the reporting system. Our system creates a report for each employee seen at Concentra and makes it available to the Village via the Employer Portal. 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 |
|------------------------|---|

Sample Reports and Communications

| | |
|--------------------------|---|
| 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 Reports

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 the Village'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 will note if additional testing is necessary and advise of the clearance status for job placement. If the results require supplemental testing, Concentra will then 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.

Injury Care

We provide employers an activity status report immediately upon employee checkout that includes:

- General employee demographics
- Basic employer information
- Visit information, including name of treating provider and diagnosis
- Employees' status, including any restrictions, and return-to-work status
- Name of treating provider
- Date, time, and provider for next scheduled appointment

We will also notify the client if there are any issues or concerns regarding return-to-work status.

- Contract with a bonded, HIPAA-compliant vendor to manage the shredding and recycling of paper documents located internally in locked cabinets within our internal office space per HIPAA guidelines
- Bonded, HIPAA-compliant vendor picks up and removes all materials from our offices; we require identification and signature by bonded workers
- Password protect all sensitive client files and only allow access to those staff members who require this to support direct client services
- Communicate acknowledgement of our compliance to HIPAA legislation to all employees during the program rollout process
- Never share individual PHI with any party i.e., client (employer), insurance company, or other provider(s) without prior consent from the individual per HIPAA regulations

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.

Measuring Satisfaction

As a leading national provider of occupational, urgent, preventive, and primary health care services, Concentra understands the importance of combining quality medicine with superior customer service. To track satisfaction, Concentra uses Net Patient Experience Rating (NPER) to gauge our performance.

- The NPER survey allows employees to share details about their experience with Concentra following their most recent visit. We ask employees to rate us based on factors such as wait times, the condition of our clinic, and the quality of our team members.

Concentra's rich culture embraces employee satisfaction as an anchor to our customer experience management program. This is important to employees who utilize our services today, and gives us meaningful information that we use to continually improve the breadth and quality of service we provide in the future.

Concentra affirms our ability to meet with the Village staff and designated representatives as reasonably and mutually agreed.

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](#).

D. Price Proposal

Concentra appreciates the opportunity to present our proposed fee schedule for the Village's Request for Proposals: Occupational Health Services program. We affirm all information contained herein is current, complete, accurate, and remains valid for 180 days following the due date, March 20, 2019.

| Concentra Pricing | |
|---------------------------------------|----------|
| Component | Price |
| Metabolic Chem Panel | \$50.00 |
| CBC w/Differential | \$54.00 |
| HEP B Titer Surface Antibody | \$58.00 |
| TB Skin Test 2 Step | \$50.00 |
| Lipid Profile Blood | \$50.00 |
| X Ray 2 View Chest | \$100.00 |
| Physical Examination Fit for Duty | \$65.00 |
| Physical Examination Respirator | \$60.00 |
| Physical Examination Non DOT | \$60.00 |
| Physical Examination DOT | \$75.00 |
| Cardiac Stress Test – Treadmill | \$316.00 |
| DS Urine Drug Screen 10 Panel Non DOT | \$50.00 |
| DS Urine Drug Screen 5 Panel DOT | \$55.00 |
| Breath Alcohol Test | \$40.00 |
| Vision Test Ishihara | \$25.00 |
| Vision Test Titmus | \$30.00 |
| Questionnaire Respirator | \$40.00 |
| HEP B Vaccine | \$110.00 |
| Glucose (fasting) | \$35.00 |
| Pulmonary Function Test | \$50.00 |
| Audiogram | \$35.00 |
| EKG with Interpretation | \$65.00 |
| Onsite Drug Testing Hourly Fee | \$65.00 |

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 Employer Portal is a self-service, online tool for the Village's convenient access to account information, test results, and reporting. The Concentra Employer Portal (the Portal) 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

Concentra is qualified to conduct business in 44 states, including Illinois, and has extensive quality assurance controls in place for every program we offer to our clients. 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](#).

G.Reference List

Provide evidence of the firm's experience in providing service for other unionized municipalities.

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.

Local Expertise

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 178,000 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.

| Concentra Experience Local Clients | |
|--|---|
| <p>Renee M. Carrion Manager, Personnel Services Cook County Human Resources 118 North Clark Street-Room 834 Chicago, Illinois 60602-1304 Email: Renee.Carrion@cookcountyil.gov Phone: 312-603-5981 Secure Fax: 312-603-3747</p> | <p>Brent Lewandowski Director, Member Services Cook County Pension Fund 70 W Madison St Suite 1925 Chicago, IL 60602 Email: blewandowski@countypension.com Phone: 312.603.1218 Fax: 312.603.9755 www.cookcountypension.com</p> |

Attachments

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

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

Attachment A

Required Forms and Documents

V. 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

Not applicable - Prices are all inclusive on attached Price Proposal \$ _____
 _____ \$ _____
 _____ \$ _____

Other Pricing - Specify below

Not applicable - Prices are all inclusive on attached Price Proposal \$ _____
 _____ \$ _____
 _____ \$ _____

DocuSigned by:
Proposal Signature: John R Anderson, DO
 3871D381A655465...

State of Illinois), County of Cook)

John R. Anderson, DO, FACOEM, 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 acknowledgment.

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

Organization Name
 (Seal - If Corporation)

DocuSigned by:
John R Anderson, DO
 3871D381A655465... Authorized Signature



Dated: March 20, 2019

2615 West Harrison Street; Bellwood, IL 60104-2450

Address

708.493.0299

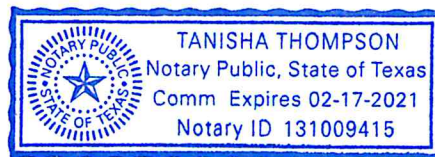
Telephone

ebielawski@concentra.com

E-mail

Subscribed and sworn to before me this

20th day of March, 2019.
[Signature]
 Notary Public



Proposed

| | |
|---|----------|
| Metabolic Chem Panel..... | \$50.00 |
| CBC w/Differential | \$54.00 |
| HEP B Titer Surface Antibody | \$58.00 |
| TB Skin Test 2 Step..... | \$50.00 |
| Lipid Profile Blood..... | \$50.00 |
| X Ray 2 View Chest | \$100.00 |
| Physical Examination Fit for Duty | \$65.00 |
| Physical Examination Respirator | \$60.00 |
| Physical Examination Non DOT..... | \$60.00 |
| Physical Examination DOT | \$75.00 |
| Cardiac Stress Test – Treadmill..... | \$316.00 |
| DS Urine Drug Screen 10 Panel Non DOT | \$50.00 |
| DS Urine Drug Screen 5 Panel DOT..... | \$55.00 |
| Breath Alcohol Test | \$40.00 |
| Vision Test Ishihara..... | \$25.00 |
| Vision Test Titmus..... | \$30.00 |
| Questionnaire Respirator | \$40.00 |
| HEP B Vaccine | \$110.00 |
| Glucose (fasting) | \$35.00 |
| Pulmonary Function Test..... | \$50.00 |
| Audiogram | \$35.00 |
| EKG with Interpretation..... | \$65.00 |
| Onsite Drug Testing Hourly Fee | \$65.00 |

VI. COMPLIANCE AFFIDAVIT

I, John R. Anderson, DO, FACOEM being first duly sworn on oath depose and state as follows:

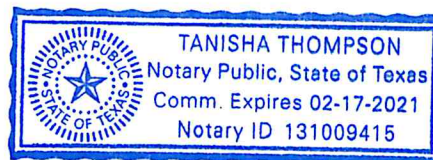
(Print Name)

1. I am the (title) President, Treasurer and Corporate Secretary of the Proposing Firm and am authorized to make the statements contained in this affidavit on behalf of the firm;
2. The Proposing 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 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 Proposing 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 relating to "Proposing Requirements".
6. Neither the Proposing 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 Proposing 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 Proposing Firm under the contract in 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. **Also complete the attached EEO Report or Submit an EEO-1.**
8. All statements made in this application are true and correct.

