

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...

read of HIV and be bene
swer all questions as hor

odies to HIV-- the virus th
natory) will be done to mal
test means you are proba
/, you need to be re-tested

504, you cannot be testec

personally.

項目 No.4:

"First 2 letters" は
ローマ字(名前)の
最初の2文字です。

④ 母親の名前

花子
HANAKO

→ H A

⑤ 父親の名前

太郎
TA RO

→ T A

- 当国フィリピンでは、HIV検査を実施される際に、保健省の指示による本用紙の内容に記載し提出することが義務付けられました。
- プライバシーについては、厳格に保持されます。
- 記載に当たっては、下記を参照下さい。

- 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: [] - [] - [] Not enrolled in PhilHealth (フィリピン非入会)

2 Name (Full name) お名前
First Name (名) Middle Name Last Name (苗字)

3 Mother's Maiden Name (Full real name) 母親の旧姓
First Name (名) Middle Name Last Name (苗字)

UNIQUE IDENTIFIER CODE

4 First 2 letters of mother's real name 母親 First 2 letters of father's real name 父親 Birth order Month of Birth Day of Birth 誕生日 Year of Birth 経年
0-9 (0-9) (0-9) (0-9) (0-9) (0-9) (0-9) (0-9) (0-9) (0-9) (0-9)

5 Age: [] 年 [] 月 Age in months (for less than 1 year old): [] (月) Sex (at birth): Male Female

6 Permanent Address: _____
Current Place of Residence: Municipality/City: 都市 Province: (州)
Place of Birth: Municipality/City: 都市 Province: (州)

7 Contact Numbers: 電話番号 Email: E-mail アドレス

8 Nationality: Filipino Others, please specify: JAPANESE

9 Highest Educational Attainment: None なし Highschool 高校 Vocational 職業
 Elementary 小学校 College 大学 Post-Graduate 大学院

10 Civil Status: Single Married Separated 離婚 Widowed 死別

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 船 Land 陸
What country did you last work in? [] [] [] [] [] []

(裏面につづく)