REQUISITION FOR COVID-19 TESTING

ISLAND HEALTH WIDE FAX 1-855-755-6206

CRITERIA AND GUIDELINES FOR COVID-19 TESTING ARE PROVIDED BY BCCDC.

Routine COVID-19 screening of asymptomatic people is not recommended in BC (e.g., in schools, prior to surgery or other procedures, in hospitals or healthcare settings, as a condition of employment or for travel).

Once the requisition is received, individuals will be contacted and booked for an appointment at their local testing site.

PATIENT INFORMATION
Last name:
First name:
Date of birth: (YYYY/MM/DD)
Address:
PHN:
Primary contact number:
Email:

ORDERING PROVIDER
Name:
MSP #:
Clinic Name: Street Address: Fax: Phone:
Primary Care Provider: ☐ Same as ordering provider
Copy to (full name):
Public Health Nurse (full name):

TEST INDICATION		
Date of Symptom Onset: (YYYY/MM/DD)		
☐ Fever	☐ Loss of sense of smell	☐ Fatigue
☐ Cough	☐ Sore throat	☐ Loss of appetite
☐ Shortness of Breath	☐ Odynophagia	☐ Chills
☐ Rhinorrhea	☐ Headache	☐ Vomiting
☐ Nasal congestion	☐ Muscle aches	☐ Diarrhoea

Comments

REQUEST FOR PRIORITIZATION
Please indicate if the need for testing is time-sensitive:

If you have questions or would like to suggest changes to this form, please contact RegionalClinicalForms@viha.ca