Please see the following pages for the HIV Case Report Form.
**PART 1 – PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>RHA Reporting:</th>
<th>Check (✓) applicable</th>
<th>Date of Last Contact with Patient (YYYY/MM/DD):</th>
<th>Unable to contact</th>
<th>Lost to follow-up</th>
<th>Deceased Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHN:</td>
<td>Birth Date (YYYY/MM/DD):</td>
<td>Sex □ Male □ Female □ Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Current Street Address:**  
**Current City/Town/First Nations Community:**  
**Current Province:**  
**Current Postal Code:**

**Street Address at time of diagnosis:**  
**City/Town/First Nations Community at diagnosis:**  
**Province at diagnosis:**  
**Postal Code at diagnosis:**

**Country of Birth:**

- Arrival Year in Canada:
- Ethnicity (see over for descriptions):
  - White
  - Black (N. American)
  - Arab/West Asian
  - Other, please specify:
  - First Nations
  - Black (African)
  - Latin American
  - Multiple ethnicity
  - Métis
  - East Asian
  - Inuit
  - South Asian
  - Unknown

**PART 2 – RISK FACTORS**

**Sexual Risk Factors (Respond to each item)**

- Y N Unknown
  - □ □ □ Sex with a male
  - □ □ □ Sex with a female

  Heterosexual sex with an individual from any of the following categories:
  - □ □ □ Person who uses injection drugs
  - □ □ □ Bisexual male
  - □ □ □ Transfusion recipient with documented HIV infection
  - □ □ □ Person with a hemophilia/coagulation disorder
  - □ □ □ Person born in a country where heterosexual transmission predominates (see over). If yes, please specify:
    - □ □ □ Person with a confirmed or suspected HIV infection or AIDS

**Other Risk Factors (Respond to each item)**

- Y N Unknown
  - □ □ □ Injected non-prescription drugs (including steroids)
  - □ □ □ Received blood or blood components after 1985. If yes, please specify:
  - □ □ □ Occupationally exposed to HIV contaminated blood or body fluids
  - □ □ □ Medical exposure (e.g., organ or tissue transplant, surgery, dental, oscopy). If yes, please specify:
  - □ □ □ Non medical, non-occupational exposure which could have been the source of the infection (e.g., acupuncture, tattoo, body piercing, breast milk, needle stick). If yes, please specify:
  - □ □ □ From endemic country (see over). If yes, please specify:
  - □ □ □ Perinatal transmission
  - □ □ □ Involved in sex trade

Has this patient donated blood, plasma, platelets, organs, tissues, semen or breast milk? □ Yes □ No □ Unknown

**PART 3 – LABORATORY/CLINICAL DATA**

<table>
<thead>
<tr>
<th>Lab Report Accession Number:</th>
<th>Specimen Collection Date (YYYY/MM/DD):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this the first positive HIV test for this person? □ Yes □ No □ Unknown</td>
<td></td>
</tr>
<tr>
<td>If no, Date of first positive (YYYY/MM/DD):</td>
<td></td>
</tr>
</tbody>
</table>

**Date of last negative HIV test (including last non-reactive HIV POC Test) if known? (YYYY/MM/DD):**

**Is there a history of seroconversion illness?** □ Yes □ No □ Unknown If yes, Date (if known)? (YYYY/MM/DD):

**Does this person have AIDS? □ Yes □ No □ Unknown**

**Reason for current HIV test (Check ✓ all that apply)**

<table>
<thead>
<tr>
<th>□ Immigration/visa requirement</th>
<th>□ Prenatal screening</th>
<th>□ STI screening</th>
<th>□ Contact of an HIV infected person</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Needle stick injury, blood/body fluid exposure</td>
<td>□ Symptomatic for disease</td>
<td>□ Insurance requirement</td>
<td>□ Other, specify:</td>
</tr>
<tr>
<td>□ History of a known risk factor, specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Initial CD4 count: Date (YYYY/MM/DD): Initial viral load: Date (YYYY/MM/DD):

**Has this person ever had a tuberculin (PPD) skin test? □ Yes □ No □ Unknown**

If yes Date (YYYY/MM/DD): Size in mm?

If no, was anergy tested? □ Yes □ No □ Unknown

**Positive Hep B Antigen? □ Yes □ No □ Unknown**

If yes, Year? __________ Positive Hep C Antigen? □ Yes □ No □ Unknown If yes, Year? ______

**PART 4 – ADDITIONAL INFORMATION OR COMMENTS**

<table>
<thead>
<tr>
<th>Reporting physician’s name (please PRINT):</th>
<th>City/town:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person completing this form (please PRINT):</td>
<td>Date report completed (YYYY/MM/DD):</td>
</tr>
</tbody>
</table>

Phone number:

Revised November, 2012
Ethnicity Descriptions:

White: People of Caucasian ethnic origins (e.g., British Isles, European, white African origins, etc.)

First Nations: North American Indian regardless of treaty status, living on and/or off reserve

Métis: A person who self-identifies as Métis

Black North American: North American or Caribbean black origins

Black African: African-born black origins

East Asian: e.g., Chinese, Japanese, Vietnamese, Cambodian, Indonesian, Laotian, Korean, Filipino, etc.

South Asian: e.g., East Indian, Pakistani, Punjabi, Bangladeshi, etc.

Arab/West Asian: e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan, etc.

Latin American: e.g., Mexican, Central/South American, etc.

Multiple Ethnicity: Prodigy of dual origin parentage (not Métis)

Endemic Country Definition: An endemic country is defined as a country where the predominant means of HIV transmission is heterosexual contact.

List of Endemic Countries:

Caribbean and Central/South America:

Anguilla          French Guiana          Netherland Antilles
Antigua and Barbuda Grenada             Saint Lucia
Bahamas           Guadeloupe            St. Kitts and Nevis
Barbados           Guyana               St. Vincent and the Grenadines
Bermuda            Haiti                Suriname
British Virgin Islands Honduras            Trinidad and Tobago
Cayman Islands     Jamaica             Turks and Caicos Islands
Dominica           Martinique          U.S. Virgin Islands
Dominican Republic Montserrat

Africa:

Angola            Gambia                  Rwanda
Benin             Ghana                   Senegal
Botswana          Guinea                  Sierra Leone
Burkina Faso      Guinea-Bissau         Somalia
Burundi           Ivory Coast            South Africa
Cameroon          Kenya                   Sudan
Cape Verde        Lesotho                 Swaziland
Central African Republic Liberia            Tanzania
Chad              Malawi                  Togo
Democratic Republic of the Congo Mali                   Uganda
Djibouti          Mozambique             Zambia
Equatorial Guinea Namibia                      Zimbabwe
Eritrea           Niger
Ethiopia          Nigeria
Gabon             Republic of Congo