DocuSigned by:
 Signature: John R. Anderson, DO Printed Name: John R. Anderson, DO, FACOEM
3871D381A655465...
 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; Bellwood, IL 60104-2450
 (Number, Street, Suite #) (City, State & Zip)
 Telephone: 708.493.0299 Fax: 708.493.0594 Web Address: www.Concentra.com

Subscribed to and sworn before me this 20th day of March, 2019.

[Signature]
 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.

VII. ORGANIZATION OF PROPOSING FIRM

(Complete Applicable Paragraph Below)

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

- (a) **Corporation:** The Service Provider is a corporation, operating under the legal name of _____, is organized and existing in good standing under the laws of the State of Illinois and is authorized to conduct business in the State of Illinois. The full names of its Officers are:

President John R. Anderson, DO, FACOEMSecretary John R. Anderson, DO, FACOEMTreasurer John R. Anderson, DO, FACOEMThe Name and Address of its Registered Agent is: John R. Anderson, DO, FACOEM

(Name)

2615 West Harrison Street; Bellwood, IL 60104-2450

(Number, Street, Suite #)

(City, State & Zip)

The corporation has a corporate seal. (In the event that this proposal is executed by a person other than the President, attach hereto a certified copy of that section of Corporate By-Laws or other authorization by the Corporation that permits the person to execute the offer for the corporation.)



- (b) **Partnership:** The Service Provider is a Partnership operating under the name N/A

The following are the names, addresses and signatures of all partners:

| Name Signature | Address |
|-------------------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(Attach additional sheets if necessary.) If so, check here _____.

If the partnership does business under an assumed name, the assumed name is _____ which is registered with the Cook County Clerk and the partnership is otherwise in compliance with the Assumed Business Name Act, 805 ILCS 405/0.01 et.seq.

- (c) **Sole Proprietor:** The Service Provider is a Sole Proprietor. If the Vendor does business under an Assumed Name, the Assumed Name is N/A, which is registered with the Cook County Clerk. The Vendor is otherwise in compliance with the Assumed Business Name Act, 805 ILCS 405/0.01 et.seq.

- (d) **Affiliates:** The name and address of any affiliated entity of the business, including a description of the affiliation: _____

The name and address of any affiliated person of the business entity, including a description of the affiliation: _____

Signature of Owner

VIII. VILLAGE OF OAK PARK EQUAL EMPLOYMENT OPPORTUNITY REPORT

Please fill out this form completely. 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 Finance Department at 708-358-5470. **An EEO-1 Report may be submitted in lieu of this report**

1. Vendor Name: _____

2. Check here if your firm is:

_____ MBE _____ WBE _____ DBE _____ None of the above

3. What is the size of the firm's current stable work force?

_____ Number of full-time employees _____ Number of part-time employees

4. Similar information will be requested of all subcontractors working on this contract. Forms will be furnished to the lowest responsible bidder with the notice of contract award, and these forms must be completed and submitted to the Village before the execution of the contract by the Village.

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

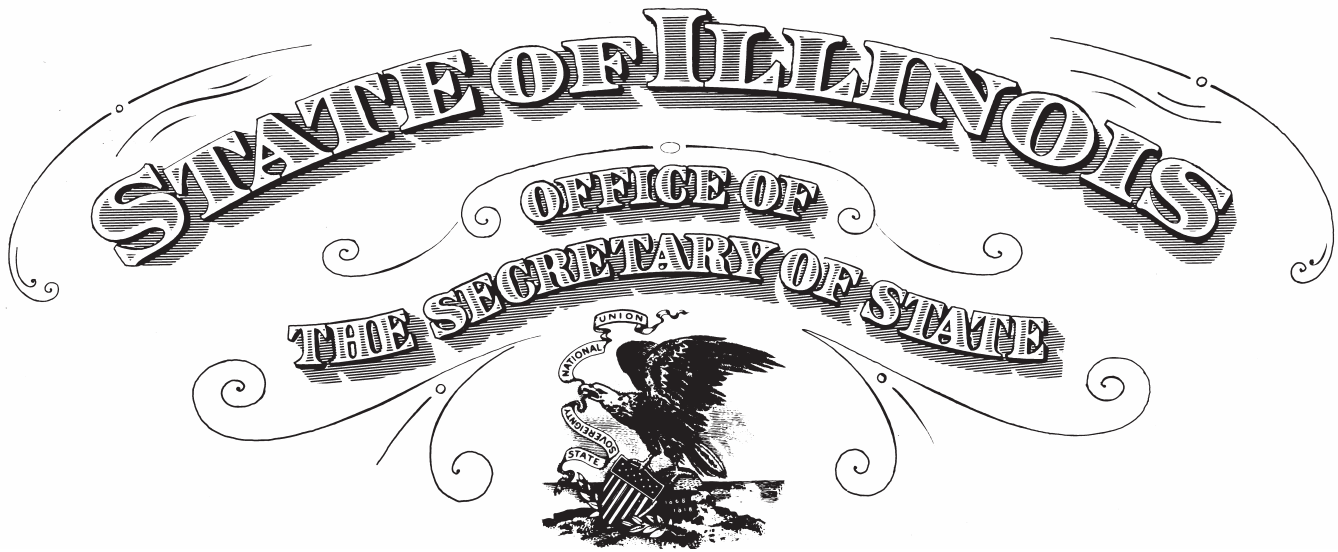
Please fill out this form completely. Failure to respond truthfully to any questions on this form, or failure to cooperate fully with further inquiry by the Village of Oak Park will result in disqualification of this proposal. An incomplete form will disqualify your proposal. For assistance in completing this form, contact the Finance Department at 708-358-5471.

| 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 | | | | | | | | | | | | |
| Professionals | | | | | | | | | | | | |
| Technicians | | | | | | | | | | | | |
| Sales Workers | | | | | | | | | | | | |
| Office & Clerical | | | | | | | | | | | | |
| Semi-Skilled | | | | | | | | | | | | |
| Laborers | | | | | | | | | | | | |
| Service Workers | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | |
| Management Trainees | | | | | | | | | | | | |
| Apprentices | | | | | | | | | | | | |

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

_____, being first duly sworn, deposes and says that he/she is
 _____ of _____ Person Making _____ Affidavit)
 (Name of _____ and that the above EEO Report information is true and accurate and is submitted
 (Title or Officer) with the intent
 of _____ that it be relied upon.
 Subscribed and sworn to before me this _____ day of _____, 2019.

