

PETITION TO REQUIRE BLOOD TEST

Commonwealth of Virginia Va. Code § 32.1-451

TO ANY AUTHORIZED OFFICER: You are commanded to summon the Respondent, and the Director of the Health Department.
TO THE RESPONDENT: You are summoned to appear before this court at the above address on to answer the Petitioner's claim
DATE AND TIME
DATE [] CLERK [] DEPUTY CLERK [] MAGISTRATE

In the [] General District Court
[] Juvenile and Domestic Relations District Court

In re, Petitioner v., Respondent
The undersigned petitioner is:

- [] a health care provider or the employee of a health care provider as defined in Va. Code § 32.1-45.1(C) or (D) who has been directly exposed to the body fluids of a patient,
[] a patient who has been directly exposed to the body fluids of a health care provider or employee of a health care provider as defined in Va. Code § 32.1-45.1(C) or (D),
[] a person directly exposed to the body fluids of a law enforcement officer, as defined in Va. Code § 32.1-45.1(G),
[] a school board employee, as defined in 32.1-45.1(J), who has been directly exposed to body fluids,
[] a person who has been directly exposed to the body fluids of a school board employee as defined in Va. Code § 32.1-45(J) and the person whose blood specimen is sought for testing for infection with human immunodeficiency virus or hepatitis B or C viruses and who is deemed to have consented to testing
[] refuses to provide such specimen OR
[] is a minor who refuses to provide such specimen and the minor's parent, guardian, or person standing in loco parentis also withholds consent for such specimen to be taken or is not reasonably available.

Therefore, the undersigned petitions this court to order the person provide a blood specimen or submit to testing and disclose the test results in accordance with the law.

Date of the alleged exposure:

Place of the alleged exposure:

Name and address of the individual whose blood specimen is sought for testing:

I request testing for Human Immunodeficiency virus, Hepatitis B virus and Hepatitis C virus.

DATE SIGNATURE OF PETITIONER

ORDER

[] I find that the person whose blood specimen is sought for testing for infection with human immunodeficiency virus or hepatitis B or C viruses and who is deemed to have consented to such testing [] refuses to provide such specimen [] is a minor who refuses to provide such specimen and the minor's parent, guardian, or person standing in loco parentis also withholds consent for such specimen to be taken or is not reasonably available. THEREFORE, upon the advice of the Commissioner of Health or his designee, I order that the person provide a blood specimen or submit to testing and disclose the test results in accordance with Va. Code § 32.1-45.1 as requested in the petition. The test results shall be disclosed to the petitioner as soon as they are completed, and both the petitioner and respondent shall receive counseling and opportunity for face-to-face disclosure of any test results by a licensed practitioner or trained counselor.

[] Respondent is ordered to appear at on at m.

for such testing. NAME OF FACILITY DATE TIME

[] I order the petition dismissed.

[] I order the record of this case to be sealed.

DATE JUDGE

Court Case No.
Hearing date and time:

PETITION TO REQUIRE BLOOD TEST

PETITIONER
ADDRESS
v.
RESPONDENT
ADDRESS
ATTORNEY FOR THE PETITIONER
ATTORNEY FOR THE RESPONDENT

Serve:

DIRECTOR OF THE LOCAL HEALTH DEPARTMENT
ADDRESS

RETURNS: Each person was served according to law, as indicated below, unless not found.

NAME

.....

ADDRESS

.....

PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:

Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.

.....

.....

Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)

NOT FOUND _____
SERVING OFFICER

..... for _____
DATE

NAME

Director of the Health Department

.....

ADDRESS

.....

PERSONAL SERVICE Tel. No.

Being unable to make personal service, a copy was delivered in the following manner:

Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.

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NOT FOUND _____
SERVING OFFICER

..... for _____
DATE