

VILLAGE OF LOMBARD

255 E. Wilson Ave Lombard, Illinois 60148, 3034 (630) 620-5700 Fax (630) 620-8222 www.villageoflombard.org

Village President William J. Mueller

Village Clerk Brighte O'Bright

Trustees

Greg Man Gron, Dist. 1 Richard J. Tross, Dist. 2 Zashary C. Wilson, Dist. 3 Dana L. Moreim, Dist. 4 Laara A. Fitzpatrick, Dist. 5 William "Bill, Wary, Dist. 6

Village Manager David A. Halscherg

Our sharea Vision to:
Lombard is a community of
excellence exemplified by its
government we sking regether
eith result and invites serie
teate a distinctive sense of
epirit and an outstanding
quality of life.

For Mission of the Village of Lambaci is to provide superior and responsive governmental services to the people of Lambaci.

Letter of Agreement

The Village of Lombard accepts the proposal presented by Elmhurst Memorial Healthcare of Elmhurst, Illinois dated October 23, 2009, a copy of which is attached hereto as Exhibit 1 and made part hereof.

This proposal was presented to the Village of Lombard for occupational health services and will be effective beginning January 1, 2010.

Length of Agreement for services shall be for a period of three (3) years from the date service provision begins with two (2) three-year options to renew.

Renewals are based upon the mutual consent of both parties, such consent being stated in writing thirty (30) days in advance of the renewal of the Agreement. Thus the resulting contract can be valid for a total of nine (9) years from the date service begins. Approval is required by the Village of Lombard Board of Trustees at each time of renewal.

Village of Lombard

Signature of Village President

William J. Mueller Village President

Elmhurst Memorial Healthcare

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Title

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Village of Lombard

Profile of Occupational Health Service Programs and Procedures - Fee Schedule

The provider shall indicate the cost to perform each procedure below.

١.	Drug	and	Alcoho	l Testing	<u>Programs</u>

A. DOT Drug Screen

Test Protocol: DOT Drug Screen Federal

45

B. Drug Screen 10 Panel

Test Protocol: Drug Screen Non-Federal

s 45

C. CDL Drug and Alcohol Testing

On Site Quarterly Testing At Provider Lab Testing

\$______ \$_____

D. Breath Alcohol Testing

<u> 25</u>

II. Annual/Periodic Exam and Post-Offer Employment Exam Procedures:

A. Firefighter and Police Officer (NFPA guidelines, section 2-4)

The annual Fire and periodic Police medical examination and the post offer employment physical examination for the positions of Firefighter/Paramedic and Police Officer will consist of the following, based on the NFPA guidelines:

- 1) Firefighters shall get annual physicals.
- 2) The periodic medical examination for Police Officers shall follow the schedule below:
 - a) Ages 29 and under every 3 years
 - b) Ages 30 to 39 every 2 years
 - c) Ages 40 and above every year
- 3) The medical evaluation and examination shall consist of the following components:
 - a) Interval medical history
 - b) Interval occupational history, including history of chemical or etiological exposure
 - c) Height and weight
 - d) Blood pressure
 - e) Vital signs, including pulse, respiration, blood pressure, and temperature
 - f) Dermatological system
 - g) Ears, eyes, nose, mouth, and throat
 - h) Cardiovascular system
 - i) Respiratory system
 - j) Gastrointestinal system
 - k) Genitourinary system
 - I) Endocrine and metabolic systems
 - m) Musculoskeletal system
 - n) Neurological system
 - o) Audiometry
 - p) Visual acuity and peripheral vision testing
 - q) Pulmonary function testing

Total cost of evaluation and examination (Cost of a-q listed above):

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Lab - Urinalysis

PPD (Step 1)

Lab - CBC w/differential

Vision (Titmus-Complete)

Attachment B

Village of Lombard Profile of Occupational Health Service Programs and Procedures – Fee Schedule

In addition, if indicated, the medical evaluation and examination shall consist of the following components: (Please include an itemized cost listing for individual tests or procedures.) a) Laboratory testing b) Diagnostic maging c) Electrocardiography (Fire - annually; Police - each periodic exam) 50 780 d) Stress test (when clinically indicated by history or symptoms) e) Prostatic Specific Antigen (PSA) under the following conditions: i. After age 40 if patient is African American ii. Patient has a positive family history iii. It is clinically indicated by physician iv. Otherwise only after age 50 Firefighters shall undergo a Physical Fitness Evaluation annually as outlined in the NFPA guidelines. Annual testing for Range Police Officers shall consist of the following components: 15 a) Audiogram b) Lab - ZPP (Protoporphyrin, RBC) 5.C) c) Lab - Lead level B. Annual Wellness Physical (Village Manager and Department Heads) Audiogram S **EKG** S Hemoccult Card S Lab - Chem Panel & HDL/Cholesterol Perct S Lab - Urmalysis Lab - CBC w/differential \$ 15 PPD Step 1 (optional) \$ 20 Vision (Titmus - Complete) \$ 15 Physical Exam: review of medical history; vital signs; height and weight \$ Stress Test C. Public Works - Annual Exam Hearing Exam \$ **PFT** \$ Respirator Clearance Exam \$ Chest X-ray Single View - PA (if needed) D. Clerical Post Offer Exam Audiogram Drug Screen 10 Panel \$ Lab - Chem Panel & HDL/Cholesterol Perct \$

