



## ACKNOWLEDGEMENT OF HIV POST-TEST COUNSELLING

This is to acknowledge that I received HIV post-test counselling from \_\_\_\_\_ on several topics related to my HIV-positive condition, including an explanation of the test results, risk-reduction strategies such as partner notification, and a discussion on follow-up and care.

Client's name: \_\_\_\_\_

Guardian's name (if applicable): \_\_\_\_\_

Client's (or guardian's) signature: \_\_\_\_\_ Date (YYYY-MM-DD): \_\_\_\_\_

Counsellor's name: \_\_\_\_\_

Counsellor's signature: \_\_\_\_\_ Date (YYYY-MM-DD): \_\_\_\_\_

IME number: \_\_\_\_\_

Panel Physician: \_\_\_\_\_

Panel Physician number: \_\_\_\_\_