Baptist Occupational Health, Inc. Professional Services Agreement

	• .		7	igi oomoni	
-			COMPANY PROF	ILE	
	Company Name	Nassau	Co. Dept. of Emergency Service	Telephone	(904) 491-7525
	Billing Address	22070	ssau Place Service	FAX	904 321-5748
	City, State, Zip	Vulee.		Contact Person	Sam young Sherry whicht
		WORK	ERS' COMPENSATION /	MANAGED CARE	
	Company Name			Telephone	()
	Billing Address			FAX	()
	City, State, Zip			Contact Person	
		DRU	G SCREEN DATA - COLL	ECTION ONLY	
	Lab Name			Telephone	
	Address			Contact Person	
0 8	☐ Chest X-Ray (PA & Late. Chest X-Ray (PA Only): EKG	ral) 56.∞ 43.∞	Cocaine, Phencyclidines) HRS 8 Panel (Includes HRS 5 Panel plus Barbin Benzodiazepines, Methodone) HRS 10 Panel (Includes HRS 8 Panel plus Propoxy Cannabinoids) NIDA / DOT 5 Panel Other Services CRC 11:00 CMP-15 Lipid 18:72	After Hours Bre Confirmation, a turates, Services at the Baptist Me Baptist Me St. Vincent Workers After Hours Bre Baptist Me St. Vincent	nol Confirmation eath Alcohol, Breath Alcohol and Drug Screen Collection
	Yes, we are a <i>Drug F</i> . Therefore, we want and/or Breath Alcohol on every employeemployment, Post Acci. Work. (Random at Suspicion testing to be employer)	Drug Screens Tests performed te for Pre- dent, Return-to- nd Reasonable	No, we are not a Drug Free Wor However, we would like Drug Sand/or Breath Alcohol Tests per on every employee for employment, Post Accident, Ret Work. (Random and Reas Suspicion testing to be determinemployer)	kplace. No, we do Screens or formed time. Pre- purn-to- sonable	o not have a need for Drug Breath Alcohol Tests at this
	Health, Inc. and Nass	au County Lealth services for this Agreement	February ———————————————————————————————————	ompany name). I agree to Vorkers' Compensation	to promote the utilization injury treatment on an as-
	(Signature of Authorized		Floyd L. Vanzant (Print Name)	. Chai	rman, Nassau County Board of COunty Commi

BAPTIST OCCUPATIONAL HEALTH, INC. PROFESSIONAL SERVICES AGREEMENT EMPLOYEE PHYSICALS

ATTEST:

J. M. "CHIP" OXLEY, JR.

EX-OFFICIO CLERK

APPROVED AS TO FORM BY THE

NASSAU COUNTY ATTORNEY

MICHAEL S. MULLIN

02/18/2004 11:15:35

BOARD OF COMMISIONERS YEAR-TO-DATE BUDGET REPORT

PAGE 1 glytdbud

FOR 2004 99

109	ONE CENT SMALL COUNTY SURTAX	ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
109 0	NE CENT SMALL COUNTY SURTAX							
09223522 FIRE DEPT-NCBCC								
09223	522 531000 PROFESSIONAL SERVICES	0	123	123	122.75	.00	.25	99.8%
09223	522 531031 EMPLOYEE PHYSICALS 🤻	9,000	-123	8,877	226.50	.00	* 8,650.50	
09223	522 531035 DRUG TESTING 🤺	1,000	0	1,000	356.00	.00	644.00	35.6%
,	TOTAL FIRE DEPT-NCBCC	10,000	0	10,000	705.25	.00	9,294.75	7.1%
	TOTAL ONE CENT SMALL COUNTY SURTAX	10,000	0	10,000	705.25	.00	9,294.75	7.1%
	TOTAL EXPENSES	10,000	0	10,000	705.25	.00	9,294.75	
	GRAND TOTAL	10,000	0	10,000	705.25	.00	9,294.75	7.1%

02/18/2004 BOARD OF COMMISIONERS PAGE 1 11:14:15 YEAR-TO-DATE BUDGET REPORT glytdbud

FOR	2004	99

001	GENERAL FUND	ORIGINAL APPROP	TRANFRS/ ADJSTMTS	REVISED BUDGET	YTD EXPENDED	ENCUMBRANCES	AVAILABLE BUDGET	PCT USED
001 GENERAL FUND								
01261526	6 RESCUE							
01261526 01261526	6 531000 PROFESSIONAL SERVICES 6 531031 EMPLOYEE PHYSICAL 6 531034 CONTRACT SVC - PHYSICIAN 6 531035 DRUG TESTING	0 12,000 20,100 1,500	123 0 0 -123	123 12,000 20,100 1,377	122.75 293.00 6,700.00 76.00	.00	.25 X 11,707.00 13,400.00 X 1,301.00	99.8% 2.4% 33.3% 5.5%
	5 531201 PROF SERVICES-ATTORNEY TAL RESCUE	33,600	0	33,600	.00 7,191.75	.00	.00	.0%
TO	TAL GENERAL FUND	33,600	0	33,600	7,191.75	.00	26,408.25	21.4%
	TOTAL EXPENSES	33,600	0	33,600	7,191.75	.00	26,408.25	
	GRAND TOTAL	33,600	0	33,600	7,191.75	.00	26,408.25	21.4%

