



# HIV TESTING

**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 Epidemiology Bureau (EB) of DOH is mandated by Republic Act 8504 to collect information that will be used in planning activities to help stop the spread of HIV and to support and treat those diagnosed to have HIV. Your full cooperation is very important to this program. Please 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 6 weeks 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.

Please fill up this form after you have signed the informed consent to be tested for HIV.

**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"/> <input type="text"/> <input type="text"/> <small>First Name Middle Name Last Name Suffix (Jr, Sr, III, etc)</small>	
3	First 2 letters of mother's real name <input type="text"/> <input type="text"/>	First 2 letters of father's real name <input type="text"/> <input type="text"/>
	Birth order <input type="text"/> <input type="text"/>	
4	Birth date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Age: <input type="text"/> <input type="text"/> Age in months (for less than 1 year old): <input type="text"/> <input type="text"/>
5	Sex (at birth): <input type="checkbox"/> Male <input type="checkbox"/> Female	Self-identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
6	Current Place of Residence: City/Municipality: _____ Province: _____	Permanent Residence: City/Municipality: _____ Province: _____
	Place of Birth: City/Municipality: _____ Province: _____	
7	Nationality: <input type="checkbox"/> Filipino <input type="checkbox"/> Other, please specify: _____	
8	Highest Educational Attainment: <input type="checkbox"/> None <input type="checkbox"/> Highschool <input type="checkbox"/> Vocational <input type="checkbox"/> Elementary <input type="checkbox"/> College <input type="checkbox"/> Post-Graduate	
9	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
10	Are you currently living with a partner? <input type="checkbox"/> No <input type="checkbox"/> Yes	
11	Are you currently pregnant? (if female only) <input type="checkbox"/> No <input type="checkbox"/> Yes	Number of children: <input type="text"/> <input type="text"/>

**OCCUPATION**

12	Current Occupation (please specify main source of income): _____ If no current work, please specify previous occupation: _____	
13	Currently in school? <input type="checkbox"/> No <input type="checkbox"/> Yes; please indicate level: <input type="checkbox"/> High school <input type="checkbox"/> Vocational <input type="checkbox"/> Other <input type="checkbox"/> College <input type="checkbox"/> Post-graduate	
14	Did you work overseas/abroad in the past 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when did you return from your last contract? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Year</small> Where were you based? <input type="checkbox"/> On a ship <input type="checkbox"/> Land What country did you last work in? _____	

**HISTORY OF EXPOSURE**

15 Did your birth mother have HIV when you were born?  No  Yes

16 **Answer all. Have you ever experienced any of the following? Please check the appropriate column for each item.**

	No	Yes; the most recent time was <u>within the past 12 months</u>	Yes; the most recent time was <u>more than 12 months ago</u>
Sex with a <u>female</u> with no condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with a <u>male</u> with no condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex with someone whom you know has HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paying for sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regularly accepting payment for sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injected drugs without doctor's advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Received blood transfusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational exposure (needlestick/sharps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gotten a tattoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted infection (STI / STD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17 **Age at first sex:**    Not applicable **Age at first injecting drug use:**    Not applicable

18 **If you have ever had sex, please answer this section. If the answer is none, write "0" in the box.**

How many FEMALE sex partners have you ever had?       Year of last sex with a female: \_\_\_\_\_

How many MALE sex partners have you ever had?       Year of last sex with a male: \_\_\_\_\_

**MEDICAL HISTORY**

19 **Please check all that apply.**

Current TB patient  With hepatitis B  CBS reactive  
 Currently pregnant  With hepatitis C  Taking PreP

**REASONS FOR HIV TESTING**

20 **Please check all that apply.**

Possible exposure to HIV  Employment - Overseas/Abroad  No particular reason  
 Recommended by physician  Employment - Local/Philippines  Other (please specify): \_\_\_\_\_  
 Re-testing  Requirement for insurance \_\_\_\_\_

**PREVIOUS HIV TEST**

21 **Have you ever been tested for HIV before?**  No  Yes

If yes, when was the most recent test?        
Month Year

Which testing facility did you have the test? \_\_\_\_\_ City/Municipality: \_\_\_\_\_

What was the result?  Positive  Negative  Indeterminate  Was not able to get result

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

22 **Clinical Picture:**  Asymptomatic  Symptomatic Describe S/Sx: \_\_\_\_\_  
 World Health Organization (WHO) Staging: \_\_\_\_\_  No physician available to do staging

**Patient type:**  Inpatient  Outpatient  Mobile HTS client

**To be filled up by TESTING FACILITY only**

23 **Name of Testing Facility:** \_\_\_\_\_ **Referred by (if referral):**  
 TB-DOTS/PMDT facility  
 Antenatal/Maternity clinic

**Complete Mailing Address:** \_\_\_\_\_  
**Contact Numbers:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

24 **Name of Counselor (with signature):** \_\_\_\_\_

**To be filled up by RHIVDA Facility only**

25 **RHIVDA code:** \_\_\_\_\_ **Date tested:**        
Month Day Year

**Result:**  Non-reactive  Positive  Negative  Indeterminate

**To be filled up by SACCL only**

26 **SACCL Laboratory Code:**

**HIV Results Confirmed by:** \_\_\_\_\_ **Date HIV Confirmed:**        
Month Day Year

**Test:**  Western Blot  PCR for infants

**END**