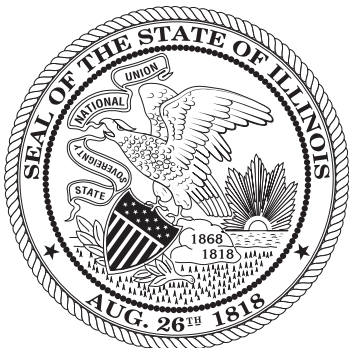
END OF PROPOSAL



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 RELATING TO THE PAYMENT OF FRANCHISE TAXES, 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 6TH
day of SEPTEMBER A.D. 2018 .

Jesse White

SECRETARY OF STATE



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.

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: | | Auth. by: | | Ext.: | |
| Work: | | | | | |
| Ext.: | | | | | |

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 it 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 20 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

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 it 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

Medical Examiner's State License, Certificate, or Registration Number _____ ☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

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 Page 1 of 7 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 Page 4 of 7 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 processing Yes No

(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

Pulmonary Function Tests:

FVC _____ FEV1 _____ FEV1/FVC% _____

Predicted _____ Predicted _____

Comments: _____

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

Page 1 of 1

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

Page 1 of 1

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 (0.5 ml if ≤18) | IM | GSK Merck | | | | Deltoid | | |
| | | 6 months | | | 20 JUL 16 | | | 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 Mazz 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 Pneum** | | | | 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: _____

Authorized by: _____

Please print

Phone: (_____) _____

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

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Title: _____

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 32128 Phone: (352) 352-3174 Fax: (352) 352-1417 | | 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 32128 Phone: (352) 352-3174 Fax: (352) 352-1417 | | 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. | | |
| r_referral © 1996-2014 Concentra Operating Corporation All Rights Reserved. AA/EEO Employer Revision: 05/23/2018 Page 2 of 2 | | |

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)930-9391 (214)935-1313 | | 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) 352-1211 Fax: (972) 352-1088 | | | |
| 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) 352-1211 Fax: (972) 352-1088 | | | | | | | |
| Transcription Summary | | | | | | | |
| From: | To: | | | | | | |
| 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 :

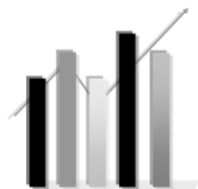
Revision Date: 03/27/2000

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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Page 1 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 |

| 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

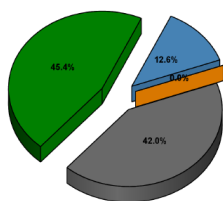
Concentra

- Akron

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

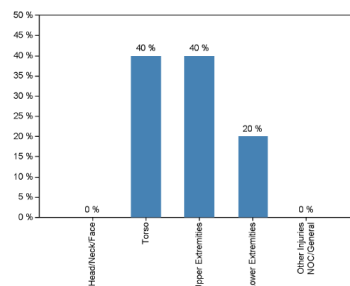
| | |
|------------------------------|------------|
| Total Closed Cases: | 5 |
| Cases Referred to Specialist | 1 |
| Cases Referred to PT - All | 2 |
| Cases put on Limited Duty | 5 |
| Cases put on Off-Duty | 0 |
| Avg. Charge per Case | \$1,213.31 |

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



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Page 3 of 3

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.

Attachment B

Key Employee Qualifications



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.

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.



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.

Scott A. Cole, M.D.

136 S Taylor Ave
Oak Park, Illinois 60302
(773) 562-9538 (cell)
scolemd@hotmail.com

Objective

To provide quality healthcare to all age groups in an urgent care or outpatient setting.

Licensure & Certification

Board Certified, American Board of Family Medicine
Co-Chair of Concentra Urgent Care Medical Expert Panel 2015-2016
National Registry of Certified Medical Examiners
Travel Health Specialist
Civil Surgeon, July 2005 - Present
Medical License, State of Illinois, State of Indiana
Advanced Cardiac Life Support
Cardiopulmonary Resuscitation

Professional Experience

Concentra Medical Centers

Occupational Medicine and Urgent Care Clinic
Chicago, Illinois

Director of Medical Operations, 2015- Present

- Oversee thirty-four Concentra Urgent Care Clinics and 3 Work Sites in the Chicago, Wisconsin, Minnesota regions
- Provides leadership development for the Center Medical Directors; mentors clinicians regarding the clinical model, outcomes, business metrics, patient & client satisfaction and center management
- Develops and executes actions plans to address gaps in financial performance and growth across service lines to achieve the annual business plans
- Leads and promotes collaboration across multiple disciplines and teams to achieve clinical and business outcomes
- Ensures superb patient care, satisfaction, and employer experience
- Source, recruit and hire top talent; network externally and build a strong internal bench to support growth

Area Medical Director, 2013 – 2015

- Oversee seven centers and one work site; providing leadership development for the Center Medical Directors to provide a superb patient and employer experience

- Regularly visit clinics/sites to treat patients, coach and mentor clinicians regarding Concentra's medical model, outcomes, business metrics, patient/client satisfaction and center management
- Manage staff through Center Medical Director collaboration as a means to optimize patient outcome, experience and efficiency measures
- Evaluate key practice indicators and trends in area and provide solutions to close any performance gaps
- Work with Area Leadership Team to analyze area financials and assess additional business opportunities

Center Medical Director, 2007 – 2013

- Directly manage support staff, staff physicians and mid-level providers
- Lead the practice of medicine and patient care of the center
- Responsible for building strong relationships with client companies
- Identify opportunities for improving service
- Oversaw the flagship center for urgent care services

Staff Physician, 2004 - 2007

- Evaluated and treated center patients according to Concentra's medical model and standard of care
- Worked with Center Medical Director to discuss quality of patient care, policies, procedures and patient records.

Swedish Covenant Hospital

Chicago, Illinois

Cardiac Rehabilitation Staff Physician, Feb. 2002-Nov. 2004

- Provided medical oversight of patients under the care of case managers, where care pertained to secondary prevention or rehab outcomes
- Reviewed abnormal findings (new onset of symptoms, hemodynamic changes, ECG changes, events or medical problems) not controlled by the primary physician
- Provided follow-up for abnormal findings by initiating treatment and designating a case manager to contact patient's primary care physician

Fast Track Physician, Feb. 2002-Sept. 2004

- Examined all patients admitted to the Fast Track in the Emergency Department and determined their acute care
- Communicated findings with referral physicians, private physicians and transferring institutions
- Provided initial care for a variety of acute medical illnesses, orthopedic and surgical illness, and injuries

- Instructed and supervised residents and medical students assigned to Fast Track.

