

ANNEXURE A1. FEES AND ASSUMPTIONS

Description of Service	Frequency	Cost	Cost	Cost	Cost	Cost
		Year 1	Year 2	Year 3	Year 4	Year 5
1. Provision Of Qualified And Competent Clinical Resources						
Experienced, certified and registered Occupational Health Nurse. As per TOR requirements. (price includes all services listed in TOR)	Monthly	R	R	R	R	R
Experienced, certified and registered Occupational medical practitioner. As per TOR requirements. (price include all services listed in TOR)	2X per week 2 Hours per day. Or as and when required	R	R	R	R	R
Certified and experienced locum staff to be provided when necessary.	Monthly	R	R	R	R	R
2. Occupational Health Service Delivery		R	R	R	R	R
Basic clinic – non capital equipment.	Once Off	R	R	R	R	R

Medical waste management by means of contract for removal as per legislation including obtaining certificates of destructions.	Monthly	R	R	R	R	R
Replenish the stock of first aid boxes as and when need arise.	As and when required	R	R	R	R	R
Medication and consumables	Monthly	R	R	R	R	R
Equipment and Calibration (All SABS approved equipment as required by clinic facilities set up, maintenance and calibration.	Annually	R	R	R	R	R
Insurance and indemnity cover will be responsibility of the service provider.	Monthly	R	R	R	R	R
Travel Clinic Management Fees Vaccines, medication and travelling packs	Monthly As and when required	R	R	R	R	R
Admin management	Monthly	R	R	R	R	R
SUB TOTAL COST		R	R	R	R	R
VAT		R	R	R	R	R
TOTAL COST INCL VAT		R	R	R	R	R
TOTAL COST OVER 5 YEARS						R

Indicate the percentage increase for:

Year	Percentage increase
2	
3	
4	
5	

Please specify any charges, other than fees, above:

Any other fees must be disclosed in sufficient detail
