



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 the first test (screening) is reactive, another test (confirmatory) will be done to make means you have been infected with HIV, a negative test means you are probat antibodies. If you think you have been exposed recently, you need to be re-tested a

2. Voluntary HIV testing

Taking an HIV test is voluntary. Under Republic Act 8504, you cannot be tested. If you are 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.

項目 No.3:

"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
TARO

→ T A

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 フィルヘルス非入会
2	Name (Full name) お名前 <input type="text"/> <input type="text"/> <input type="text"/> <small>First Name 名 Middle Name Last Name 苗字 Suffix (Jr, Sr, III, etc)</small>	
3	First 2 letters of mother's real name <input type="text"/> <input type="text"/> 母親 <small>ローマ字の最初の2文字(名前)</small>	First 2 letters of father's real name <input type="text"/> <input type="text"/> 父親 <small>ローマ字の最初の2文字(名前)</small>
	Birth order <input type="text"/> <input type="text"/> 何番目に生まれたか	
4	Birth date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>誕生日 Month 月 Day 日 Year 年</small>	Age: <input type="text"/> <input type="text"/> 年齢 Age in months (for less than 1 year old): <input type="text"/> <input type="text"/> <small>1歳未満の場合 月</small>
5	Sex (at birth): <input type="checkbox"/> Male <input type="checkbox"/> Female <small>性別 男性 女性</small>	Self-identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____ <small>自己同一性別</small>
6	Current Place of Residence: City/Municipality: _____ Province: _____ <small>現在の居住地</small>	Permanent Residence: City/Municipality: <u>市町村、都市</u> Province: <u>都道府県、州</u> <small>本籍地</small>
	Place of Birth: City/Municipality: _____ Province: _____ <small>出生地</small>	
7	Nationality: <input type="checkbox"/> Filipino <input checked="" type="checkbox"/> Other, please specify: <u>JAPANESE</u> <small>国籍 フィリピン人</small>	
8	Highest Educational Attainment: <input type="checkbox"/> None なし <input type="checkbox"/> Highschool 高校 <input type="checkbox"/> Vocational 専門学校 <small>最終学歴</small>	<input type="checkbox"/> Elementary 小学校 <input type="checkbox"/> College 大学 <input type="checkbox"/> Post-Graduate 大学院
9	Civil Status: <input type="checkbox"/> Single 独身 <input type="checkbox"/> Married 結婚している <input type="checkbox"/> Separated 離婚 <input type="checkbox"/> Widowed 死別 <small>法的身分</small>	
10	Are you currently living with a partner? <input type="checkbox"/> No <input type="checkbox"/> Yes 現在、パートナーと一緒に住んでいますか?	
11	Are you currently pregnant? (if female only) <input type="checkbox"/> No <input type="checkbox"/> Yes 現在、妊娠中ですか? (女性のみ)	Number of children: <input type="text"/> <input type="text"/> 子どもの数
OCCUPATION		
12	Current Occupation (please specify main source of income): _____ <small>現職 主な収入源</small>	If no current work, please specify previous occupation: 無職の場合は前職を書いてください
13	Currently in school? <input type="checkbox"/> No <input type="checkbox"/> Yes; please indicate level: <input type="checkbox"/> High school 高校 <input type="checkbox"/> Vocational 専門学校 <input type="checkbox"/> Other その他 <small>在学中ですか?</small>	<input type="checkbox"/> College 大学 <input type="checkbox"/> Post-graduate 大学院
14	Did you work overseas/abroad in the past 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>5年以上海外で働いたことがありますか? (フィリピンからみて)</small>	If yes, when did you return from your last contract? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>はいと答えた場合、いつ戻りましたか? Year 年</small>
	Where were you based? <input type="checkbox"/> On a ship 船 <input type="checkbox"/> Land 陸 <small>どこがベースでしたか?</small>	What country did you last work in? _____ <small>どの国で最後に働きましたか?</small>

