

INFORMED CONSENT FOR HIV TESTING

NEC **A**

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.

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. Confidentiality 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, and was given the opportunity to ask questions during pretest counseling or group test information
- I agree to be tested for HIV.

Name: _____

Signature: _____ Date: _____

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	PhilHealth Number: <input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Not enrolled in PhilHealth
2	Name (Full name)	
	<input type="text"/>	<input type="text"/>
	First Name	Last Name
3	Mother's Maiden Name (Full real name)	
	<input type="text"/>	<input type="text"/>
	First Name	Last Name

UNIQUE IDENTIFIER CODE

4	First 2 letters of mother's real name	First 2 letters of father's real name	Birth order	Month of Birth	Day of Birth	Year of Birth
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	Age: <input type="text"/> <input type="text"/>		Age in months (for less than 1 year old): <input type="text"/> <input type="text"/>		Sex (at birth): <input type="checkbox"/> Male <input type="checkbox"/> Female	

6 Permanent Address: _____

Current Place of Residence: Municipality/City: _____ Province: _____

Place of Birth: Municipality/City: _____ Province: _____

7 Contact Numbers: _____ Email: _____

8 Nationality: Filipino Others, please specify: _____

9 Highest Educational Attainment: None Highschool Vocational
 Elementary College Post-Graduate

10 Civil Status: Single Married Separated Widowed

11 Are you currently living with a partner? No Yes

12 Number of children: Are you presently pregnant? (for females only) No Yes

EMPLOYMENT

13 Current Occupation (Please specify main source of income): _____
 If no current work, what was previous occupation: _____

14 Did you work overseas/abroad in the past 5 years? No Yes

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? _____