

Physician's Report

(section 7 (b))

Physician's Report

Emergency Intervention Disclosure Act

Exposed Person Information

Surname: _____ Given Name: _____

Date of Birth (yyyy/mm/dd): _____ Gender: M F

Date & Time of Exposure (yyyy/mm/dd/Hour): _____

Was this an Occupational Exposure?: Yes No If Yes, Specify the Following:

Occupation: _____ Industry: _____

Job Activity at Time of Exposure: _____

Employer's Name: _____ Employer's Phone Number: _____

Exposure Information

Type of Bodily Fluid: _____ Body Site Where Exposure Occurred: _____

Type of Exposure: Percutaneous Permucosal Sexual Non-intact Skin Skin Exposure

Place of Exposure (City/Town): _____

Location (e.g., beach, park, hospital): _____

If Percutaneous Exposure:

Was Blood Visible on Instrument? Yes No Unknown

Was Instrument Recently in Source's Artery or Vein? Yes No Unknown

In the matter of the application of _____ for a testing order under
(applicant's name)

section 3 of the *Emergency Intervention Disclosure Act*, I, Dr. _____
(physician's name)

as a registrant in good standing with the College of Physicians and Surgeons of British Columbia,
report the following:

Physician Comments

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 and the exposure and the fluids are such that there is a reasonable probability that infection with hepatitis B, hepatitis C, or HIV could occur.

Yes No

c) I have examined the applicant.

Yes No

d) It has been determined that the applicant is immune to or has tested positive for infection with hepatitis B:

Yes Not immune/not infected Has not been tested following the exposure

If not tested please provide rationale:

e) It has been determined that the applicant has tested positive for infection with hepatitis C:

Yes Not immune/not infected Has not been tested following the exposure

If not tested please provide rationale:

f) It has been determined that the applicant has tested positive for infection with HIV:

Yes Not immune/not infected Has not been tested following the exposure

If not tested please provide rationale:

g) 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

If prophylaxis not commenced, why?

1. Patient refused
 2. Not medically required
 3. Other (*please explain*)
-
-

h) 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 prophylaxis not commenced, why?

1. Patient refused
 2. Not medically required
 3. Other (*please explain*)
-
-

i) Additional physician comments:

Physician Opinion

Based on the information provided by the applicant, the examination and testing performed, and the incubation periods for pathogens in the human body, it is my opinion that:

- 1) There are reasonable grounds to believe that the applicant may have been exposed, as a result of the contact, to a pathogen that causes one or more of the prescribed diseases [HepB, HepC, HIV/AIDS].

Yes No

An analysis of the applicant's bodily fluids would not determine, in a timely manner, whether the applicant has been infected.

Yes No

2) The testing order is necessary to decrease or eliminate the risk to the health of the applicant as a result of the contact. In particular knowing the infectious state of the source (check all that apply):

a) Would enable the physician to curtail (or continue) HIV post exposure prophylaxis.

Yes No

b) Would enable the source person to discontinue (or continue) measures intended to prevent possible infection of a third party (e.g. sexual contact).

Yes No

c) Would relieve significant clinical anxiety or other significant psychological distress in either the exposed individual or a close family member.

Yes No

d) Other reason.

Yes No

Provide details:

3) 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

Hepatitis B Core Antibody

Hepatitis B Surface Antibody

Name of physician (please print)	Email address	
Signature of physician: X	Business number	Fax number
Business address		
City/Town	Postal code	

For additional information about the *Emergency Intervention Disclosure Act* and testing orders, please refer to the following website:

<http://www.labour.gov.bc.ca/eida.htm>