

Outreach Rapid HIV Test Result Form

(To be completed by clinic staff)

STD Clinic	
Date	
Project	
Name of clinic staff	
Designation of clinic staff	

#	UIC	Rapid test result			Escort /referral for HIV screening to STD clinic (Y/N)
		positive	negative	Indeter- -minate	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Signature of Venereologists/MOIC _____