



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	ORDERING PROVIDER
Last name:	Name:
First name:	MSP #:
Date of birth: (YYYY/MM/DD)	Clinic Name:
Address:	Street Address:
	Fax:
	Phone:
PHN:	Primary Care Provider:
Primary contact number:	<input type="checkbox"/> Same as ordering provider
Email:	Copy to (full name):
	Public Health Nurse (full name):

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

Comments

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