



BA-PHALABORWA MUNICIPALITY
MEMORANDUM
- BUDGET AND TREASURY –

TO : *Prospective Service Provider*
FROM : *SCM /STORES*
DATE : *24/08/2021*
ENQUIRIES : *STORES*
TELEPHONE : *015 780 6362/61*
REF : *129682*

Kindly furnish this office with a written quotation for supply of goods/ services as detailed below. The quotation must be submitted on the letterhead of your Business and Brought to our offices 3 Nyala Street, Phalaborwa not later than 01/09/2021 12H00

QUANTITY	Description	PRICE/UNIT (Inc. VAT)	DELIVERY PERIOD
240	CONDUCTING OF ANNUAL MEDICAL SURVEILLANCE TO EMPLOYEES		

Please number your quotes (Your Ref no)

The following conditions will apply:

- *Price (s) quoted must be valid for at least thirty (30) days from date of your offer.*
- *The municipality retains the prerogative to reject any quotes it deems to be excessive*
A firm delivery period must be indicated.
- *Tax Clearance Certificate*
- *A service provider be registered with central supplier database (CSD)*
- *Registered with CIPRO (CK 1 or 2 document)*
- *BBBEE Certificate certified by a SANAS accredited institution.*
- *Completed MBD4 (Declaration of Interest) Form*
- *COMPLETE MBD6.2*

SPECIFICATION FOR ANNUAL MEDICAL SURVEILLANCE FOR EMPLOYEES

● STRICTLY TO BE CONDUCTED BY OCCUPATIONAL PRACTITIONER

THE FOLLOWING TO BE CONDUCTED.

- CHEST X-RAY
- AUDIOGRAM
- > LUNG FUNCTIONS
- TEST BLOOD GLUCOSE
- VISION SCREENING
- BLOOD PRESSURE
- WEIGHT
- HEIGHT
- URINE DIP STICK
- > BODY MASS INDEX
- > PHYSICAL EXAMINATION
- HEALTH QUESTIONNAIRE AFTER TESTS

N.B ISSUE CERTIFICATE OF FITNESS TO EACH

SUBMIT OVERALL REPORT