

Model Form for Documenting Offer of HIV Testing

Sample – Offer of HIV Testing

Your health care provider is required to make an offer of HIV testing to all persons between the ages of 13 and 64 regardless of apparent risk. You are strongly encouraged to accept testing since, as with other medical screenings, it may provide you with important information about your health and give you what you need to make good decisions for staying healthy.

☐ Yes, I accept the offer of HIV testing.

☐ No, I don't want an HIV test today

Patient Name: _____ Date: _____

Signature: _____
Patient or person authorized to consent