Post-Offer Exam: review of medical history; vital signs; height and weight

15

<u>40</u>

20

15

\$

\$

\$

Attachment B

Village of Lombard

Profile of Occupational Health Service Programs and Procedures - Fee Schedule

E.	Public Works Post Offer Exam	
	Audiogram	s 15
	Back Assessment	\$
	DOT Post Offer Exam	\$ 45
	Drug Screen NIDA (DOT)	\$ 45
	Lab - Chem Panel & HDL/Cholesterol Perct	\$ 25
	Lab - Urinalysis	
	Lab – CBC w/differential	\$ <u>15</u>
	PFT PFT	\$ 15
		\$ 25
	Post-Offer Exam: review of medical history; vital signs; height and weight	\$ <u>40</u>
	PPD (Step 1)	\$ 20
	Vision (Titmus-Complete)	\$15
	Chest X-ray single view – PA	\$_60_
F.	Field Post Offer Exam	
	Audiogram	s 15
	Back Assessment	\$ 1.47
	Drug Screen 10 Panel	\$ 45
	Lab - Chem Panel & HDL/Cholesterol Perct	\$ 3.5
	Lab – Urinalysis	\$ 15
	Lab – CBC w/differential	\$ <u>15</u> \$ 15
	Post-Offer Exam: review of medical history; vital signs; height and weight	\$ 40
	PPD (Step 1)	
	Vision (Titmus-Complete)	
	vision (Hunds-Complete)	\$15
III. <u>Va</u>	ccinations:	
A.	Hepatitis Vaccination/includes Titer	
	Hepatitis Vaccination (series of three vaccinations)	\$ 60
	Lab- Hepatitis B surface antibody	\$ >
В.	Hepatitis A Vaccination	s60
C.	On-Site Hepatitis A and B Vaccinations	
	Hepatitis A Vaccine	\$ 60
	Hepatitis B Vaccine	\$ 60
	.,	<u> </u>
D.	Voluntary Flu Shots (Annual)	
	Village employee	s 25
	Immediate family member of Village employee	\$ 25
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IV. Miscellaneous Procedures

A. Paramedic Pre-Placement with Fit Test

Note: The patient should have already had the following tests via their post-offer exam: Hepatitis B antibody and inoculation series (if necessary), drug screen, physical exam, PPD, complete vision.

Diptheria Tetanus Toxoid (DT)	s ÷
Fit Test	\$ 30
Lab – Mumps IgG Antibody	\$
Lab - Rubella Antibody Titer	\$ 3.65
Lab - Rubeola Antibody Titer	\$ 20
Varicella Zoster Titer	\$ 060

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Attachment B

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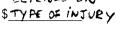
Village of Lombard Profile of Occupational Health Service Programs and Procedures - Fee Schedule

B. Return to W	ork Physical
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Note: Patient must have release from own doctor

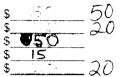
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C. Worker's Compensation Exam



D. Miscellaneous Procedures

Lab - HIV (results to patient only) Lab - Lead Level (Range Officer only) Lab - ZPP (Protoporphyrin, RBC) (Range Officer only) Respirator Questionnaire Thyroid - TSH



V. Health Risk Assessments (HRA) (Voluntary)

Complete package includes A-D below: (per participant cost)



A. Full Clinical Screenings

Height Weight Blood Pressure **Body Composition** Blood Screen - Panel B Hearing Test Vision Screening

- B. HRA Questionnaire
- C. Confidential Individual Report
- D. Aggregate Management Report

VI. Other Services

A. Health Newsletter

\$

B. Wellness Program

c	
3	

97 GXT = #195,00 Thallium = #100,00 STRESS Echo = \$500,00

Attachment B

Village of Lombard Profile of Occupational Health Service Programs and Procedures – Fee Schedule

Additional Information:

Fee Increases:

Please indicate the increase (percentage or other basis) that the Village of Lombard could expect to realize in the next year with an option to renew (Japungs 1, 2013).

realize in the next year with an option to renew (January 1, 2013).
O %
Signature: The below-named individual, submitting and signing this response, verifies that he/she is a duly authorized officer of the organization, and that his/her signature attests that information outlined in Attachment A and Attachment C are acceptable to the organization and that the information provided in response to this review (Attachment B) is accurate.
Date Authorized Signature Authorized Signature
ELMHURST OCCUPATIONAL HEALTH Name of Organization
130 S. MAIN ST.
LOMBARD, IL 60148
City/State/Zip Code RICH ORVINO - SALES REPRESENTATIVE Printed Name and Title of Authorized Signature
630-285-2018 630-285-2011 Fax Number
Torvino @ emhc. ORg Email Address