

First Name:	DOB:
Last Name:	SA#:

Source Patient Risk Assessment and Consent

Exposed Health Care Worker Name: _____

I have been made aware that the health care worker listed above was exposed to my blood and/or body fluids. To assist Occupational Health Services in providing direction to the exposed health care worker, I consent to testing for Hepatitis B, Hepatitis C and HIV. I understand that results of these blood tests will be accessed by Occupational Health Services and will be disclosed to the exposed health care worker. I understand that positive results are reportable to the local Medical Officer of Health.

I therefore give consent for Occupational Health Services to access my medical record for the purpose outlined in this form.

Patient/Substitute Decision Maker Signature

Patient/Substitute Decision Maker Name

Date (day/month/year)

Witness Signature

Witness Name

Date (day/month/year)

Check this box if Source Patient does not consent to testing. Continue to complete risk factors as below, if known.

Source Patient Risk Factors – To be completed by the Source Patient's nurse or other health care provider

- Check this box if **NO** known risk factors for HIV, or Hepatitis B or C Virus
 Check this box if risk factors **UNKNOWN** for HIV, or Hepatitis B or C Virus

Otherwise, check all risk factors (below) that apply to source patient.

- Use of shared drug use equipment
 Sex worker
 History of multiple sexual partners without use of a condom
 History of sexual activity without use of a condom with someone whose HIV status is unknown or HIV positive and not on treatment
 History of sexually transmitted infection(s)
 History of medical procedures or personal services in regions where HIV is endemic
 Infants born to HIV-infected mothers
 Recipient of blood transfusion, blood products, or organ transplant in Canada between 1978 and 1985
 History of or currently known to be infected with Hepatitis C Virus
 Known to be HIV positive

Note: Consent must be signed as soon as possible after the incident. Signed consent must be sent to the Occupational Health Service by fax (705-759-3826) or email (healthnurse@sah.on.ca), and the original forms sent to Mailbox 105 (these forms do not become part of the patient file).