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| 1 CHAP Logo temp | | | **KZN COMMUNITY TESTING PASSPORT** | | | | | | | | | | |
| HOUSEHOLD NUMBER | | | | | | LOCATION | | | | |
|  | | | | | | Eshowe / Mbongolwane | | | | |
| Today’s Date | | | | | CHA CODE | | | | | |
| DD / MM / YYYY | | | | |  | | | | | |
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| **PART 1: HOUSEHOLD INFORMATION** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| HH Head - First Name (s): | | HH Head Surname: | | Gender: | | M / F | DOB:  DD / MM / YYYY | | | | | Age: | |
| Area identifier: | Izigodi: | | | | Ward (99 if unknown): | | | | | Landmark: | | | |
| Nearest PHC (Which health facility is nearest to the household? | | | | | | | | | | | | | |
| ( 1 ) Eshowe Hospital  ( 2 ) Eshowe Municipal Clinic  ( 3 ) King DiniZulu Clinic | | ( 4 ) Mathungela Clinic  ( 5 ) Mbongolwane Hospital  ( 6 ) Ngudwini Clinic | | | | ( 7 ) Nkwalini Clinic  ( 8 ) Ntumeni Clinic  ( 9 ) Osungulweni Clinic | | | | | ( 10 ) Samungu Clinic  ( 11 ) Siphilile Clinic  ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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| **PART 2: REGISTRATION AND TESTING** | | | | | | | | | | | | | |
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| **1** | **Head of Household:**  Yes / No | | | **First Name(s):** | | | | | | | | | | **Surname:** | | | | | | | **Gender:**  M / F |
| **DOB:** | | | **Age:** | | **SA Id Number // Passport Number (non-SA citizens):** | | | | | | | | | | **Can we contact you?** | | **Cellphone Number (if answer is YES):** | | | | |
| DD / MM / YYYY | | |  | |  | | | | |  | | | | | Yes / No | |  | | | | |
| **Previous HIV test:** | | **Times Tested:** | | | | | **Most recent test date:** | | | | **Last tested at:** | Clinic □ Hospital □ M1SS □ Door-to-door □ Fixed site □  MMC Camp □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Yes / No | |  | | | | | DD / MM / YYYY | | | |
| **Did patient test for HIV?** | | | | | | **Screening test:** | | | **Confirmatory test:** | | | | **Overall test result:** | | | | | **TB screening:** | | **STI Screening:** | |
| Yes □ Refused □  Known HIV+ (on ART) □  Known HIV+ (not on ART) □  Known HIV+ (Defaulted) □ | | | | | | HIV- □  HIV+ □  Indeterminate □ | | | HIV- □  HIV+ □  Indeterminate □ | | | | HIV- □ HIV+ □ Indeterminate □  Known HIV+ (on ART) □  Known HIV+ (not on ART) □  Known HIV+ Defaulted □ | | | | | Positive □ Negative □  N/A □ | | Positive □  Negative □  N/A □ | |
| **Pregnant:** | | | **Pregnancy test :** | | | | | **Referred for (Multioption: Circle all reasons for referral):** | | | | | | | | **Preferred PHC (Which clinic do you want to be referred to?):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **WRITE DOWN THE PATIENT ID IN THE REFERRAL SLIP** | | |
| Yes □ No □  Unsure □ N.A □ | | | Positive □  Negative □  N/A □ | | | | | HIV □ TB □ STI □ ANC □  FP □ CHAP Follow-up visit □ No need for referral □  If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

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| **2** | **Head of Household:**  Yes / No | | | **First Name(s):** | | | | | | | | | | **Surname:** | | | | | | | **Gender:**  M / F |
| **DOB:** | | | **Age:** | | **SA Id Number // Passport Number (non-SA citizens):** | | | | | | | | | | **Can we contact you?** | | **Cellphone Number (if answer is YES):** | | | | |
| DD / MM / YYYY | | |  | |  | | | | |  | | | | | Yes / No | |  | | | | |
| **Previous HIV test:** | | **Times Tested:** | | | | | **Most recent test date:** | | | | **Last tested at:** | Clinic □ Hospital □ M1SS □ Door-to-door □ Fixed site □  MMC Camp □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Yes / No | |  | | | | | DD / MM / YYYY | | | |
| **Did patient test for HIV?** | | | | | | **Screening test:** | | | **Confirmatory test:** | | | | **Overall test result:** | | | | | **TB screening:** | | **STI Screening:** | |
| Yes □ Refused □  Known HIV+ (on ART) □  Known HIV+ (not on ART) □  Known HIV+ (Defaulted) □ | | | | | | HIV- □  HIV+ □  Indeterminate □ | | | HIV- □  HIV+ □  Indeterminate □ | | | | HIV- □ HIV+ □ Indeterminate □  Known HIV+ (on ART) □  Known HIV+ (not on ART) □  Known HIV+ Defaulted □ | | | | | Positive □ Negative □  N/A □ | | Positive □  Negative □  N/A □ | |
| **Pregnant:** | | | **Pregnancy test :** | | | | | **Referred for (Multioption: Circle all reasons for referral):** | | | | | | | | **Preferred PHC (Which clinic do you want to be referred to?):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **WRITE DOWN THE PATIENT ID IN THE REFERRAL SLIP** | | |
| Yes □ No □  Unsure □ N.A □ | | | Positive □  Negative □  N/A □ | | | | | HIV □ TB □ STI □ ANC □  FP □ CHAP Follow-up visit □ No need for referral □  If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

