Print Form

HIV Incidence Surveillance Information

stateno _____

This short form can be attached to the HIV/AIDS Case Report Form used for routine HIV reporting. You may enter patient-reported answers to past testing behaviors and the dates of these tests as reported by the patient using this form. If the patient received medication to treat or prevent HIV or Hepatitis B, please enter medication names and start/end dates, as applicable. Answers to these questions will help the California Department of Public Health, Office of AIDS (OA) with HIV Incidence Surveillance (HIS).

Date question answered by patient ___/___/___	**Antiretroviral & Prophylaxis Treatment History**
Date of first Positive HIV Test reported by patient (mo/dd/yr) ____/____/_____	Used ARV (e.g., to prevent/treat HIV or HepB) in the last six months? ☐ Yes ☐ No First date of ARV use: (mo/dd/yr) ____/____/_____ Last date of ARV use: (mo/dd/yr) ____/____/_____ If yes, list medications: _____
Date of last negative HIV test reported by patient (mo/dd/yr) ____/____/_____ ☐ Check if never had a negative HIV test	
Prior Tests (2 years before 1st positive) Number of HIV tests in 2 years before first positive: 1 (first positive) + ___ (# prior negative tests) = ___Total	

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