

Court File No:

Court Location:

IN THE PROVINCIAL COURT OF BRITISH COLUMBIA

In the case between:

Name

(Applicant)

And:

Name

(Respondent)

TESTING ORDER
(Emergency Intervention Disclosure Act, S. 5)

BEFORE THE HONOURABLE JUDGE _____ (Name of Judge)

on the _____ day of _____, 20____
(Day) (Month) (Year)

UPON THE APPLICATION OF: _____ (Name of Applicant)

AND UPON HEARING: _____ (Name of Party/Lawyer)

and _____ (Name of Party/Lawyer) **OR**

WITHOUT NOTICE AND UPON HEARING: _____ (Name of Party/Lawyer)

AND ON HEARING THE EVIDENCE AND HAVING CONSIDERED THE PHYSICIAN'S REPORT,

Order against the Respondent (Source Individual)

THIS COURT ORDERS THAT:

_____ must attend
(Name of Respondent)

at the _____
(Name of Health Facility, Street Address and City)

on or before _____
(Date specified by the Judge)

THIS COURT FURTHER ORDERS THAT:

The Respondent shall submit to a blood serum sample being taken for the purpose of determining whether the Respondent is infected with a pathogen that causes any of the following communicable diseases:

- Hepatitis B
- Hepatitis C
- Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

Order against the Respondent’s Guardian

THIS COURT FURTHER ORDERS THAT:

_____ (Name of Guardian of Respondent)
must take all reasonable steps to ensure that the Respondent complies with this testing order.

Order against the Health Facility

THIS COURT FURTHER ORDERS THAT:

The _____ (Name of Health Facility)
must take a blood serum sample from the Respondent for the purpose of conducting the following tests as indicated below: (check all that apply)

- Hepatitis B Surface Antigen
- Hepatitis B Core Antibody
- Hepatitis B Surface Antibody
- Hepatitis C Antibody
- HIV Antibody

Order against the Applicant

THIS COURT FURTHER ORDERS THAT:

_____ (Name of Applicant)
must serve this Testing Order and a copy of the document entitled “Information Accompanying Testing Order” upon the following:

_____ (Name of Respondent) **AND**
_____ (Name of Health Facility)

On or before _____, 20____. (Date ordered by Court)

Further Orders and Directions

Empty box for further orders and directions.