Medical Preceptor - Family Practice Center, Aug. 2001-Feb. 2002

- Oversaw resident physicians and their patients in an outpatient setting.

Medical Record Maintenance, Aug. 2001-Jan. 2002

- Maintained and dictated inpatient hospital medical records.

Residency

Swedish Covenant Hospital

Chicago, Illinois

Family Practice Residency Program, June 1998-June 2001

Transitional Year Residency, June 1998-June 1999

Chief Resident, June 2000-June 2001

Resident of the Year, 2001

Education

University of Michigan Medical School

Ann Arbor, MI

Doctor of Medicine, May 1998

University of Michigan

Bachelor of Science, Biomedical Sciences, 1993

Bachelor of Science, Psychology, 1993

Professional Activities

American Academy of Family Physicians

Member, 1998-present

Journal Club, Swedish Covenant Hospital

Chairman, 2000-2001

Graduate Medical Education Committee, Swedish Covenant Hospital

Member, 2000-2001

References

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Chicago, Illinois

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- Oversaw resident physicians and their patients in an outpatient setting.

Medical Record Maintenance, Aug. 2001-Jan. 2002

- Maintained and dictated inpatient hospital medical records.

Residency

Swedish Covenant Hospital

Chicago, Illinois

Family Practice Residency Program, June 1998-June 2001

Transitional Year Residency, June 1998-June 1999

Chief Resident, June 2000-June 2001

Resident of the Year, 2001

Education

University of Michigan Medical School

Ann Arbor, MI

Doctor of Medicine, May 1998

University of Michigan

Bachelor of Science, Biomedical Sciences, 1993

Bachelor of Science, Psychology, 1993

Professional Activities

American Academy of Family Physicians

Member, 1998-present

Journal Club, Swedish Covenant Hospital

Chairman, 2000-2001

Graduate Medical Education Committee, Swedish Covenant Hospital

Member, 2000-2001

References

Available upon request



FMCSA

Federal Motor Carrier Safety Administration

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Dr. Cindy A Ross

Doctor of Medicine
Concentra

Employer: Concentra

Business Address:
8755 South Harlem Avenue
Bridgeview Illinois, 60455

Business Phone: (708) 430-2295

Business Fax: (708) 430-2372

Business Email: www.concentra@concentra.com

National Registry Number: 8823520182

Certification Date: 01/10/14



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Medical

Medical Requirements for Drivers

Medical Examiners

Medical Review Board

Reports

Dr. Maria F Vlahos

Doctor of Medicine
Concentra Urgent Care Clinic

Employer: Concentra

Business Address:
2615 W. Harrison Street
Bellwood Illinois, 60104 

Business Phone: (708) 493-0299

Business Email: mariaocmed@yahoo.com 

National Registry Number: 7969738618

Certification Date: 05/22/13

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

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

Maria Montal
Instructor, Concentra Medical Centers

Concentra⁺

Date

Certificate of Completion

Drug Screen Collector Qualification Training

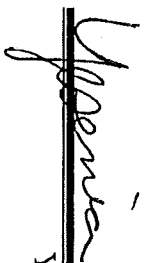
Laura Zuleta-Jolon

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 *

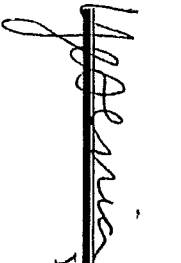


Yesenia Montalvo
Instructor

February 20, 2019

Date

Concentra^{††}



Yesenia Montalvo
Monitor

February 20, 2019

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

Drug Screen Collector Qualification Training

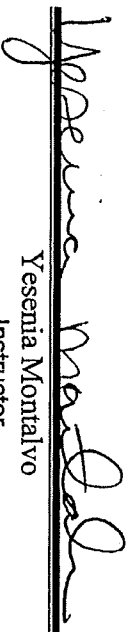
Chantal Alvarado

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 *

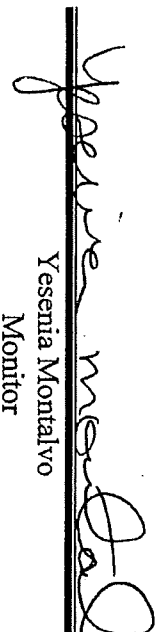


Yesenia Montalvo
Instructor

January 25, 2019

Date

Concentra^{††}



Yesenia Montalvo
Monitor

January 25, 2019

Date

Concentra^{††}

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Certificate of Completion

Chantal Alvarado

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.

January 25, 2019

Date


Instructor, Concentra Medical Centers

Concentra⁺

Certificate of Completion

Angela Sanfilippo

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.

January 25, 2019

Date

Instructor, Concentra Medical Centers

Concentra

Certificate of Completion

Drug Screen Collector Qualification Training

Angela Sanfilippo

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 *

January 25, 2019

Date

ConcentraTM

January 25, 2019

Date

ConcentraTM

Yesenia Montalvo
Monitor

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Certificate of Completion

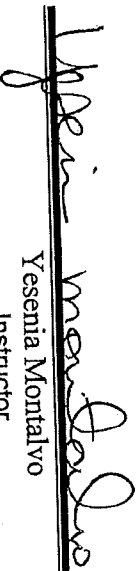
Drug Screen Collector Qualification Training

Maria Silva

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

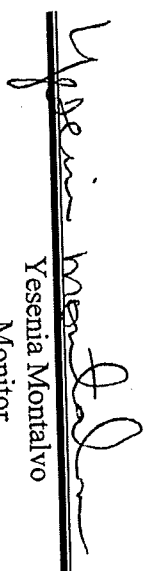
U.S. Department of Transportation Mandatory Guidelines, Federal Workplace Drug Testing Program *

March 5, 2019


Yesenia Montalvo
Instructor

Concentra[®]

March 5, 2019


Yesenia Montalvo
Monitor

Concentra[®]

Date

* 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

Maria Silva

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.

