

Southern California Border HIV/AIDS Project

HIV Testing Results Form

Today's Date: (MM/DD/YY)

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Staff ID:

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Project sub-site:

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HRSA number (ALWAYS USE, if known):

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Date of test: (MM/DD/YY)

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Results:

HIV-negative Inconclusive HIV-positive

Estimated return date: (MM/DD/YY)

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Date client returned for results: (MM/DD/YY)

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Did client return for results? yes no

Target Population: (Check all that apply)

Latino/a migrant farm worker (male/female)

yes no

Latino/a youth sex worker (male/female)

yes no

Transborder Latino (male)

yes no

Latina adult sex worker (female)

yes no

Newly immigrated Latino MSM (male)

yes no

Latina woman (female)

yes no



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