



Place Barcode Sticker Here

HIV Counseling, Testing and Referral Form PART 3



Form Approved: OMB No. 0920-0696, Exp. Date: 08/31/2010

HIV Incidence

Date information collected? (MMDDYYYY) 7

Date first positive HIV test: (MMDDYYYY)

Has client ever tested negative? Yes No Don't know Declined

Date last negative HIV test: (MMDDYYYY)

Number of HIV tests in the 2 years before first positive test (including 1st positive) $\frac{1}{1^{st} \text{ positive}} + \text{# of tests in the 2 years before } 1^{st} \text{ positive} =$ =

Has client used or is client currently using antiretroviral medication (HAART)? Yes No Don't know Declined

If yes, specify antiretroviral medication?

(See codes on reverse)

Date HAART began? (MMDDYYYY)

Date HAART ended? (MMDDYYYY)

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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 0920-0696. CDC 50.135c (E), 10/2007