March 5, 2019

Date


Instructor, Concentra Medical Centers

Concentra™

Certificate of Completion

Drug Screen Collector Qualification Training

Tina Gonzalez

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 *

January 24, 2019

Date

Concentra™

Yesenia Montalvo
Instructor

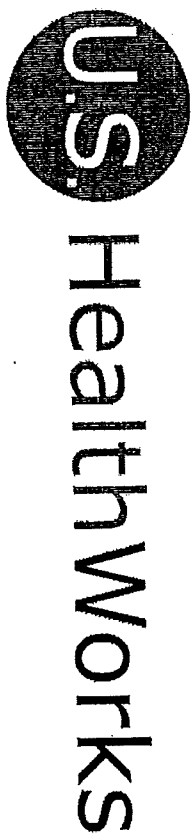
January 24, 2019

Date

Concentra™

Yesenia Montalvo
Monitor

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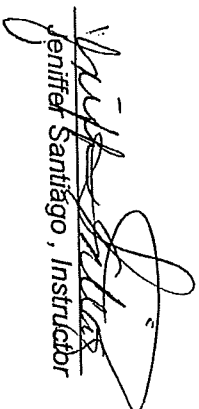


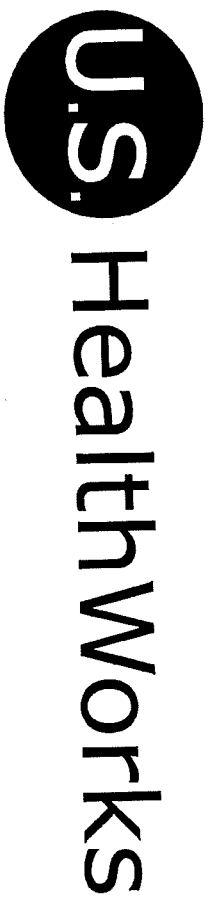
acknowledges that

Tania Rivas

successfully completed a course of instruction for Specimen Collectors
on 08/08/2017 and was therefore certified as such, after demonstrating
knowledge and proficiency in the **Procedures for Transportation Workplace
Drug and Alcohol Testing Programs** (49 CFR Part 40), in compliance with
the training requirements of this rule.

Expires: 08/08/2022


Jennifer Santiago, Instructor



does hereby certify that


Tania Rivas

successfully completed

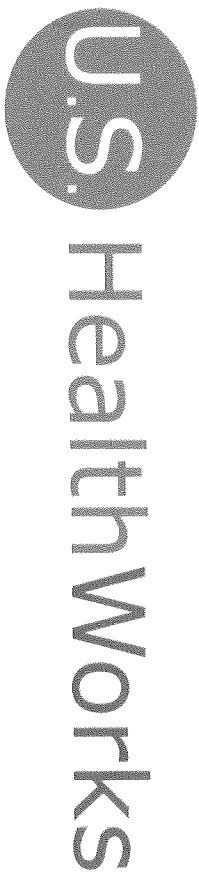
Breath Alcohol Technician

training on *DATE* in accordance with the U.S. Department of Transportation curriculum and was therefore certified as such after demonstrating knowledge of 49 CFR Part 40 regulations and competence in the operation of the EBT Model Intoximeters AlcoSensor IV / RBT IV.

Expires : 12/04/2022


Jennifer Santiago, Instructor

12/04/2017
Date



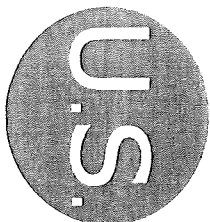
acknowledges that

Alexandra Valencia

successfully completed a course of instruction for Specimen Collectors
on February 3, 2015 and was therefore certified as such, after demonstrating
knowledge and proficiency in the **Procedures for Transportation Workplace
Drug Testing Programs** (49 CFR Part 40), in compliance with
the training requirements of this rule.

Expiration Date: February 3, 2020

Tina Gordon
Instructor
[Signature]
Signature



does hereby certify that

Alexandra Valencia

successfully completed

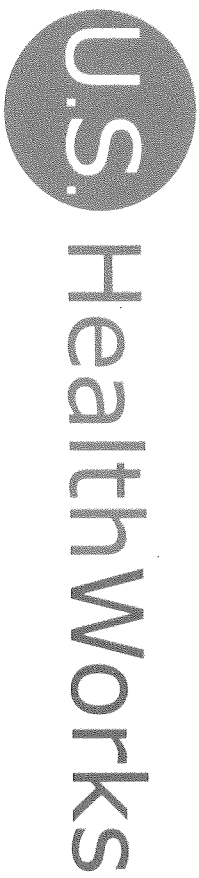
Breath Alcohol Technician

on October 14, 2015 in accordance with the U.S. Department of Transportation curriculum and was therefore certified as such after demonstrating knowledge of 49 CFR Part 40 regulations and competence in the operation of the EBT Model Intoximeters AlcoSensor IV / RBT IV.

Expires: October 14, 2020

Tina Bonder
(Name), Instructor

10-14-15
Date



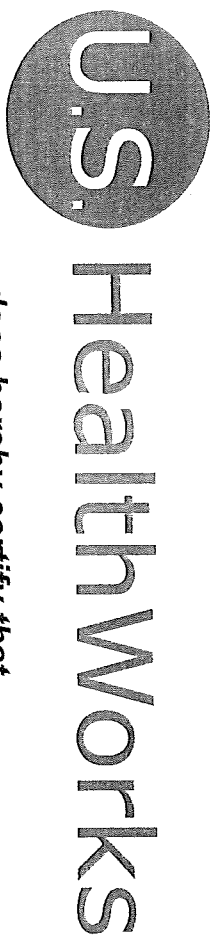
acknowledges that

Jessica Gomez

successfully completed a course of instruction for Specimen Collectors
on October 08, 2015 and was therefore certified as such, after demonstrating
knowledge and proficiency in the ***Procedures for Transportation Workplace
Drug Testing Programs*** (49 CFR Part 40), in compliance with
the training requirements of this rule.

Expiration Date: October 08, 2020

Tina Gonzalez
Instructor
Tina Gonzalez
Signature



does hereby certify that

Jessica Gomez

successfully completed

Breath Alcohol Technician

on October 14, 2015 in accordance with the U.S. Department of Transportation curriculum and was therefore certified as such after demonstrating knowledge of 49 CFR Part 40 regulations and competence in the operation of the EBT Model Intoximeters AlcoSensor IV / RBT IV.

Expires: October 14, 2020

Tina Gonzalez
(Name), Instructor

10/14/15
Date



Enrique Salvarrey

Enrique Salvarrey

Breath Alcohol Technician

Training Course

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

Alcosensor VxL
EBT Name/ Model No.

September 9, 2015

Yaelia Vassarez

Yaelia Vassarez
Institute, Concord, CA 94521-1000

Concentra™

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 *

Yesenia M. Montalvo

Yesenia M. Montalvo
Instructor

Concentra⁺[™]

July 29, 2015
Date

Yesenia M. Montalvo

Yesenia M. Montalvo
Monitor

Concentra⁺[™]

July 29, 2015
Date

* 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.

Attachment D

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.



VILLAGE OF OAK PARK

REQUEST FOR PROPOSALS: OCCUPATIONAL HEALTH SERVICES

DATE ISSUED: March 6, 2019

I. REQUEST FOR PROPOSALS - INSTRUCTIONS AND SPECIFICATIONS

The Village of Oak Park ("Village") is requesting proposals from qualified Contractors to provide professional Occupational Health Services beginning the effective date of the fully executed agreement for 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.

The Village will receive proposals at the Human Resources Department, Monday through Friday, 8:30 a.m. to 5:00 p.m., at 123 Madison, Oak Park, Illinois 60302. Proposals will be accepted until 5:00 p.m. (local time) **March 20, 2019**. Firms responding to this Request for Proposals must submit seven (7) copies of their proposals in sealed envelopes, and must conform to the format specified below.

