Ontario Ministry of Health

Form 2 - Applicant Report

Pursuant to the Mandatory Blood Testing Act, 2006 and O. Reg. 449/07

To be completed by the Applicant

You may submit an application to a medical officer of health if:

- you came into contact with a bodily substance of another person and want to have their blood analysed for any of the listed communicable diseases under the *Mandatory Blood Testing Act, 2006*; and
- you came into contact with the bodily substance as a result of being a victim of crime; while providing emergency health care services or emergency first aid to the person; or in the course of your duty and you belong to a prescribed class or while being involved in a prescribed circumstance or while carrying out a prescribed activity (see section C).

You must submit one completed copy of this Form 2 – Applicant Report, together with a completed Form 1 – Physician/Nurse Practitioner Report to the office of the Medical Officer of Health of the appropriate local public health unit ("appropriate health unit" means the health unit for the area where the respondent lives. For a list of health units and the areas they comprise, visit https://www.phdapps.health.gov.on.ca/phulocator/). The application must be received by the office of the Medical Officer of Health no more than thirty days after you came in contact with the bodily substance of another person (if the deadline falls on a Saturday, Sunday or holiday, it shall be extended to the next business day).

If you submit an application under the *Mandatory Blood Testing Act, 2006*, you must consent to:

a) The disclosure of your personal information and personal health information related to the application to the Consent and Capacity Board (the "Board").

b) Examination, counselling respecting the occurrence (including counselling respecting prophylaxis or treatment), and base line testing for any of the listed communicable diseases ordered by the reporting physician/nurse practitioner.

c) The release by the police of any information from the police report to the Board (where an application is made by a victim of crime).

Please also note:

A redacted copy of your Applicant Report will be provided to the respondent by the Board.

The Medical Officer of Health will disclose the details of the occurrence as described in this report and Form_1 (Physician/Nurse Practitioner Report) to the respondent. Your personal information will not be shared.

If the Medical Officer of Health determines that the application does not meet the requirements of O. Reg. 449/07 under the *Mandatory Blood Testing Act, 2006*, the Medical Officer of Health shall notify the applicant, and the Board if the application has already been sent to the Board.

An applicant who receives notice that their application does not meet the requirements may correct the application and resubmit it.

Subject to any extension, the Board will convene and conclude a hearing and render its decision within five business days of receipt of referral of the application. Under the *Statutory Powers Procedure Act* hearings of the Board are open to the public. Following a hearing the Board may or may not order the respondent to provide a blood sample for analysis.

If the respondent does not provide a blood sample or other evidence of their seropositivity voluntarily, the Medical Officer of Health shall make reasonable attempts to request that the respondent voluntarily provide such a sample or evidence until the day that is five business days after the day the Medical Officer of Health received the application or the day the Board renders its decision, whichever is earlier.

Fields marked with an asterisk (*) are mandatory.

A. Applicant Information

Collection, use and disclosure of the personal information and personal health information on this form is for consideration of an application under the *Mandatory Blood Testing Act, 2006* requesting a respondent to give a blood sample or other evidence of seropositivity to determine the presence of a listed communicable disease or for an order requiring the same. The authority for collection and use of this information is the *Mandatory Blood Testing Act, 2006*.

Last Name *	First Name *	Middle Initial

OHIP Number (10 digits)	Version	Date of Birth (yyyy/mm/dd) *	Age *

Current Address

☐ Home Address ☐ Place of Employment

Unit Number	Street Number *	Street Name *	PO Box

City/Town *	Province *	Postal Code *

Telephone Number *	Fax (if applicable)	Email Address (if applicable)

Primary Care Provider Information (Family Physician/Nurse Practitioner)

Last Name	First Name	Middle Initial

Office Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Telephone Number	Fax (if applicable)	Email Address (if applicable)

B. Identification of Respondent – The following information about the respondent is mandatory

Note: The respondent is the person whose bodily substances you may have come into contact with. If this form does not include the name, address and contact information of the respondent, the application shall not proceed.

Respondent's Full Name

Last Name *	First Name *	Middle Initial

Date of Birth (yyyy/mm/dd) *	Age *	Home Telephone or Mobile Telephone *	Alternate Telephone

Email (preferred method of communication)

Home Address

Unit Number	Street Number *	Street Name *	PO Box

City/Town *	Province *	Postal Code *

Is the respondent currently located in a health, residential or correctional facility? * ☐ No ☐ Yes

If yes, complete the following information

Facility Name and Contact Name

Name of Facility

Last Name	First Name	Middle Initial

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Telephone Number	Fax (if applicable)	Email Address

Any other information that may assist us in locating or contacting the respondent

C. Details of the Occurrence – Date, time and location where you may have come into contact with a bodily substance of the respondent

Date of Exposure *

Time of Exposure : a.m. p.m.

