

INFORMED CONSENT

I hereby declare that I am an Adult over 18 years old and I give consent to have my blood tested for HIV after pretest counseling and explanation given to me.

I further declare that I understand the meaning of the test results.

Signature.....

Date.....

Relationship Self [] Guardian []

TESTER.....

**THE UNIVERSITY OF THE WEST INDIES
VOLUNTARY COUNSELLING AND TESTING (VCT)**

Client Initials: _____

Client Unique Code: _____

Student Reg #: _____

Counsellor Initials: _____

Date of Birth.: _____
dd/mm/yy

Community : _____

Gender: Male () Female ()

Commuter:

- (a) Campus Resident []
- (b) Off Campus Resident []

Clinic Attendance

- (a) First []
- (b) Repeat []

Marital Status

- (a) Boyfriend/Girlfriend []
- (b) Single []
- (c) Married []
- (d) Common Law Relationship []
- (e) Divorced []
- (f) Separated []
- (g) Widowed []

What made you come in today for VCT

- (a) Recent risk behavior []
- (b) Feeling unwell []
- (c) Partner's risk behavior []
- (d) Partner diagnosed with HIV []
- (e) Retest []
- (f) Others:
Explain

How did you know about VCT

- (a) Mass media []
- (b) Friend []
- (c) Health care worker []
- (d) Church []
- (e) School []
- (f) Clinical Attendance []
- (g) Family member []
- (h) Posters []
- (i) Others

Sexual History

Sexual Behavior

- (a) Heterosexual []
- (b) Bisexual []
- (c) Homosexual []

Number of Sexual partners within the last 12 months

- (a) one steady partner []
- (b) one casual partner []
- (c) multiple steady partners []
- (d) multiple casual partners []

Last sexual contact (inclusive of oral or anal sex)

- (a) Less than 3 months []
- (b) More than 3 months []

Were condoms used at your last sexual contact?

- (a) Yes []
- (b) No []

How often do you use condoms?

- (a) All the time []
- (b) Sometime []
- (c) Never []

How well do condoms work for you

- (a) Excellent []
- (b) Good []
- (c) Not well []

Have you had an HIV test performed before

- (a) Yes []
- (b) No []

How long ago was the test performed

- (a) Three (3) months prior []
- (b) Six (6) months prior []
- (c) Greater than six (6) months []

What was the result of the previous test (if yes to previous question)

- (a) Negative []
- (b) Positive []

History of Sexually Transmitted Infection (STI) within the last 12 months

(a) Yes []

(b) No []

If yes, please specify _____

What results do you expect today?

(a) Negative []

(b) Positive []

With whom would you share your test result?

(a) My sex partner []

(b) Mother []

(c) Father []

(d) Sister []

(e) Brother []

(f) Friend(s) []

(g) Other please explain _____

To Be Filled By Tester

Tests used

Result

(a) Unigold Negative [] Positive [] Inconclusive []

(b) Determine Negative [] Positive [] Inconclusive []

Tie breaker test

(c) Stat Pak [] Negative [] Positive [] Inconclusive []

HIV Test Result

(a) Negative [] (b) Positive []

Condoms Given

(a) Yes [] (b) No []

Client Referred

(a) Yes [] (b) No []

Referral Site

(a) Clinic on site []

(b) Support group []

(c) STI clinic []

(d) FPA []

(e) Medical Research Foundation (MRF) []

(f) Other []