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## OMB # 0920-0696 Exp. Date:08/31/2010 Pacific Islands HIV Test Forn

010	Worker ID							
Form								

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Session	Date	Jurisdi	ction	Site	Type ID				Client	ID			┷		Client D	1	3irth			
m m d	d y y							'					m	m	d d	У	у у	у у		
	Current	t Residen	се			<u> </u>		Gende	er		$\bot$			<u> </u>	Race					
Island (S	Specify)						Male					ПΔ	marics		k all that AK Nativ					
Village (S	Specify)						☐ Female ☐ Transgender – M to F						merica sian	lii ii iu,	AN Mau	⁄e				
village (S	ipechy)						Transgender – M to F  Transgender – F to M						Black/African American							
FSM $\square$	Yap State	, [	☐ Chuu	ık State	,			Ethnici			11	_ :	Native HI/Pac. Islander							
	Nosrae Sta	ate [	☐ Pohn	ioei Sta	ite									White Don't know						
							☐ Not Hispanic or Latino													
Other (S	Specify)						□ □ · · · · II · S						Specify ationality							
											<u></u>			<u>y</u>						
					Factors							$\dashv$								
In the past     with a male	12 months, le (vaginal or		had sex	;	3. In the				☐ Y	es 🗆	<b>N</b> o			F	revious	HIV Te	est?			
	e (vaginai oi No. o	,	i.		drugs		you injected any?						☐ Yes If yes, date m m y y							
☐ No				,	4. In the					□ Y			□ No of last test □ □ No □ Don't know							
with a fe	emale (vagina	al or anal	1?				y other by you feel			<b></b> N	No		☐ Don't know ☐ Declined							
	No. <u>o</u>					risk for F							☐ Not Asked							
☐ No	L				If yes	s, specif	fy:								ed Prev	ious HI	V Test	Result		
											—			ositive						
														egativ relimir	e nary posi	tivo				
2. Have you h	ad sex in the	e past 12	months (	(vagina	l or anal)	)I	5. In the								ninate	live				
a – Without	t using a con	dom?		☐ Ye	es 🗆 N	been diagnosed with any of the following STDs (not HIV)?						•	☐ Don't know							
b – With pe	erson who is I	HIV positiv	√e?	☐ Ye	es 🗖 N	No	• , ,							ecline						
·	ange for drug	•						-					□ N	ot ask	ed					
	-		, or gines:	_									For	clien	ts who t	ested I	IV pos	itive		
	sing alcohol?			☐ Ye			- Cyprimo — 100 — 110								t given a	ТВ [	☐ Yes	☐ No		
e – While u	ising drugs?			☐ Ye	es 🗆 N	No	Othe	∍r		Yes 🗆	☐ No	o	test		-					
						$\overline{ au}$					_	<b>=</b>	Was	s clien	t referred	d to [	☐ Yes	☐ No		
		HIV———	V Test 1			<u> </u>	HIV Test 2							preve	ntion					
Test ID number	.												261 4	IU <del>U</del> S:						
3 -1- 1-4-				+	$\top$		$\Box$	Н,		$\top$	T	ᅱ			t referred	d to	☐ Yes	☐ No		
Sample date	m	m d	l d	У	У	m	m	d	d	У	У		med	dical ca	are?					
		ed anonyn					ested an	•	•						is client	Ţ	☐ Yes	☐ No		
Test election:		ed confide ined testin					ested co eclined t						preg	gnant? I	•					
			9				onventio		<u></u>			-	l	l If yes:						
Test technology	y: Gonv					☐ Ra		hai					Ι.	1			<del>-</del>	<u> </u>		
	☐ Blood	d: finger st	tick				lood: fing	ger sti	ck			1		s clier care?	nt in pren	atal (	☐ Yes	☐ No		
Specimen type:		d: venipun	cture				lood: ver		ture											
Specimen тур <del>е</del> .		d spot mucosal t	ransuda	te			lood spo ral mucc		ansuda	ate					t referred ounseling		☐ Yes	☐ No		
	☐ Urine	<u> </u>				☐ Ur						_	Refe	erral S	Services	y and				
T		tive/reactiv	/e	☐ Inva			ositive/re		Э	☐ Inva			(PC	RS)?						
Test result:	☐ Nega ☐ Indet	ative terminate		☐ No	result		egative idetermir			☐ No r	resuit	<sup>t</sup>			Local U	se Fiel	ds			
Descrit provide						1									ı	<del></del>				
Result provided	J? ⊔ Yes	☐ No				<b>□</b> Y6	☐ Yes ☐ No				_		L1 L2		1					
Date provided:	m	m d	l d	У	У	m	m	d	d	У	У	,		L2 L3		++	_			
If results not	☐ Decli	ined notific	cation				aclined r	notifies	tion			$\dashv$ $\mid$	l	L4		+				
provided, why		not return/		ot locate	Э		<ul><li>Declined notification</li><li>Did not return/Could not locate</li></ul>						l	L5		+	-			
not?	☐ Obtai	ained resul	ts from a	another	agency		btained r	results	from a	another a	ageno	су	ĺ	L6		+	_			
													i	` L		$\perp \perp \perp$				