# Annex B

# APPENDIX C – PRICING

BASE PROPOSAL

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| **#** | **ITEM** | **TYPE** | **FEE PER ITEM/UNIT ($)** |
| 1. | Initial Consultation: -  Medical/work history & Physical examination | General Medical consultation |  |
| 2. | Occupational Health Services: - Complete blood count, including white cell count and differential; routine urinalysis, Liver Function Test, Audiometric Test & Vision Test | Base line Medical examination |  |

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| 3. | Occupational Health Services: - Lung Function Test (where clinically indicated) | Base line Medical examination | |  |
| Periodic Medical examination | |  |
| 4. | Occupational Health Services: - Chest X-ray (where clinically indicated) | Base line Medical examination | |  |
| Periodic Medical examination | |  |
| 5. | Vaccinations | Hepatitis A | |  |
| Hepatitis B | |  |
| Tetanus | |  |
| Polio | |  |
| Typhoid Fever |  | |