

**HIV ANTIBODY TESTING
HIV INDETERMINATE OR POSITIVE TEST RESULTS
NOTIFICATION COUNSELING DOCUMENT**

(For use of this form, see USMEPCOM Reg..... 40-8)

Section A. Applicant Current Contact Information (Please Print)

1. Name: _____
Last Name
First Name
MI
Suffix

2. Address: _____

3. Telephone(s): _____

4. Primary Care Provider (PCP): Provider Name and/or Clinic Name.
 (Current or Most Recent) _____
City
State, Zip Code

Note: The MEPS will not contact this provider without your consent. If no PCP, check here: _____

Section B. Provided to and Reviewed with the Applicant (Please check all that apply)

_____ FACT SHEET on HIV antibody testing for type of HIV result.

_____ Test Result Notification Letter for the applicant to give to the doctor (or clinic) of their choosing for follow up evaluation.

_____ HIV testing location information close to my home of record.

Section C. Completed by the Applicant

By my signature below, I agree that I have provided accurate contact information and have been provided the above mentioned information about my HIV test result. I have been given the opportunity to ask questions, have received satisfactory answers, and have expressed an understanding of all information that has been provided to me.

I also understand that I need to see a physician of my choosing, and at my own expense, for a full evaluation and advice.

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature (if required) _____ Date _____

Section D. Completed by the MEPS

By signing below, I indicate my presence during the HIV initial counseling interview for this applicant. I also attest the information listed above was provided by the applicant (Section A and C) and to the applicant (Section B).

MEPS Officer Signature _____ Title _____ Date _____

MEPS Provider Signature _____ Title _____ Date _____

List of other attendees (if any): _____