# MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

| REQUIRING DOCUMENT *(Title and Number)* | | ISSUANCE DATE |
|---|---|---|
| BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN | NAVHOSPPNCLAINST 6220.10N | 16 Sep 2015 |

LOCAL FORM TITLE *(Optional)*
INFORMED CONSENT FOR POST EXPOSURE HIV, HEPATITIS B AND HEPATITIS C ANTIBODY TEST

Date: _____

☐ Naval Hospital Pensacola
☐ Naval Branch Health Clinic _____

**BACKGROUND:** An occupational exposure to blood and/or body fluids has occurred. We are requesting that your blood be drawn for Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV) as part of the protocol to determine if the exposed staff member will require treatment and follow-up. Treatment should be initiated within two hours.

**THE TESTS:** These tests determine whether or not your body has developed antibodies to the HIV, HBV and HCV viruses. The antibody response takes time. The majority of people develop antibodies to HIV within the first 3 months following infection, while HCV antibody can take 6 months. Because of this possible lag time, an initial negative test result does not guarantee that you are free from these viruses. Although the HIV blood test does not show whether or not you have AIDS, your medical provider uses these tests in combination with your medical examination and your risk history to determine whether or not you have AIDS or any other HIV-related illnesses. A person can be infected by the HIV, HBV and/or HCV, have no symptoms, and thus not know they have these viruses in their body. However, the individual may pass along these viruses. If you test positive for HIV, HBV or HCV, you should see your health care provider as soon as possible for an evaluation.

**ADVANTAGES OF BEING TESTED:**

> Reduces the anxiety of not knowing whether or not you have been infected with HIV, HBV and HCV.
> If you test positive, early medical treatment may improve your health.

**DISADVANTAGES OF NOT BEING TESTED:**

> Anxiety and fear about possibly being infected with HIV, HBV and HCV.
> If you are infected, unknowingly passing these viruses on to another person.
> If you are pregnant and refuse to have the test, your baby's doctors would have less information with which to care for your baby's health.

**CONFIDENTIALITY:** Having these tests and the test result themselves are confidential, except where you have authorized disclosure of the test results. Your decision not to have any of these antibody tests will not result in the denial of benefits or health care to which you are entitled under applicable regulations.

**OTHER SOURCES FOR INFORMATION:** If you have further questions relating to AIDS, the HIV test, or the consequences of being tested or not being tested, please ask the person offering the test or other public health providers. For more information about AIDS and the HIV test, you also may contact your local Public Health Department or the U.S. Centers for Disease Control and Prevention at: http://www.hivtest.org/faq.cfm. Anonymous HIV blood antibody testing is available through local Public Health Clinics.

**DOCUMENTATION OF INFORMED CONSENT**

**My signature indicates that:**

> I have read and understand the above information.
> I have been given adequate opportunity to ask questions and discuss the answers.

I give my permission for _____ to perform HIV, HBC and HCV testing on my blood. I authorize this facility to receive the test results

Printed Name and Signature: _____

Parent or Guardian (if applicable): _____

| PRACTITIONER'S NAME | PRACTITIONER'S SIGNATURE | DATE |
|---|---|---|
| PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)* | HOSPITAL OR MEDICAL FACILITY | STATUS |
| | DEPARTMENT / SERVICE | RECORDS MAINTAINED AT |
| | SPONSOR'S NAME | SSN |
| | RELATIONSHIP TO SPONSOR | |