



STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF COMMUNITY & PUBLIC HEALTH

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Donald L. Shumway
 Commissioner

Kathleen A. Dunn
 Director

ORDER FOR MEDICAL EXAMINATION AND SPECIMEN COLLECTION

To: _____ Address: _____

The Department of Health and Human Services (“the Department”) has reason to suspect that you are infected with a contagious disease, specifically _____ . If you are infected with this disease you pose a substantial threat to the health of the citizenry. In order to verify whether you are infected with this disease it is essential that you undergo a medical examination. You have been requested to undergo a medical examination, but you have refused to do so. Consequently, the Department orders that you undergo a medical examination in accordance with RSA 141-C:9,II. The location where you are to undergo this medical examination is _____ . This medical examination will take place on _____ at _____ a.m./p.m.

As part of this medical examination you will be required to produce such specimens as are determined by medical personnel to be necessary to determine the presence of a communicable disease.

This order will be in effect until medical personnel have completed the medical examination and have collected such specimens as they deem necessary.

If you fail to appear for the examination at the date, time and place designated above, action will be taken as authorized under RSA 141-C:13,III to have you taken into custody by law enforcement officials and brought to the place where the examination is to take place.

If you object to this order you may request a hearing in the superior court in accordance with RSA 141-C:14-a. You may make this request by filling out the form attached to this order. Once you have completed the form the law enforcement official or other person who delivered this order or a representative of the Department will promptly deliver the form to the Superior Court. The court will then schedule a hearing to review this order.

Any questions regarding this order may be directed to Jose Montero, MD at 603-271-4469.

I hereby certify that this order was served in-hand to the above-named individual on _____ at _____ a.m./p.m.

 Signature of Commissioner’s Designee

 Date