The Village reserves the right to accept or reject any and all proposals or to waive technicalities. Information concerning this request for proposals is available from Julia Scott-Valdez, Assistant Village Manager/Human Resources Director, 123 W. Madison, Oak Park, Illinois 60302. Ms. Scott-Valdez can be reached by telephone at the following number, (708) 358-5652, or via e-mail at jvaldez@oak-park.us.

The documents constituting this request for proposals are listed below. Respondents are responsible for the completion of Sections II through VIII, in their entirety and in the order presented below. Missing information or proposals that are deemed by the Village to be incomplete will not be considered for award.

- I CALL FOR PROPOSALS
- II BACKGROUND INFORMATION
- III AWARD OF CONTRACT
- IV DETAILED SPECIFICATIONS
- V PROPOSAL FORM
- VI COMPLIANCE AFFIDAVIT
- VII ORGANIZATION OF PROPOSING FIRM
- VIII E.E.O. REPORT

Upon formal award to the successful Service Provider, an agreement will be executed for the performance of services and payment of agreed-upon fees.

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

| | |
|---|------------------------|
| Proposals due to Human Resources Department | March 20, 2019 |
| Tentative: presentations by preferred firm(s) (if needed) | Week of March 25, 2019 |
| Recommendation to Village Manager of preferred firm(s) | April 1, 2019 |
| Village Board approval | April 16, 2019 |
| Execution and implementation work plan & work flow | Week of April 22, 2019 |
| Effective date of service | May 1, 2019 |

II. BACKGROUND INFORMATION

The Village is a full-service home rule municipal corporation located in Cook County, Illinois. Oak Park is a thriving, transit-oriented community of about 52,000 people located immediately west of the City of Chicago and known for its great neighborhoods, architectural heritage and innovative public policy initiatives. Within its 4.5 square miles live one of the region's most diverse mixes of cultures, races, ethnicities, professions, lifestyles, religions, ages and incomes.

The Village provides a full range of municipal services including fire protection, ambulance, police, highway and street maintenance, building code enforcement, public improvements, economic development, planning, zoning, transportation, water and sewer services and general administrative services.

The Village operates under the village manager form of government. An elected legislative board consisting of a president and six trustees set policy and a professional manager oversees the day-to-day administration of government. Village services and programs are delivered by about 370 employees.

The Human Resources Department provides internal services to all Village departments via highly complex administrative support of the Village Manager, Department Directors and all employees by managing recruiting procedures, employee/retiree services, equal opportunity employment plan management, position classification and pay plan management, records maintenance for all Village employees reflecting tenure, qualifications and service, leaves of absence and related matters workers' compensation and work related injuries and administration of retirement and insurance plans via a third party contractor.

A. Current Providers

The Village currently receives a full complement of services from Concentra Health Services. The Village has been satisfied with the level of service provided by Concentra.

III. AWARD OF CONTRACT

A. Contract Term

The Village anticipates awarding an initial minimum contract for two (2) years, after which the Village ~~will the parties shall mutually agree to have the right~~ to renew for an additional one (1) year periods of time. The annual contract period for the period commences on May 1, 2019 and ends on April 30, 2021. Either party may terminate this contract upon thirty (30) days written notice to the other party.

B. Authorization

Any agreement with a selected Service Provider must be reviewed and approved by the Village Attorney, approved and authorized by the Village of Oak Park Board of Trustees, and executed by the Village Manager. The Service Provider is advised that Village staff, other than the Village Manager, have no authority to sign agreements or modify existing agreements on behalf of the Village and that any such agreements are null and void. The agreement shall be in substantially the form of the Professional Services Agreement attached hereto.

C. Payments

All invoices will be paid within 30 days of approval. Charges for late payments must be in accordance with the Local Government Prompt Payment Act, 50 ILCS 505/1, requiring a maximum interest penalty of 1% per month or portion thereof.

D. Termination for Non-appropriation of Funds

The Village reserves the right to terminate any multiyear agreement if the Village's Board of Trustees fails to appropriate funds for this purpose in any subsequent fiscal year. All funds for payments after December 31st of the current fiscal year are subject to Village appropriation for this purpose.

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

The Village ~~reserves the right to accept or reject~~ will be provided CV and resumes of ~~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.~~

F. Ownership of Data

The Village will remain the owner of its employee and claims data at all times. At the conclusion of the services, the vendor will be required to transfer all employee and claims data back to the Village in a format acceptable to the Village. Nothing herein shall apply to medical records or information pertaining to the diagnosis or treatment of any patient which constitute medical records or Protected Health Information ("PHI") as defined by Federal Law under the Health Insurance Portability and Accountability Act of 1996 along with all rules, regulations, and amendments thereto ("HIPAA")

G. Confidentiality

The Service Provider shall keep the Village's employee and claims data confidential.

H. Subcontracting

The Service Provider shall not assign or subcontract any portion of the services to be provided without the written approval of the Village. The Service Provider assumes responsibility for performance of all Sub-Contractors, whether or not authorized. In the event of a merger of a service provider with another firm, this contract will be transferable to the successor firm only upon the approval of the Village President and Board of Trustees.

I. Insurance Requirements

The selected Service Provider must purchase and maintain for the length of the agreement and coverage shall be provided as set forth in the attached agreement.

IV. DETAILED SPECIFICATIONS

All firms interested in providing Occupational Health services to the Village of Oak Park must provide detailed responses for each of the questions listed below. Be sure to indicate next to your response the question that is being answered. If the answer is contained within any attached marketing material, please indicate precisely where the response to the particular question is located.

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

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.

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.

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.

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.

4. Other:

- i. Medical consultation to Village Human Resources staff.
- ii. Provide on-site drug and alcohol testing for Village departments as required.
- iii. Partner with the Village in administering its return to work program.
- iv. 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.
- v. Wellness programs, work hardening, and educational services preferred.
- vi. Services shall be provided on an as-needed basis.
- vii. Participate in wellness programs and screenings to establish and promote a safety and health-conscious culture among Village employees.

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.
6. Collection site to maintain supply of and ensure use of appropriate Chain of Custody (COC) forms in urgent manner following appropriate protocol.
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.
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.
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.
14. Provide convenient online resources and support is preferred.

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.

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.

H. Evaluation Process

1. A Selection Committee will evaluate the technical proposals submitted using the Evaluation Criteria detailed below.
2. The Selection Committee will select the proposal which is most responsive to the Village's requirements and based on the ability and fee, appears to be best able to serve the Village.
3. Award of the Contract must be approved by the Village's Board of Trustees.

