

**PETITION TO REQUIRE BLOOD TEST**

Commonwealth of Virginia VA. CODE § 32.1-45.1

Court Case No.: .....  
Hearing Date and Time: .....

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

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 law enforcement officer, as defined in Va. Code § 32.1-45.1(G), who has been directly exposed to body fluids.
- a person directly exposed to the body fluids of a law enforcement officer, as defined in Va. Code § 32.1-45.1(G), and deemed consent has been withheld.

Therefore, the undersigned petitions this court to order blood testing and disclosure of the test results to me.

Date of the alleged exposure: .....

Place of the alleged exposure: .....

Name and address of the individual whose body fluids I desire to have tested: .....

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

DATE

SIGNATURE OF PETITIONER

**ORDER**

I find deemed consent has been withheld, and upon the advice of the Commissioner of Health or his designee, I order testing for blood-borne pathogens 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 by a licensed practitioner or trained counselor.

Respondent is ordered to appear at ..... on ..... at .....m.  
NAME OF FACILITY DATE TIME

for such testing.

I order the petition dismissed.

I order the record of this case to be sealed.

DATE

JUDGE

**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

Name.....  
.....  
Address.....  
.....

PERSONAL SERVICE

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

..... DATE for \_\_\_\_\_

Name.....  
Director of the ..... Health Department  
.....  
Address.....  
.....

PERSONAL SERVICE

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Not Found

\_\_\_\_\_   
SERVING OFFICER

..... DATE for \_\_\_\_\_