Ontario

Ministry of Health

Form 3 - Respondent Report

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

To be completed by the Respondent

An application has been made pursuant to the *Mandatory Blood Testing Act, 2006* in which you are named as respondent. In the application, the applicant alleges that they came into contact with your bodily substance and wish to have a sample of your blood analyzed for the listed communicable diseases. Details of the occurrence as described in the physician/nurse practitioner and applicant reports are available from your local Medical Officer of Health.

If you have voluntarily provided a sample or other evidence of your seropositivity pursuant to this request under the *Mandatory Blood Testing Act, 2006*, or do so at any time, please notify your local Medical Officer of Health immediately.

You have the right to be present at a hearing, if there is one, whether or not you submit this form to the Consent and Capacity Board (the "Board"). If you do not complete this form and submit it to the Board, the application may be considered without regard to the information contained in this form. This form is not intended to replace your presence at the hearing.

If you do not agree to provide a blood sample or other evidence voluntarily, the Board, after a hearing may make an order requiring you to provide a blood sample for analysis.

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. Following a hearing the Board may order you to provide a blood sample for analysis. Failure to comply with an order of the Board, within two business days after the order is provided to you or your counsel or agent, may result in the pursuit of enforcement by the applicant through the courts and may result in penalties as prescribed by the Act.

Collection, use and disclosure of the personal information and personal health information on this form is for the consideration of an application under the *Mandatory Blood Testing Act, 2006* to have a blood sample of the respondent analyzed if the applicant came into contact with a bodily substance of the respondent in any of the circumstances prescribed in the *Mandatory Blood Testing Act, 2006*. The authority for collection and use of this information is the *Mandatory Blood Testing Act, 2006*.

Within one day of receipt, send this completed form to the Board by email at ccb@ontario.ca or by fax at 1-866-777-7273.

Fields marked with an asterisk (*) are mandatory.

A. Respondent Information

Last Name *		First Name *	Middle Initial
OHIP Number (10 digits)	Version	Date of Birth (yyyy/mm/dd) *	Age *

Address

Unit Number	Street Number	Street Name	PO Box
City/Town	Province		Postal Code
Telephone Number	Fax	Email Address	

Are you currently located in a health, residential or correctional facility? *

☐ No ☐ Yes

If yes, provide contact and address below.

Facility Name and Contact Name

Name of Facility

Last Name			First Name	Middle Initial
Telephone Number	Fax		Email Address	
Unit Number	Street Number	Street Name		PO Box
City/Town		Province		Postal Code

Any other information that may assist us with contacting you.

Primary Care Provider (Family Physician/Nurse Practitioner)

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 (if applicable)	

Have you voluntarily provided a blood sample to be tested for HIV/AIDS, Hepatitis B, and Hepatitis C as part of the MBTA process? *

☐ No ☐ Yes

If yes, please provide the date, name and address of the place where the blood sample was taken.

Name of Facility			Date (yyyy/mm/dd)
Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

If you answered ”No” to the previous question, are you aware of your current status for HIV/AIDS, Hepatitis B, and Hepatitis C? *

☐ No ☐ Yes

If yes, Are you willing to provide information regarding whether you are positive for HIV/AIDS, Hepatitis B, and Hepatitis C? *

☐ No ☐ Yes

If yes, please provide information. *

Do you want the report on the results of the blood analysis to be delivered to your family physician/nurse practitioner ? *

☐ No ☐ Yes

B. Details of Occurrence

The applicant's report sets out details about how they believe they have come into contact with your bodily substances and why they are requesting that you provide a sample of your blood for analysis. Please provide any information you remember about this incident.

Date, time and location where the incident, in which the applicant may have come into contact with your bodily substance took place.

Date Time of Exposure : ☐ a.m. ☐ p.m.

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

C. Blood Testing Risks

Explain any circumstances that might put your health or life in danger if you are to provide a blood sample.

D. Additional Information

Provide any other information you believe may be relevant to the application.

E. Information that may assist the 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 Respondent's Full Name

Last Name	First Name	Middle Initial

Business Telephone Number	Email Address

Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code

Provide any other information that may assist the Board in convening a hearing.

F. Information Accurate

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

Name of Respondent

Last Name *	First Name *	Middle Initial

Signature *	Date (yyyy/mm/dd) *

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Unique File Identifier	Unique File Number