



HIV TESTING CONSENT / REFUSAL

Name _____ DOB _____

- I have been told about modes of HIV transmission.
- I understand that I should abstain from behavior which may lead to HIV transmission.
- I understand that I can ask my doctor, midwife, or nurse practitioner about AIDS resources in the community.
- I understand that early detection of HIV could allow early treatment which could be life-saving for me and my baby if I am pregnant.
- I have been offered HIV testing.
- I understand that I am not obligated to be tested; if I am tested it is of my own free choice.

I agree to be tested for HIV

at a lab

at an anonymous test site of my choice

I refuse to be tested for HIV

Signature _____ Date _____

Witness _____