

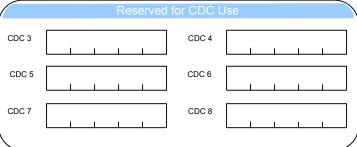
HIV Test Form PART2

Printed Barcode

	Referrals
Client HIV test result?	 Positive/Reactive Invalid Negative NAAT-pos Indeteminate No result
CDC r	equires the following information on positives.
Was client referred to medical care? Did client attend	Yes No ↓If no, why?: Client already in care Client declined care
the first appointment?	No Don't know
Was client referred Prevention service	
Was client referred	to PCRS? Yes No
If female, is client pregnant?	Yes ○ Don't know ○ Not asked No ○ Declined
If yes, in prenatal care?	Yes ○ Don't know ○ Not asked No ○ Declined ↓
lf no, was prenatal o	client referred for \bigcirc Yes \bigcirc No care?
lf yes, did first prena appointm	

\checkmark		
If no, was client referred for Yes No prenatal care?		L23
first prenatal care No appointment?		L24
NOTES No more than 500 characters. PRINT ONLY		L26
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	_	CDC 3
	_	CDC 5
	_	CDC 7
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	res	ponse, including hering and main ormation. An a
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		JU Clifton Koad

	Local Use Fields	
L8	L9	٦
L10	L11 L11	
L12	L13	
L14	L15	
L16	L17	
L18		
L20		
L22		
L23		
L24		
L25 L26		



Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX.