



HIV TESTING

HTS

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 11166 & 11332 to collect information that will be used in planning activities to help stop the spread of HIV and to support and treat those diagnosed with HIV. This information is very important to this program. Please answer all questions as honestly as possible.

ABOUT THE TEST

What is HIV testing?

An HIV test refers to a procedure used to identify if you have antibodies to HIV – the virus that causes AIDS. An HIV test requires a procedure used to identify if you have antibodies to HIV – the virus that causes AIDS. An HIV test requires a procedure used to identify if you have antibodies to HIV – the virus that causes AIDS.

If the first test (screening) is reactive, another test (confirmatory) will be done to make sure that the person has been infected with HIV. A non-reactive or negative test means you are not infected or your body has not yet been infected by the HIV rapid diagnostic test kits. If you are non-reactive or negative, and have another test 4 weeks after your risk exposure.

Confidentiality of HIV Testing

Your personal information and HIV test result is confidential adherent to the provisions of RA 11166 and its IRR of 2016.

項目 No.5:

"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

INFORMED CONSENT

I, CLIENT / CHILD / PROXY CONSENT PROVIDER, was given information about HIV, its testing process, and was able to ask questions about HIV. I agree to undergo HIV testing.

フルネームと署名

Name and Signature

☐ Verbal Consent
(applicable for clients 15
y/o and above undergoing
either CBS or self-testing)

By providing my contact details, I am allowing the HTS provider to contact me on updates regarding the services provided including but not limited to: test result, combination prevention services, and notification for retesting.

Contact Number: 連絡先

Email address: メールアドレス

PERSONAL INFORMATION SHEET (HTS FORM)

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	Test Date: 検査日 Month 月 Day 日 Year 年	
2	PhilHealth Number: <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Not enrolled in PhilHealth フィリヘルス非入会
3	PhilSys Number: <input type="text"/>	<input type="checkbox"/> No PhilSys Number フィリピン身分証明システム登録無し
4	Name (Full name) お名前 First Name 名 Middle Name Last Name 苗字 Suffix (Jr, Sr, III, etc)	
5	First 2 letters of mother's FIRST name 母親 First 2 letters of father's FIRST name 父親 Birth order (i.e. among mother's children) 何番目に生まれたか	
6	Birth date: 誕生日 Month 月 Day 日 Year 年 Age: 年齢 Age in months (for less than 1 year old): 1歳未満の場合 ヶ月	
7	Sex (assigned at birth): 性別 <input type="checkbox"/> Male 男性 <input type="checkbox"/> Female 女性 Gender identity: 自己同一性別 <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Others:	
8	Current Place of Residence: 現在の居住地 City/Municipality: Province: Permanent Residence: 本籍地 City/Municipality: 市町村、都市 Province: 都道府県、州 Place of Birth: 出生地 City/Municipality: Province:	
9	Nationality: <input type="checkbox"/> Filipino <input type="checkbox"/> Other, please specify: Japanese 国籍 その他	
10	Civil Status: 法的身分 <input type="checkbox"/> Single 独身 <input type="checkbox"/> Married 結婚 <input type="checkbox"/> Separated 別居 <input type="checkbox"/> Widowed 死別 <input type="checkbox"/> Divorced 離婚	
11	Are you currently living with a partner? 現在、パートナーと一緒に住んでいますか? <input type="checkbox"/> No <input type="checkbox"/> Yes Number of children: 子供の数	
12	Are you currently pregnant? (for female clients only) 現在、妊娠中ですか? (女性) <input type="checkbox"/> No <input type="checkbox"/> Yes はい	
EDUCATION & OCCUPATION		
13	Highest Education Attainment? 最終学歴 <input type="checkbox"/> No grade completed 未修学 <input type="checkbox"/> Pre-school 保育園 <input type="checkbox"/> Highschool 高校 <input type="checkbox"/> Vocational 専門学校 Elementary 小学校 <input type="checkbox"/> College 大学 <input type="checkbox"/> Post-Graduate 大学院	
14	Are you currently in school? <input type="checkbox"/> No 在学中ですか? <input type="checkbox"/> Yes	
15	Are you currently working? 現在、働いていますか? <input type="checkbox"/> Yes. Current occupation (main source of income): はい、職種を記載 <input type="checkbox"/> No. Previous occupation in the past 12 months: いいえ、1年以内の職業を記載	
16	Did you reside or work overseas/abroad in the past 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes 5年以内で海外に移住または仕事をしていましたか? Did you work overseas/abroad? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify year of return from last contract: はい、帰任した年 Where were you based? <input type="checkbox"/> On a ship 船 <input type="checkbox"/> Land 陸 What country did you last work in? (For seafarer, last port of exit) どの国で最後に働いていたか	

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You may answer this on your own or with assistance from a counselor or healthcare provider		
HISTORY OF EXPOSURE / RISK ASSESSMENT		
<p>Answer all. Please check the appropriate column for each item, and provide history of risk if applicable.</p> <p>Did your birth mother have HIV when you were born? <input type="checkbox"/> Do not know <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>History of sexual activity (oral/anal/vaginal) <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Date of most recent anal or neo/vaginal sex (MM/YYYY) <input type="text"/></p> <p>Date of most recent CONDOMLESS anal or neo/vaginal sex (MM/YYYY) <input type="text"/></p> <p>Sex with a MALE <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Sex with a FEMALE <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>*Sex partners whose assigned sex at birth is MALE, including transgender and/or nonbinary</p> <p>**Sex partners whose assigned sex at birth is FEMALE, including transgender and/or nonbinary</p>		
<p>REASONS FOR HIV TESTING</p> <p>Please check all that apply.</p> <p><input type="checkbox"/> Possible exposure to HIV <input type="checkbox"/> Employment - Overseas/Abroad <input type="checkbox"/> Requirement for insurance</p> <p><input type="checkbox"/> Recommended by physician/nurse/midwife <input type="checkbox"/> Employment - Local/Philippines <input type="checkbox"/> Other (please specify):</p> <p><input type="checkbox"/> Referred by a peer educator <input type="checkbox"/> Received a text message/email encouraging me to get an HIV test</p>		
<p>PREVIOUS HIV TEST</p> <p>Have you ever been tested for HIV before? <input type="checkbox"/> No <input type="checkbox"/> Yes. Date of most recent test? <input type="text"/></p> <p>Which HTS provider (facility or organization) conducted the test? <input type="text"/></p> <p>What was the result? <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive <input type="checkbox"/> Indeterminate <input type="checkbox"/> Was not able to get result</p>		
To be filled out by HTS PROVIDER only		
MEDICAL HISTORY & CLINICAL PICTURE		
<p>Please check all that apply.</p> <p><input type="checkbox"/> Current TB patient <input type="checkbox"/> Diagnosed with other STIs <input type="checkbox"/> Taken PEP</p> <p><input type="checkbox"/> With hepatitis B <input type="checkbox"/> With hepatitis C <input type="checkbox"/> Taking PrEP</p>		
<p>Clinical Picture: <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic Describe S/Sx: <input type="text"/></p> <p>World Health Organization (WHO) Staging: <input type="text"/> <input type="checkbox"/> No physician to do staging</p>		
TESTING DETAILS		
<p>Client type: <input type="checkbox"/> Inpatient <input type="checkbox"/> Walk-in/outpatient <input type="checkbox"/> Persons Deprived of Liberty (PDL)</p> <p><input type="checkbox"/> Mobile HTS / Outreach in physical venues. Specify venue: <input type="text"/></p>		
<p>Mode of reach: <input type="checkbox"/> Clinical reach <input type="checkbox"/> Online <input type="checkbox"/> Index testing <input type="checkbox"/> Social and sexual network testing <input type="checkbox"/> Outreach in physical venues</p>		
<p><input type="checkbox"/> Refused HIV Testing Reason for refusal: <input type="text"/></p> <p><input type="checkbox"/> Accepted HIV Testing</p> <p>HIV testing modality: <input type="checkbox"/> Facility-based testing (FBT) <input type="checkbox"/> Non-laboratory FBT <input type="checkbox"/> Community-based <input type="checkbox"/> Self-testing</p> <p>Linkage: <input type="checkbox"/> Refer to ART <input type="checkbox"/> Advise for re-testing in <input type="text"/> Months <input type="text"/> Weeks</p> <p><input type="checkbox"/> Refer for Confirmatory Suggested date: (MM/DD/YYYY) <input type="text"/></p>		
<p>Other services provided to client:</p> <p><input type="checkbox"/> HIV 101 <input type="checkbox"/> Condoms, # distributed: <input type="text"/></p> <p><input type="checkbox"/> IEC materials <input type="checkbox"/> Lubricants, # distributed: <input type="text"/></p> <p><input type="checkbox"/> Risk reduction planning <input type="checkbox"/> Offered social and sexual network testing (SSNT)</p> <p><input type="checkbox"/> Referred to PrEP or had given PEP <input type="checkbox"/> Accepted SSNT</p> <p><input type="checkbox"/> Other services: <input type="text"/></p>		
		<p style="text-align: center;">Inventory Information</p> <p>Brand of test kit used: <input type="text"/></p> <p>Number of test kit used: <input type="text"/></p> <p>Test kit lot number: <input type="text"/></p> <p>Expiration date (mm/dd/yyyy): <input type="text"/></p>
HTS PROVIDER DETAILS		
<p>Name of Testing Facility/Organization: <input type="text"/></p> <p>Complete Mailing Address: <input type="text"/></p> <p>Contact Numbers: <input type="text"/> Email address: <input type="text"/></p>		
<p>Primary HTS provider: (select one) <input type="checkbox"/> HIV Counsellor <input type="checkbox"/> Medical Technologist <input type="checkbox"/> CBS Motivator <input type="checkbox"/> Others: <input type="text"/></p> <p>Name & Signature of service provider: <input type="text"/></p>		
END		