



Zambia Digital Health Community Project (ZDCHP)

FORM NAME : HIV SCREENING FOR ADULT

SERVICE DATE :

IS HIV POSITIVE [Y/N] :

CURRENTLY RECEIVING ART [Y/N] :

ART NUMBER :

HAVING COUGH, WEIGHT LOSS, NIGHT SWEATS [Y/N] :

BLISTERS OR DISCHARGE FROM PRIVATE PARTS [Y/N] :

EXPOSED TO HIV VIA NEEDLE [Y/N] :

HAD UNPROTECTED SEX [Y/N] :