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INFORMED CONSENT FOR HIV TESTING

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The Department of Health (DOH) has an existing program for the prevention and control of the Human Immunodeficiency Virus (HIV) in the Philippines. The National Epidemiology Center (NEC) of DOH is mandated by Republic Act 8504 to collect information which can help in planning activities which will help halt the spread of HIV and be beneficial to the people. Your full cooperation is very important to undertake this activity. We encourage you to answer all questions as honestly as possible.

to undertake this activity. We encourage you to answer all questions as honestly as possible. **ABOUT THE TEST** 1. What is HIV testing? An HIV test is a blood test. It will show if you have antibodies to HIV-- the virus that causes AIDS. A sample of blood will be taken from your arm. If the first test (screening) is reactive, another test (confirmatory) will be done to make sure that the first test is confirmed to be positive. A positive test means you have been infected with HIV, a negative test means you are probably not infected because it takes time for the body to produce antibodies. If you think you have been exposed recently, you need to be re-tested after 3 - 6 months to make sure you are not infected. 2. Voluntary HIV testing Taking an HIV test is voluntary. Under Republic Act 8504, you cannot be tested without your knowledge and consent. If you do not want to be tested, you have the right to refuse the test. 3. Confidentially of Test Results Your test result is confidential. It will only be given to you personally. ■ I was given information about HIV and HIV testing, Name: and was given the opportunity to ask questions during pretest counseling or group test information ☐ I agree to be tested for HIV. Signature: Date:

	PERSONAL INFORMATION SHEET (FORM A)									
AII i	PERSONAL INFORMATION SHEET (FORM A) All information given will be STRICTLY CONFIDENTIAL. Please fill out this form COMPLETELY and as honestly as possible. Please									
	write in CAPITAL LETTERS and CHECK the appropriate boxes.									
	DEMOGRAPHIC DATA									
1	1 PhilHealth Number: - Not enrolled in PhilHealth	h								
	Name (Full name)									
2	2	Last Name								
	Mother's Maiden Name (Full real name)									
3										
	First Name Middle Name Last Nam UNIQUE IDENTIFIER CODE	me								
	First 2 letters of mother's real First 2 letters of Birth order Month of Birth Day of Birth	Year of Birth								
4	name father's real name									
5	Age in months (for less than 1 year old): Sex (at birth):	☐ Female								
	Permanent Address:									
6	Current Place of Residence: Municipality/City: Province:									
	Place of Birth: Municipality/City: Province:									
7	Contact Numbers: Email:									
8	Nationality:									
9	Highest Educational Attainment:									
Ŭ	☐ Elementary ☐ College ☐ Post-Gradu	uate								
10	0 Civil Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed									
11	1 Are you currently living with a partner? No Yes									
12	2 Number of children: Are you presently pregnant? (for females only)	☐ Yes								
	EMPLOYMENT									
13	Current Occupation (Please specify main source of income):									
13	If no current work, what was previous occupation:									
	Did you work overseas/abroad in the past 5 years?									
14	If yes, when did you return from your last contract? Month	Year								
	Where were you based? ☐ On a ship	□ Land								
	What country did you last work in?									

	December 100/ Teadow (about all that and	REASON FOR	IIIV ILSI							
	Reason for HIV Testing: (check all that apply									
	☐ Mother is infected with HIV	Received blood tran		☐ TB patient						
	☐ Sex partner is infected with HIV	Wants to know HIV	status	☐ Active Hepatitis B/C						
15	Shared needles/syringes with IDUs	Re-check previous	HIV test result	☐ No particular reason						
	☐ Accidental needle prick ☐	Employment - Loca	I/In the Philippines	Other (pls specify):	_					
	☐ Recommended by physician ☐	Employment - Over	seas/Abroad							
	☐ Requirement for insurance ☐	Pregnant								
		HISTORY OF E	XPOSURE							
16	Was your birth MOTHER infected with HIV w	vhen you were born	? 🗆 No	☐ Yes						
	-									
	Answer all. Have you experienced any of the	ne following?	(If yes, state the MC	OST RECENT year)						
	Received blood transfusion	☐ No ☐ Yes	If yes, what year:							
	Injected drugs without doctor's advice	□ No □ Yes	If yes, what year:							
	Accidental needle prick	☐ No ☐ Yes	If yes, what year:							
17	Sexually transmitted infections (STI)	☐ No ☐ Yes	If yes, what year:							
	Sex with a female with no condom	□ No □ Yes	If yes, what year:							
	Sex with a male with no condom	□ No □ Yes	If yes, what year:							
	Sex with a person in prostitution	□ No □ Yes	If yes, what year:							
	Regularly accept payment for sex	□ No □ Yes	If yes, what year:							
	Trogularly decept payment to reach	SEXUAL PAI			_					
	Answer both. If none, write "0" in the box.	OEXOALTA	THERE							
			ПП							
18	How many FEMALE sex partners have you	ever had?		ear of last sex with a female:						
	How many MALE sex partners have you eve	er had?	Ye	ear of last sex with a male:						
		HIV TES	ΓING	_						
	Have you ever been tested for HIV before?	□ No □ Ye	ne.							
	have you ever been tested for his before:		;s 							
40	If yes, when was the most recent test?									
19			ear							
	Which testing facility did you have the te	est?	M	unicipality/City:						
	What was the result?									
	what was the result?	ive Negative								
		ive	IC STAFF or COUN	SELOR only	_					
	To be filled up b		IC STAFF or COUN	SELOR only						
20	To be filled up b	by PHYSICIAN, CLIN			_					
20	To be filled up b Clinical Picture: ☐ Asymptomatic ☐ Symptomatic ☐ De	escribe S/Sx:								
20	To be filled up b Clinical Picture: Asymptomatic Symptomatic De World Health Organ	escribe S/Sx: anization (WHO) Stage	ging:	_ ☐ No physician available to do stagin						
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21	To be filled up b Clinical Picture: Asymptomatic Symptomatic World Health Orga To I Name of Testing Facility: HIV EQAS Lab Code: Complete Mailing Address: Contact Numbers: Name of Medical Technologist:	escribe S/Sx: anization (WHO) Stage	ging: ING FACILITY only Year last partic	_ ☐ No physician available to do staging	gg					
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