State of Texas § \_\_\_\_\_\_\_\_\_ County/District County

County of \_\_\_\_\_\_\_\_\_\_ § Health Authority

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Order for Mandatory Testing**

**Of Person Suspected of Exposing Certain Other Persons to a Reportable Disease**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , M.D., am the Texas State Department of Health Services designee for purposes of Texas Health and Safety Code Section 81.050.

Pursuant to Texas Health and Safety Code Section 81.050, I make the following findings:

1. I have reviewed the affidavit of Officer First and Last Name of the MUNICIPAL Police Department/ \_\_\_\_\_\_\_ Sheriff’s/Constable’s Office, describing his/her contact with Source Person on DATE.
2. The affidavit of Officer Last Name meets the criteria establishing risk of infection with COVID-19 (a/k/a novel coronavirus), a reportable disease, via the usual mode of transmission as determined by the Texas Department of State Health Services due to his/her contact with Source Person on DATE. My conclusion is based on the facts stated below.
3. Officer Last Name was in close proximity with Source Person – namely, within six (6) feet – when he/she arrested Source Person. Officer Last Name had immediate bodily contact with Source Person when he/she handcuffed Source Person. Officer Last Name was in close proximity with Source Person when he/she escorted him/her to a patrol vehicle and placed him/her in the patrol vehicle. Officer Last Name was in close proximity with Source Person when he/she removed Source Person from his/her patrol vehicle and escorted him/her into the jail. Officer Last Name was again in close proximity with Source Person when he/she removed Source Person’s handcuffs in the jail.
4. Source Person coughed on Officer Last Name and Officer Last Name felt Source Person’s breath on his/her face and was close enough to be contacted by Source Person’s saliva and microscopic particulate matter issuing from Source Person’s mouth. Source Person stated to Officer Last Name that he/she has “the virus.”

**Notice**

1. Source Person, you have the right to refuse testing.
2. If you refuse testing, I, as the Health Authority, have the authority to request a court order requiring you to be tested.
3. Be Advised, if you refuse testing, I intend to exercise my statutory authority to request the prosecuting attorney who represents the state in district court to petition the court for a hearing to require testing.
4. Referral: you are referred to the following health care facilities to be tested for COVID-19: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**It is Ordered,** therefore, pursuant to Texas Health and Safety Code Section 81.050, that Source Person be tested immediately for COVID-19 by an appropriate health care professional.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, M.D.

Local Health Authority /

DSHS Regional Dir. /

Health Dept. Dr. responsible for control of notifiable conditions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County/District Name, Texas

DATE

**Notes:**

* H&S § 81.050(e) requires **“prompt and confidential written notice of the order.”**
* H&S § 81.050(e)(2)requires the Health Authority to refer the source person to “an appropriate health care facilities where the person can be tested for reportable diseases.” If the order is served on a person in custody and the person is to be tested while in custody, delete the referral section.