

Patient Consent Form for Integrated Health Camp

I agree to participate in the health camp organized by Andhra Pradesh State AIDS Control Society. I have been informed that I will receive the following services in this camp.,

- General health check-up
- Screening for TB,HIV, Hepatitis, NCDs like Diabetes, Blood Pressure, and other conditions.
- Counselling and health education
- Referral for treatment, if needed

I understand that:

- These services are being provided to support my health
- All services are free of cost
- My personal health information will be kept private and confidential
- I can choose not to participate in any part of the camp
- Saying no will not affect my regular HIV care and treatment

I am free to ask questions and can stop at any time. By signing below, I give my consent to take part in this health camp.

Name of the Patient: _____

ART Number (if applicable): _____

Signature / Thumb Impression: _____

Date: _____

Witness (if patient is unable to sign):

Name: _____

Signature: _____

Relationship to patient: _____

Name & Signature of Staff Member Receiving Consent:

Name: _____

Signature: _____

Date: _____

