

## 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]:

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