REASON FOR HIV TEST

15 Reason for HIV Testing: (check all that apply)

- ☐ Mother is infected with HIV 母親がHIV
- ☐ Sex partner is infected with HIV 性パートナーがHIVに感染している
- ☐ Shared needles/syringes with IDUs 薬物の共有（針、シリンジ）
- ☐ Accidental needle prick 針刺し事故
- ☐ Recommended by physician 医者の勧め
- ☐ Requirement for insurance 保険会社からの要請
- ☐ Received blood transfusion 輸血経
- ☐ Re-check previous HIV test result 以前のHIV検査結果の再確認
- ☐ Employment - Local/In the Philippines 仕事 フィリピン国内
- ☐ Employment - Overseas/Abroad 仕事 海外／外国
- ☐ Pregnant 妊娠中
- ☐ TB patient 結核患者
- ☐ Active Hepatitis B/C B型肝炎C型肝炎患者
- ☐ No particular reason 特に理由なし
- ☑ Other (pls specify): medical checkup

HISTORY OF EXPOSURE

16 あなたが生まれた時母親はHIVに感染していましたか
Was your birth MOTHER infected with HIV when you were born? ☐ No ☐ Yes

17 すべて答えて下さい
Answer all. Have you experienced any of the following? (If yes, state the MOST RECENT year) はいの場合、一番最近の年

Received blood transfusion 輸血を受けたことはありますか	☐ No	☐ Yes	If yes, what year: ______
Injected drugs without doctor's advice 医者の指示なしで薬を注射したことありますか	☐ No	☐ Yes	If yes, what year: ______
Accidental needle prick 針刺し事故はありますか	☐ No	☐ Yes	If yes, what year: ______
Sexually transmitted infections (STI) 性感染症にかかったことはありますか	☐ No	☐ Yes	If yes, what year: ______
Sex with a female with no condom 女性と非避妊具なしで性交をもちましたか	☐ No	☐ Yes	If yes, what year: ______
Sex with a male with no condom 男性と非避妊具なしで性交をもちましたか	☐ No	☐ Yes	If yes, what year: ______
Sex with a person in prostitution 売春で性交をもちましたか	☐ No	☐ Yes	If yes, what year: ______
Regularly accept payment for sex 定期的に売春していますか	☐ No	☐ Yes	If yes, what year: ______

お子様のいらっしゃる方は最後の出産の年も記入下さい（も考慮して）

SEXUAL PARTNERS

18 *Answer both*. If none, write "0" in the box. 両方に答えて下さい。ないなら0と書いて下さい

How many FEMALE sex partners have you ever had? いままで何人の女性と性的関係をもちましたか ☐☐☐☐☐

How many MALE sex partners have you ever had? 今まで何人の男性と性的関係をもちましたか ☐☐☐☐☐

Year of last sex with a female: ______ 最後に女性と関係を持ったのはいつですか

Year of last sex with a male: ______ 最後に男性と関係をもったのはいつですか

HIV TESTING

19 Have you ever been tested for HIV before? ☐ No ☐ Yes
以前にHIV検査を受けたことがありますか

If yes, when was the most recent test? ☐☐ Month ☐☐☐☐ Year
もしはいなら最近うけた日はいつですか

Which testing facility did you have the test? ______ Municipality/City: ______ 都市名

What was the result? その結果は ☐ Positive 陽性 ☐ Negative 陰性

※事務処理用（記載不要）

To be filled up by PHYSICIAN, CLINIC STAFF or COUNSELOR only

20 Clinical Picture: ☐ Asymptomatic ☐ Symptomatic Describe S/Sx: ______

World Health Organization (WHO) Staging: ______ ☐ No physician available to do staging

To be filled up by TESTING FACILITY only

21 Name of Testing Facility: ______

HIV EQAS Lab Code: ______ Year last participated in HIV EQAS: ______

Complete Mailing Address: ______

Contact Numbers: ______ Email address: ______

22 Name of Medical Technologist: ______

HIV Proficiency Number: ______

Date Issued: ☐☐ Month ☐☐ Day ☐☐☐☐ Year Expiration Date: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

23 Name of Counselor (with signature): ______

To be filled up by SACCL only

24 SACCL Laboratory Code: ☐☐☐☐☐☐☐☐☐☐ Date HIV Confirmed: ☐☐ Month ☐☐ Day ☐☐☐☐ Year

HIV Results Confirmed by: ______ Test: ☐ Western Blot ☐ PCR for infants

END