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Describe the circumstances in which you may have come into contact with a bodily substance of the respondent

Describe any injuries you sustained *

Were any precautions taken before (i.e., wearing gloves, goggles, mask, etc.) and after (i.e., immediately washing the exposed area) your contact with the bodily substance of the respondent? *

No Yes

If yes, explain

Please indicate under what circumstance you came into contact with a bodily substance of the respondent *

- ☐ As a result of being the victim of a crime. “Victim of a Crime” means a victim of an alleged crime under the Criminal Code (Canada)
- ☐ While providing emergency health care services or emergency first aid to the person, if the person was ill, injured or unconscious as a result of an accident or other emergency
- ☐ In the course of your duties if you belong to one of the following prescribed classes:
  - ☐ Person who is employed in a correctional institution as defined in the *Ministry of Correctional Services Act*, or in a place of open custody or place of secure custody, as those terms are defined in the *Child and Family Services Act*
  - ☐ Police officer as defined in the *Police Services Act*, employee of a police force who is not police officer, First Nations Constable and auxiliary member of a police force
  - ☐ Firefighter, as defined in subsection 1 (1) of the *Fire Protection and Prevention Act, 1997*
  - ☐ Paramedic and emergency medical attendant, as those terms are defined in the *Ambulance Act*
  - ☐ Member of the College of Nurses of Ontario
  - ☐ Member of the College of Physicians and Surgeons of Ontario
  - ☐ Special constable appointed under section 53 of the *Police Services Act* who is not employee of a police force
  - ☐ Paramedic student engaged in field training
  - ☐ Medical student engaged in training
  - ☐ Nursing student engaged in training
- ☐ While being involved in a prescribed circumstance or while carrying out a prescribed activity

If your contact with the bodily substance of the respondent was as a result of being a victim of a crime, the following information is mandatory: *

Do you consent to the release by the police of any information from the police report to the Consent and Capacity Board?

☐ No ☐ Yes

Is there a restraining order or another legal restriction on contact between you and the respondent?

☐ No ☐ Yes

If yes, provide details

Note: You must make a report to police if you are making an application on the basis of being a victim of a crime and must consent to the release by the police of any information from the police report to the Consent and Capacity Board. Otherwise, the application is invalid and may not proceed under the *Mandatory Blood Testing Act, 2006*.

Date Crime was Reported to the Local Police Authorities (yyyy/mm/dd) *	Occurrence Number *

Name and Badge Number of Police Officer to Whom Crime was Reported

Last Name *	First Name *	Badge Number

Telephone *	Mobile Telephone	Email

Police Service/Division/Detachment in which Crime was Reported *

City/Town *	Province *

D. Additional Information

Explain your reason for wanting the respondent to provide a sample of their blood to be analyzed and any other information that should be known in consideration of your request *

E. Consent to Examination, Counseling and Baseline Testing

I hereby consent to examination by the physician/nurse practitioner preparing the physician/nurse practitioner report which accompanies this form, to counselling (including counselling respecting prophylaxis and treatment) and to baseline testing for the listed communicable diseases ordered by the reporting physician/nurse practitioner. *

☐ No ☐ Yes

Note: You must consent to examination, counselling and baseline testing. Otherwise, the application is invalid and may not proceed under the *Mandatory Blood Testing Act, 2006*.

F. Treatment

Was Hepatitis B vaccine recommended as a treatment for you? *

☐ No ☐ Yes

I took the recommended Hepatitis B vaccine *

☐ No ☐ Yes

Was HBIG recommended as a treatment for you? *

☐ No ☐ Yes

I took the recommended HBIG *

☐ No ☐ Yes

Was HIV prophylaxis recommended as a treatment for you? *

☐ No ☐ Yes

I took the recommended HIV prophylaxis *

☐ No ☐ Yes

I am still taking this treatment *

☐ No ☐ Yes Date I stopped treatment - if applicable

G. Consent to Disclosure of Personal Information

I hereby consent to the release of my personal information and personal health information related to this application to the Board. *

☐ No ☐ Yes

Note: You must consent to the release of your personal information and personal health information to the Board. Otherwise, the application is invalid and may not be considered under the *Mandatory Blood Testing Act, 2006*.

H. Information that may assist the Consent and Capacity Board in scheduling or convening a hearing

Interpretation required * ☐ No ☐ Yes Language _____

Accommodation required * ☐ No ☐ Yes Specify _____

Counsel who will represent you at the hearing

Note: a lawyer is not required to appear before the Board; however, you may have a lawyer if you wish.

Counsel for the Applicant's Full Name

Last Name	First Name	Middle Initial

Telephone Number	Email Address (if applicable)

Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Provide any other information that may assist the Consent and Capacity Board in convening a hearing –

I. Information Accurate

I hereby confirm that the information provided in this form is accurate to the best of my knowledge.

Name of Applicant

Last Name *	First Name *	Middle Initial

Signature *	Date (yyyy/mm/dd) *

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