

APPENDIX C - II - 3: SAMPLE ORDERS – INDIVIDUAL AND CLASS

Sample Order Individual:

ORDER OF THE MEDICAL OFFICER OF HEALTH

Section 22

Health Protection and Promotion Act, RSO 1990, c. H.7

TO:

I, <insert MOH/AMOH name and title> for the Simcoe Muskoka District Health Unit, order you to take the following actions:

1. <insert actions>
- 2.
- 3.

The purpose of this order is to <insert purpose>

THE REASONS for this ORDER are that:

1. <inset reasons>
- 2.
- 3.

As a result, I am of the opinion, based on reasonable and probable grounds that:

- a. a communicable disease exists or may exist or there is an immediate risk of an outbreak of a communicable disease in the health unit served by me;
- b. the communicable disease presents a risk to the health of persons in the health unit served by me; and
- c. the requirements specified in this order are necessary in order to decrease or eliminate the risk to health presented by the communicable disease.

NOTICE

TAKE NOTICE THAT you are entitled to a hearing by the Health Services Appeal and Review Board if you deliver to me at the Health Unit and to the Health Services Appeal and Review Board, Health Boards Secretariat, 151 Bloor Street West, 9th Floor, Toronto, Ontario, M5S 2T5, notice in writing requesting a hearing within 15 days after service of this Order.

AND TAKE FURTHER NOTICE THAT although a hearing may be requested, this Order takes effect when it is served upon you.

FAILURE TO COMPLY with this Order is an offence for which you may be liable, on conviction, to a fine of not more than \$5,000.00 for every day or part of each day on which the offence occurs or continues.

<Insert MOH name and credentials>
Medical Officer of Health
Simcoe Muskoka District Health Unit
15 Sperling Drive
Barrie, Ontario L4M 6K9

Served Upon: _____

Time: _____

Date: _____

Hand Delivered By: _____

Sample Order, Class:

ORDER OF THE MEDICAL OFFICER OF HEALTH

Section 22

Health Protection and Promotion Act, RSO 1990, c. H.7

TO: <insert the class of individuals being ordered>

<insert addresse(s) of site or location known to be common location of the class i.e. workplace, known meeting place>

I, <insert MOH/AMOH name and title> for the Simcoe Muskoka District Health Unit, order you to take the following actions:

4. <insert actions>
- 5.
- 6.

The purpose of this order is to <insert purpose>

THE REASONS for this ORDER are that:

4. <inset reasons>
- 5.
- 6.

As a result, I am of the opinion, based on reasonable and probable grounds that:

- d. a communicable disease exists or may exist or there is an immediate risk of an outbreak of a communicable disease in the health unit served by me;
- e. the communicable disease presents a risk to the health of persons in the health unit served by me; and
- f. the requirements specified in this order are necessary in order to decrease or eliminate the risk to health presented by the communicable disease.

NOTICE

TAKE NOTICE THAT you are entitled to a hearing by the Health Services Appeal and Review Board if you deliver to me at the Health Unit and to the Health Services Appeal and Review Board, Health Boards Secretariat, 151 Bloor Street West, 9th Floor, Toronto, Ontario, M5S 2T5, notice in writing requesting a hearing within 15 days after service of this Order.

AND TAKE FURTHER NOTICE THAT although a hearing may be requested, this Order takes effect when it is served upon you.

FAILURE TO COMPLY with this Order is an offence for which you may be liable, on conviction, to a fine of not more than \$5,000.00 for every day or part of each day on which the offence occurs or continues.

<Insert MOH name and credentials>
Medical Officer of Health
Simcoe Muskoka District Health Unit
15 Sperling Drive
Barrie, Ontario L4M 6K9

Served Upon: _____

Time: _____

Date: _____

Hand Delivered By: _____