I. Evaluation Criteria

1. Proposals shall provide a straight-forward, concise description of the Service Provider's capabilities to satisfy the requirements of this RFP. Award will be made to the vendor who represents the best overall quality and value to the Village and proposals will be evaluated with an emphasis on the following:
 - i. Qualifications and experience providing occupational health services for government agencies with similar job classifications to the Village.
 - ii. Performance (quality and efficiency) providing occupational health services to government agencies.
 - iii. Proximity to Village of Oak Park employee worksites
 - iv. Industry knowledge of occupational health services.
 - v. Service availability, ease of process, customer service and convenience.
 - vi. Proven systems in place for timely communication and follow-up.
 - vii. Price.
2. During the evaluation process, the Selection Committee may, at its discretion, request any one or all Contractors to make oral presentations. Such presentations will provide Contractors with an opportunity to answer any questions the Selection Committee may have on a firm's proposal. Not all Contractors may be asked to make such oral presentation.
3. During the evaluation process, the Selection Committee, may, at its discretion, request any one or all Service Providers to provide a site visit of the facility intended to be used for Village purposes.

CONTRACTOR SERVICES AGREEMENT

THIS CONTRACTOR SERVICES AGREEMENT ("Agreement") is entered into this ____ day of _____, 2019, 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., d/b/a Concentra Medical Centers a professional corporation hereinafter referred to as the "Contractor").

RECITALS

WHEREAS, the Village intends to have professional services performed by the Contractor for occupational health services pursuant to the Contractor's Proposal dated _____, attached hereto and incorporated herein by reference (hereinafter referred to as the "Contractor's Proposal"), the Village's Request for Proposals dated _____, incorporated herein by reference as though fully set forth (hereinafter referred to as the "RFP"), and this Agreement.

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

1. RECITAL INCORPORATED.

1.1. The above recital is incorporated herein as though fully set forth.

2. SERVICES OF THE CONTRACTOR AND TERM OF AGREEMENT.

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

2.3. In case of a conflict between provisions of the 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. The 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 the Contractor with written notice of such change which notice shall be sent in accordance with Section 17 of this Agreement.

2.5. Contractor's Authorized Representative. In connection with the foregoing and other actions to be taken under this Agreement, the Contractor hereby designates its Corporate Authorities, 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 the 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 the Contractor. The 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 17 of this Agreement.

3. COMPENSATION FOR SERVICES.

3.1. The Village shall compensate the Contractor for the Services as set forth pursuant to the Contractor's Proposal in an amount not to exceed \$ _____. The 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 a 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 order, agreed to in writing by Contractor, ~~make request~~ changes regarding the general scope of this Agreement in the Services to be performed by the 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 ~~in writing accordingly~~ by amendment. No service for which additional compensation will be charged by the Contractor shall be furnished without the mutual written authorization of the ~~Village party's~~.

3.3. The 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

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 by giving the other party no less than thirty (30) days' written notice of the intent to terminate. ~~The Village may terminate this Agreement, in whole or in part, for its convenience. No such termination may be effected unless the terminating party gives the other party: (1) not less than ten (10) calendar day's written notice~~ pursuant to Section 14 below of its intent to terminate; and (2) an opportunity for a meeting with the terminating party before termination.

4.3. If this Agreement is terminated by either party, the 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 the Contractor pursuant to this Agreement.~~

5. INDEMNIFICATION.

5.1. The 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, 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 the 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 omission, or the acts or omissions of any third party.

6. INSURANCE.

6.1. The Contractor shall, at the 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 5. The 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, which ever 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-thirty~~ (15/30) 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 5 and indemnify, hold harmless and defend the Village, 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 | \$ 1,000,000.00 |
| Personal Injury | \$ 1,000,000.00 |
- 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. Shall be in accordance with the provisions of the laws of the State of Illinois, including occupational disease provisions, for all employees who work on the Project, and in case work is sublet, the Contractor shall require each subcontractor similarly to provide worker's compensation insurance. In case employees engaged in hazardous work under this Agreement are not protected under Worker's Compensation statute, the 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 | \$5,000,000.00 |

- (F) The Village, its officers, officials, employees, agents, and volunteers shall be named as an additional insured on all insurance policies set forth herein except worker's 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, employees, and volunteers.

6.3. The Village and the 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 Project.

6.4. The 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. The Contractor waives and agrees to require its insurers to waive its rights of subrogation against the Village, its officers, officials, employees, agents and volunteers.

7. SUCCESSORS AND ASSIGNS.

7.1. The Village and the 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 the 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 the 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, [for any change in scope](#), 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 the Contractor.

10. STANDARD OF CARE.

10.1. The 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. Upon notice from the Village, ~~the~~ the 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~~calendar ~~—week~~ of completion of the Contractor's Services.

10.3. The Contractor shall respond to the Village's notice of any errors and/or omissions within seven (7) business days of written confirmation by the 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 the Contractor.

10.4. The 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. The 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 the Contractor with respect to this Agreement.

10.6. The 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 the 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. The Village will remain the owner of its employee and claims data at all times. At the conclusion of the services, Contractor will be required to transfer all employee and claims data back to the Village in a format acceptable to the Village. Nothing herein shall apply to medical records or information pertaining to the diagnosis or treatment of any patient which constitute medical records or Protected Health Information ("PHI") as defined by Federal Law under the Health Insurance Portability and Accountability Act of 1996 along with all rules, regulations, and amendments thereto ("HIPAA")

~~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 project and payment to the 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. The Contractor shall have the right to retain copies of the Documents for its files. The 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. The Contractor's documents and records pursuant to this Agreement (hereinafter collectively referred to as "Documents") shall be maintained and made available during performance of the Services under this Agreement and for three (3) years after completion of any Services. ~~The 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 the Contractor not to dispose of or destroy said Documents and to require Contractor to deliver same to the Village, at the Village's expense.~~ The 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. The Agreement and all books, records and supporting documents related to the Agreement shall be available for review and audit by the Village and the federal funding entity at its sole expense, if applicable, and the 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 subsection shall establish a presumption in favor of the Village for recovery of any funds paid by the Village under the Agreement for which adequate books, records and supporting documentation are not available to support their purported disbursement. The 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 Project upon written notice to Contractor and 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. The Contractor shall have the right to include among the Contractor's promotional and professional materials those drawings, renderings, other design documents and other work products that are prepared by the Contractor pursuant to this Agreement (collectively "Work Products"). The Village shall provide professional credit to the Contractor in the Village's development, promotional and other materials which include the Contractor's Work Products.~~

11.4~~3~~. The 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 the Contractor. The Contractor shall not apply any costs or charge any fees to the Village regarding the procurement of records required pursuant to a FOIA request. The Contractor agrees to defend, indemnify, and hold harmless the Village, 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, the Contractor agrees to 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. The Contractor shall defend, indemnify, and hold harmless the Village, and agrees to 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 its requiring any steps, actions or results, the remaining parts or portions of this Agreement shall remain in full force and effect.

12. 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 the Contractor from providing services to any other public or private entity or person. In the event that the 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 the 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 the 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 the 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 the 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; [or](#)

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;~~ [or](#)

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; [or](#)

~~14.1.4. The Village may withhold any payment from the Contractor, whether or not previously approved, or may recover from the 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~~

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

14.2. ~~In addition to the above, if the Contractor fails to complete any required Services pursuant to this Agreement, 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.~~Reserved.

