Physician's Report

Mandatory Testing and Disclosure Act

In t	he matter of the application of	for a testing order under	
	(applicant's name)		
sec	ction 3 of the Mandatory Testing and Disclosure Act, I, Dr)	
as	a member in good standing with the College of Physicians and Surgeons of Alberta, report the foll	lowing:	
(a)	I am knowledgeable in assessing and managing blood and body fluid exposures.	Yes	□ No
(b)	A history of the applicant's account of contact with a bodily substance of the source individual has been obtained by me.	🗌 Yes	No No
(c)	The applicant has been examined by me.	🗌 Yes	🗌 No
(d)	It has been determined that the applicant is not immune to or has not tested positive for:		
	Hepatitis B	Yes	🗌 No
	Hepatitis C	Yes	🗌 No
	HIV	🗌 Yes	🗌 No
(e)	Post Exposure Prophylaxis for Hepatitis B has been prescribed for the applicant.	🗌 Yes	🗌 No
	I have confirmed that the applicant has commenced this prophylaxis.	Yes	🗌 No
(f)	Post Exposure Prophylaxis for HIV has been prescribed for the applicant.	Yes	🗌 No
	I have confirmed that the applicant has commenced this prophylaxis.	Yes	🗌 No
	If No in (e) and/or (f), why?		
	1. Patient refused		
	2. Not medically required		
	3. Other (please explain)		

(g) Additional physician comments:

	sed on the information provided by the applicant, the examination and testing performed, and th thogens in the human body, it is my opinion that:	e incubatior	n periods fo	
(1)	There are reasonable grounds to believe that the applicant might have become infected with a pathogen that causes a communicable disease resulting from the applicant's contact with a bodily substance of the source individual.	☐ Yes	🗌 No	
2)	An examination and tests on the applicant cannot accurately determine, in a timely manner, whether the applicant has, as a result of the contact with a bodily substance from the source individual, become infected with a pathogen that causes a communicable disease.	🗌 Yes	□ No	
3)	A testing order is necessary to treat or manage the health of the applicant.	Yes	No	
4)	This testing order should include the following instructions:			
	A serum sample should be obtained from the source individual for the following tests:			
	HIV Antibody			
	Hepatitis C Antibody			
	Hepatitis B Surface Antigen			
	Other (please list tests which should be conducted on the sample(s) obtained)			
Signature of physician Business phone number Fax number				

V	Area code	Area code	
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Business address	City/town	Postal code	