Medical record for PEP/PEPSE

(To be used during EIMS failure only)

oPEP ☐ **nPEP** ☐

Exposed person

PHN : _____

UIC : _____

File Number : _____

Details of the exposure : _____

Time of the exposure :_____

Last HIV test	:Negative	☐	Positive	☐	Not Known	☐
Hep B Vaccination	:Negative	☐	Positive	☐	Not Known	☐
Hep S Antibody Levels	:>10mIU/ml	☐	<10mIU/ml	☐	Not Known	☐

Source person

PHN : _____

UIC : _____

File Number : _____

HIV RDT	:Negative	☐	Positive	☐	Not done	☐
HIV ELISA	:Negative	☐	Positive	☐	Not done	☐
KP Category	:None	☐	TGW	☐	Beach boys	☐
	MSM	☐	IVDU	☐		
	CSW	☐	Prisoner	☐		

Management and the follow up plan

PEP already started : Yes ☐ No ☐

ART regimen : _____

Next review date :_____

_____ _____

Date Name & Signature of the Doctor

Note: *Need to enter all data in this form once EIMS is restored.*