15. NO COLLUSION.

15.1. The Contractor hereby represents and certifies that the 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.* The 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 the 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. 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,

electronic transmission or by facsimile 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:

Village Manager

Village of Oak Park
123 Madison Street
Oak Park, Illinois 60302
Fax: (708) 383-5101
Email: villagemanager@oak-park.us

If to the Contractor:

[Occupational Health Centers of Illinois, P.C.,
d/b/a Concentra Medical Centers
5080 Spectrum Drive, Suite 1200W
Addison, Texas 75001](#)

Email: LegalContracts@concentra.com

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 electronic transmission or facsimile 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 facsimile 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. HEADINGS AND TITLES.

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

20. COUNTERPARTS.

20.1. 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. EFFECTIVE DATE.

20.1. As used in this Agreement, the Effective Date of this Agreement shall be the date that the Village Manager for the Village of Oak Park executes this Agreement as set forth below.

22. BINDING AUTHORITY.

22.1. 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.

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 are incorporated herein if applicable.

**[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

CONTRACTOR

By: Cara Pavlicek
Its: Village Manager

By:
Its:

Date: _____, 2019

Date: _____, 2019

ATTEST

ATTEST

By: Vickie Scaman
Its: Village Clerk

By:
Its:

Date: _____, 2019

Date: _____, 2019



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/15/2019

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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: SelectMed Unit PHONE (A/C, No, Ext): 215-567-6300 E-MAIL ADDRESS: SELECTMED_UNIT@grahamco.com | FAX (A/C, No): 215-525-0243 |
| INSURED Occupational Health Centers of Illinois, P.C. c/o Select Medical Corporation 4716 Old Gettysburg Road Mechanicsburg PA 17055 | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : Columbia Casualty Company | | 31127 |
| INSURER B : American Guarantee & Liability | | 26247 |
| INSURER C : Liberty Mutual Fire Ins. Co. | | 23035 |
| INSURER D : Allied World Assurance Company, Ltd. (DOMICILED) | | |
| INSURER E : Liberty Insurance Corporation | | 42404 |
| INSURER F : Liberty Mutual Insurance Group | | 23043 |

COVERAGES**CERTIFICATE NUMBER:** 131868461**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: | | | HAZ 4032244581-3 | 6/1/2018 | 6/1/2019 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$ |
| C | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | AS2-631-510199-038 | 6/1/2018 | 6/1/2019 | 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 \$ 2,000,000 | | | HMC 4032235752-3 | 6/1/2018 | 6/1/2019 | EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ |
| E F | 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 <input checked="" type="checkbox"/> N | N/A | WA7-63D-510199-018 WC7-631-510199-028 | 6/1/2018 6/1/2018 | 6/1/2019 6/1/2019 | <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 |
| B D | Property Excess Liability | | | ZMD0119116-03 C023701-004 | 6/1/2018 6/1/2018 | 6/1/2019 6/1/2019 | 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)

Project# Reference: OHC of IL/CMC is bidding on an RFP to provide medical services to the named client's employees
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 \$2,000,000 Self-Insured Retention each Occurrence/Claim subject to a \$10,000,000 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 4032244595-3; Effective 6/1/2018-2019 - See Attached...

CERTIFICATE HOLDER**CANCELLATION**

Village of Oak Park
123 Madison Street
Attn: Julia Scott-Valdez
Oak Park IL 60302

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

Page 1 of 1

| | | | |
|-------------------------------------|------------------|---|--|
| 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 | | EFFECTIVE DATE: | |
| CARRIER | NAIC CODE | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

\$400,000 Each Medical Incident/\$1,200,000 Aggregate Per Insured or Surgeon

KANSAS PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Continental Casualty Company - Policy #HAZ 4032244600-3; Effective 6/1/2018-2019 - \$200,000 Each Medical Incident/\$600,000 Aggregate Per Insured or Surgeon

LOUISIANA PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Columbia Casualty Company - Policy #HAZ 4032244614-3; Effective 6/1/2018-2019 - \$100,000 Each Medical Incident/\$300,000 Aggregate Per Insured or Surgeon

NEBRASKA PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Columbia Casualty Company - Policy #HAZ 4032244628-3; Effective 6/1/2018-2019 - \$200,000 Each Medical Incident/\$600,000 Aggregate Per Insured or Surgeon

PENNSYLVANIA PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Columbia Casualty Company - Policy #HAZ 4032244631-3; 6/1/2018-2019 - \$500,000 Each Medical Incident/\$1,500,000 Aggregate Per Insured or Surgeon

WISCONSIN PHYSICIAN PROFESSIONAL LIABILITY COVERAGE - Continental Casualty Company - Policy #HAZ 4032244659-3; 6/1/2018-2019 - \$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 - Policy #WA5-63D-510199-048; Effective: 6/1/2018-2019

WORKERS COMPENSATION - Occupational Health Centers of Southwest, P.A. - Policy #WA7-63D-510199-058 and WC7-631-510199-068; Effective: 6/1/2018-2019

ADDITIONAL WORKERS COMPENSATION POLICIES:

OHC of Arkansas – Policy #WC7-631-510199-078; Effective: 6/1/2018-2019
 OHC of Southwest (AZ/UT) – Policy #WC2-631-510199-118; Effective: 6/1/2018-2019
 OHC of Delaware – Policy #WC2-631-510199-108; Effective: 6/1/2018-2019
 OHC of Georgia/Hawaii – Policy #WC2-631-510199-178; Effective: 6/1/2018-2019
 OHC of Illinois – Policy #WC2-631-510199-198; Effective: 6/1/2018-2019
 OHC of Louisiana – Policy #WC2-631-510199-098; Effective: 6/1/2018-2019
 OHC of Michigan – Policy #WC2-631-510199-188; Effective: 6/1/2018-2019
 OHC of Nebraska – Policy #WC2-631-510199-148; Effective: 6/1/2018-2019
 OHC of New Jersey – Policy #WC2-631-510199-138; Effective: 6/1/2018-2019
 OHC of North Carolina – Policy #WC7-631-510199-088; Effective: 6/1/2018-2019
 OHC of Southwest (KS) – Policy #WC2-631-510199-128; Effective: 6/1/2018-2019
 Therapy Centers of Southwest I, PA (OR) - Policy #WC2-631-510199-168; Effective: 6/1/2018-2019
 Therapy Centers of South Carolina, PA - Policy #WC2-631-510199-158; Effective: 6/1/2018-2019

CYBER LIABILITY - National Union Fire Insurance Company of Pittsburgh, PA - Policy #01-950-31-88; Effective 9/25/2018-2019 - Limit: \$10,000,000 Security and Privacy

EXCESS CYBER LIABILITY - Endurance American Insurance Company - Policy #PRX10009889402; Effective: 9/25/2018-2019 - Limit: \$10,000,000 Each Occurrence/Aggregate

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.

THE VILLAGE OF OAK PARK, ITS OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS are additional insureds on the above General Liability, Auto Liability and Umbrella Liability Policies if required by written contract.