

**REPORT OF REQUEST AND DECISION FOR HIV TESTING**

The information on this form is being requested pursuant to Title 8 (commencing with Section 7500) of Part 3 of the Penal Code.

California law requires a law enforcement employee and/or inmate to report the incident within two calendar days.

When completing this form, if a typewriter is not accessible, please print in a legible manner. Upon completion, this form shall be directed to the chief medical officer of the correctional facility.

1. Name of Person Reporting Incident	2. Title (if employee)
3. Location Where Incident Occurred	4. Business Phone (if appropriate)
5. Name and Address of Correctional Institution (mailing address if different)	6. Date and Time Incident Occurred
7. Name, Address, Telephone Number, and Statement from Person(s) involved in, or Witness to, the Incident. (Please use separate sheet if necessary.)	

8. Description of Incident or Exposure. Please describe fully the event(s) that resulted in the injury or exposure. Tell what happened and how it happened. Describe the exact location, or description, of injury or exposure. (Please use separate sheet if necessary.)

9. State the nature of exposure (e.g., contact with bodily fluids through altercation, sexual activity, etc.). Include type of bodily fluids exchanged (e.g., blood, semen, vaginal secretions. (Please use separate sheet if necessary.)

10. Please name: (1) the person who is the subject of the report and (2) person requesting the test. In the case of a minor, please include (3) the name of the staff member filing the report on minor's behalf.

**ANY WILLFUL FALSE REPORTING IN CONJUNCTION WITH A REPORT OR A REQUEST FOR TESTING AND/OR ANY WILLFUL USE OR DISCLOSURE OF TEST RESULTS OR CONFIDENTIAL INFORMATION IN VIOLATION OF ANY OF THE PROVISIONS IN TITLE 8 (COMMENCING WITH SECTION 7500) OF PART 3 OF THE PENAL CODE IS A MISDEMEANOR.**

Signature of Person Reporting Incident	Date Report was Filed
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The above request was reviewed by \_\_\_\_\_  
 (Name of Authorized Person)  
 \_\_\_\_\_ on \_\_\_\_\_  
 (Title of Authorized Person) (Date of Review)

It has been determined, by the authorized person, that HIV testing of the above named individual:

Should be conducted for the following reason(s):  Should NOT be conducted at this time, for the following reason(s):

Signature of Authorized Person	Date
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