ARTICLE 35

SAFETY AND HEALTH

- 35.1 The Employer shall provide each Employee an annual physical at no cost to the Employee. Said physical shall consist of the following items:
 - 1. Blood Tests (SMAC 24 with Lipid profile)
 - A. PSA Test for male Employees 40 years of age
 - 2. Urinalysis (dipstick)
 - 3. Hearing Test
 - 4. Vision Test
 - 5. 12 Lead EKG (resting)
 - A. If over 45 years of age, a stress test shall be performed if three (3) or more cardiovascular risk factors are present or the examining physician recommends.
 - 6. Chest X-ray every two (2) years; unless examining physician or employee requests yearly.
 - 7. HIV (at the request of the employee)
 - 8. TB (PPD)
 - 9. Spirometry (PFT if abnormal)
 - 10. PAP Smear, for female Employees optional.

Any other test shall be at the discretion of the examining physician and within established guidelines mandated or recommended by applicable laws, standards, or regulations.

- 35.2 The examining physician will have the responsibility to decide if additional evaluations are necessary.
- 35.3 The Employer shall provide at no cost to the employee, immunization against Hepatitis B and any other immunizations that become available for the protection against other types of Hepatitis. The Employer shall also provide any other immunizations that are mandated or regulated by applicable laws, standards, or regulations.
- 35.4 Employees are required to engage in activity that improves their fitness level. Workout shall be for at least one (1) hour during their duty assignment.
- 35.5 The Employer shall provide to the Employee a one-time

hazardous material blood test for heavy metals and psudo cholinesterase, for the purpose of having a baseline should an exposure occur. This will be accomplished in the year 2002, then removed from this contract and become part of the employee physical during the hiring process.

J	Department.	
	Background: This is a contractual requirement.	
]	Financial/Economic Impact to Future S Citizens: annual exam regun os 67(see attached).	Years Budgeting Process or Effect on Led per Linear contract article 35
I I c t	Action requested and recommendation Review and approval of Baptist Primar physicals. Contract with Baptist Primar affect. Considered sole sources to be some to be fore. Is this action consistent with the Nassa Plan?	ry Care contract for employee test Occupational Health (De letitorio) a bu Chief Cooper because all required place instead of various locations
ال ال ال ال ال ال	Funding Source: 01261526-531031 Employee Physicals account numbers below Reviewed by: C. W. Cooper, Fire Chic Legal Finance Coordinator	\$ 1,301 available for drug
	PROVED 2-23-04 9/18	DEmployee physicals Rescue 01261526-531031 \$11,707 available Five 0923522-531031 \$8,6500 Drug Testin: Possee 01261526 531035 \$1,301 Five 09223522-531035 \$644

Agenda Request For: 02/23/2004

Agenda Request For: 02/23/2004

Department:

Background:

This is a contractual requirement.

Financial/Economic Impact to Future Years Budgeting Process or Effect on Citizens:

Action requested and recommendation: Review and approval of Baptist Primary Care contract for employee physicals.

Is this action consistent with the Nassau County Comprehensive Land Use Plan?

Funding Source:

01261526-531031 Employee Physicals

Reviewed by: C. W. Cooper, Fire Chief

Coordinator Hoyd P. Varyant

Agenda Request For:

C. W. Cooper, Fire Chief

Sam Young, Deputy Chief

Department:

Emergency Services

Fire Rescue

Fund: <u>09223522-531031</u>

01261526-531031 3//05 - --- 8 8 7 8

Action Requested and Recommendation:

Review and sign the attached

agreement between Baptist

Occupational Health, Inc. and Nassau -County Fire Rescue for the purpose of

conducting employee physicals.

Funding Source:

Financial /Economic Impact to Future Years Budgeting Process or Effect on Citizens:

Is this action consistent with the Nassau County Comprehensive Land Use Plan?

Reviewed By

Finance

Coordinator

- NASSON Zounly & CHAN. NEEDS 6. 5:6N.