HISTORY OF EXPOSURE				
15	Did your birth mother have HIV when you were born? <input type="checkbox"/> No <input type="checkbox"/> Yes あなたが生まれた時、母親はHIVに罹っていましたか?			
Answer all. Have you ever experienced any of the following? Please check the appropriate column for each item. すべて答えてください 該当するものにチェックを入れてください				
	No	Yes; the most recent time was within the past 12 months 直近だと、過去12カ月以内である	Yes; the most recent time was more than 12 months ago 直近だと、12カ月以上前	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Sex with a female with no condom 女性と避妊具なしで性交をもった	<input type="checkbox"/>	<input type="checkbox"/>	
	Sex with a male with no condom 男性と避妊具なしで性交をもった	<input type="checkbox"/>	<input type="checkbox"/>	
	Sex with someone whom you know has HIV HIVに感染している人と性交をもった	<input type="checkbox"/>	<input type="checkbox"/>	
16	Paying for sex 性交にお金を払った	<input type="checkbox"/>	<input type="checkbox"/>	
	Regularly accepting payment for sex 定期的に性交に対してお金を払っている	<input type="checkbox"/>	<input type="checkbox"/>	
	Injected drugs without doctor's advice 医師からの指示なしで、薬を注射したことがある	<input type="checkbox"/>	<input type="checkbox"/>	
	Received blood transfusion 輸血を受けたことがある	<input type="checkbox"/>	<input type="checkbox"/>	
	Occupational exposure (needlestick/sharps) 職業上の曝露 針刺し/鋭利器	<input type="checkbox"/>	<input type="checkbox"/>	
	Gotten a tattoo タトゥーを入れた	<input type="checkbox"/>	<input type="checkbox"/>	
	Sexually transmitted infection (STI / STD) 性感染症にかかった	<input type="checkbox"/>	<input type="checkbox"/>	
17	Age at first sex: <input type="text"/> <input type="text"/> <input type="checkbox"/> Not applicable 初めて性交を行った年齢 該当しない	Age at first injecting drug use: <input type="text"/> <input type="text"/> <input type="checkbox"/> Not applicable 初めて薬を注射した年齢 該当しない		
18	If you have ever had sex, please answer this section. If the answer is none, write "0" in the box. これまでに性交をもったことがある場合は、下記の質問に答えてください ない場合は0と書いてください			
	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	<input type="text"/>	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	
	How many MALE sex partners have you ever had? いままで何人の男性と関係をもちましたか	<input type="text"/>	Year of last sex with a male: 最後に男性と関係を持ったのはいつですか	
MEDICAL HISTORY				
19	Please check all that apply. <input type="checkbox"/> Current TB patient 結核患者 <input type="checkbox"/> Currently pregnant 妊娠中 <input type="checkbox"/> With hepatitis B B型肝炎患者 <input type="checkbox"/> With hepatitis C C型肝炎患者 <input type="checkbox"/> CBS reactive 迅速抗原検査で陽性 <input type="checkbox"/> Taking PreP 曝露前予防内服中			
REASONS FOR HIV TESTING 検査実施の理由				
20	Please check all that apply. <input type="checkbox"/> Possible exposure to HIV HIV感染の可能性 <input type="checkbox"/> Recommended by physician 医師の勧め <input type="checkbox"/> Re-testing 再検査 <input type="checkbox"/> Employment - Overseas/Abroad 仕事 海外/外国 <input type="checkbox"/> Employment - Local/Philippines 仕事 フィリピン国内 <input type="checkbox"/> Requirement for insurance 保険会社からの要請 <input type="checkbox"/> No particular reason 特に理由なし <input checked="" type="checkbox"/> Other (please specify): <u>medical checkup</u>			
PREVIOUS HIV TEST				
21	Have you ever been tested for HIV before? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> はいの場合、最近受けた日はいつですか? Month 月 Year 年 Which testing facility did you have the test? _____ City/Municipality: 都市名 どこで検査しましたか? What was the result? <input type="checkbox"/> Positive 陽性 <input type="checkbox"/> Negative 陰性 <input type="checkbox"/> Indeterminate 不確定 <input type="checkbox"/> Was not able to get result 結果を受領してない その結果は			
To be filled up by PHYSICIAN, CLINIC STAFF or COUNSELOR only				
22	Clinical Picture: <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic Describe S/Sx: _____ World Health Organization (WHO) Staging: _____ <input type="checkbox"/> No physician available to do staging Patient type: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Mobile HTS client			
To be filled up by TESTING FACILITY only				
23	Name of Testing Facility: _____ Complete Mailing Address: _____ Contact Numbers: _____ Email address: _____		Referred by (if referral): <input type="checkbox"/> TB-DOTS/PMDT facility <input type="checkbox"/> Antenatal/Maternity clinic	
24	Name of Counselor (with signature): _____			
To be filled up by RHIVDA Facility only				
25	RHIVDA code: _____ Date tested: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Result: <input type="checkbox"/> Non-reactive <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate Month Day Year			
To be filled up by SACCL only				
26	SACCL Laboratory Code: <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"/>		Date HIV Confirmed: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year HIV Results Confirmed by: _____ Test: <input type="checkbox"/> Western Blot <input type="checkbox"/> PCR for infants	
END				

記載不要
22~26