

ANNEX B
APPENDIX C – PRICING

BASE PROPOSAL

#	ITEM	TYPE	FEE PER ITEM/UNIT (\$)
1.	Medical Consultation:	General Medical Consultation & Baseline Physical Examination	
		Periodic Medical Examination (follow-ups)	
2.	Occupational Health Services:-	Complete blood count, including white cell count and differential	
		Routine urinalysis	
		Liver Function Test	
		Audiometric Test	
		Vision Test	
3.	Occupational Health Services:- (where clinically indicated)	Lung Function Test	
		Chest X-ray	
4.	Vaccinations (where potential exposure profile indicates)	Hepatitis A	
		Hepatitis B	
		Tetanus	
		Polio	
		Typhoid Fever	