

ANNEX B – PRICING FORM

BASE PROPOSAL

#	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	
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	

