



REFERRAL SHEET FOR TESTING

(Please fax to testing site and NITHA)

****Confidential** Caution:** The material being sent to you is of a confidential nature. If you have received it in error, please contact the sender at the above number.

To: COVID-19 appointment booking	Date:
Fax:	Pages: (Including Cover)
From:	
<p>RE: The following person has been assessed by Public Health and testing is</p> <p>Recommended by Dr. Nnamdi Ndubuka, MHO. Please CC Family Physician applicable</p> <p>Name: _____ DOB : _____ HSN: _____ Contact phone# _____ Symptoms: _____ Symptom onset date: _____</p> <p>Reason for Request: <input type="checkbox"/> Health Care Worker <input type="checkbox"/> High Risk : Contact to a case <input type="checkbox"/> Travel: Location & Return Date _____ <input type="checkbox"/> Other: Mass Gathering Date & Location: _____</p> <p><input type="checkbox"/> Same day testing required</p> <p>Signature : _____</p> <p style="text-align: center;">NITHA Confidential Fax: 306 953 5020</p>	

Confidentiality Warning

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