

**Appendix**

FORM A  
[Section 8]

**Physician's Report under *The Mandatory Testing and Disclosure (Bodily Substances) Act***

Patient Name: \_\_\_\_\_ HSN: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_ Sex: M  F   
MM DD YYYY

**1. Circumstances of contact:**

The applicant came into contact with a bodily substance of the source individual in the following circumstances (*must include date, time, the particular bodily substance involved and what part of the applicant was exposed - use the back of this form if necessary*):

---

---

---

---

---

---

---

---

---

---

**2. Assessment of risk to the applicant:**

As a result of the applicant's contact with a bodily substance of the source individual, my clinical assessment of the risk of disease transmission to the applicant of a prescribed communicable disease is as follows (*please be specific regarding the prescribed communicable disease(s) in question - use the back of this form if necessary*):

---

---

---

---

---

---

---

---

---

---

**3. Necessity of testing order:**

In my view, a test of the bodily substances of the source individual is necessary to decrease or eliminate the risk to the health of the applicant resulting from the contact:  **Yes**  **No** (*Use the back of this form to elaborate if necessary*)

**4. Susceptibility of the applicant to a prescribed communicable disease:**

Has baseline testing of the applicant for the prescribed communicable disease(s) in question been conducted?  **Yes**  **No** If no, has baseline testing been requested?  **Yes**  **No**

This Form Completed By:

\_\_\_\_\_  
*Reporting Physician*

\_\_\_\_\_  
Day Month Year