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| **3** | **Head of Household:**  Yes / No | | | **First Name(s):** | | | | | | | | | | **Surname:** | | | | | | | **Gender:**  M / F |
| **DOB:** | | | **Age:** | | **SA Id Number // Passport Number (non-SA citizens):** | | | | | | | | | | **Can we contact you?** | | **Cellphone Number (if answer is YES):** | | | | |
| DD / MM / YYYY | | |  | |  | | | | |  | | | | | Yes / No | |  | | | | |
| **Previous HIV test:** | | **Times Tested:** | | | | | **Most recent test date:** | | | | **Last tested at:** | Clinic □ Hospital □ M1SS □ Door-to-door □ Fixed site □  MMC Camp □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Yes / No | |  | | | | | DD / MM / YYYY | | | |
| **Did patient test for HIV?** | | | | | | **Screening test:** | | | **Confirmatory test:** | | | | **Overall test result:** | | | | | **TB screening:** | | **STI Screening:** | |
| Yes □ Refused □  Known HIV+ (on ART) □  Known HIV+ (not on ART) □  Known HIV+ (Defaulted) □ | | | | | | HIV- □  HIV+ □  Indeterminate □ | | | HIV- □  HIV+ □  Indeterminate □ | | | | HIV- □ HIV+ □ Indeterminate □  Known HIV+ (on ART) □  Known HIV+ (not on ART) □  Known HIV+ Defaulted □ | | | | | Positive □ Negative □  N/A □ | | Positive □  Negative □  N/A □ | |
| **Pregnant:** | | | **Pregnancy test :** | | | | | **Referred for (Multioption: Circle all reasons for referral):** | | | | | | | | **Preferred PHC (Which clinic do you want to be referred to?):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **WRITE DOWN THE PATIENT ID IN THE REFERRAL SLIP** | | |
| Yes □ No □  Unsure □ N.A □ | | | Positive □  Negative □  N/A □ | | | | | HIV □ TB □ STI □ ANC □  FP □ CHAP Follow-up visit □ No need for referral □  If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

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| **4** | **Head of Household:**  Yes / No | | | **First Name(s):** | | | | | | | | | | **Surname:** | | | | | | | **Gender:**  M / F |
| **DOB:** | | | **Age:** | | **SA Id Number // Passport Number (non-SA citizens):** | | | | | | | | | | **Can we contact you?** | | **Cellphone Number (if answer is YES):** | | | | |
| DD / MM / YYYY | | |  | |  | | | | |  | | | | | Yes / No | |  | | | | |
| **Previous HIV test:** | | **Times Tested:** | | | | | **Most recent test date:** | | | | **Last tested at:** | Clinic □ Hospital □ M1SS □ Door-to-door □ Fixed site □  MMC Camp □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Yes / No | |  | | | | | DD / MM / YYYY | | | |
| **Did patient test for HIV?** | | | | | | **Screening test:** | | | **Confirmatory test:** | | | | **Overall test result:** | | | | | **TB screening:** | | **STI Screening:** | |
| Yes □ Refused □  Known HIV+ (on ART) □  Known HIV+ (not on ART) □  Known HIV+ (Defaulted) □ | | | | | | HIV- □  HIV+ □  Indeterminate □ | | | HIV- □  HIV+ □  Indeterminate □ | | | | HIV- □ HIV+ □ Indeterminate □  Known HIV+ (on ART) □  Known HIV+ (not on ART) □  Known HIV+ Defaulted □ | | | | | Positive □ Negative □  N/A □ | | Positive □  Negative □  N/A □ | |
| **Pregnant:** | | | **Pregnancy test :** | | | | | **Referred for (Multioption: Circle all reasons for referral):** | | | | | | | | **Preferred PHC (Which clinic do you want to be referred to?):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **WRITE DOWN THE PATIENT ID IN THE REFERRAL SLIP** | | |
| Yes □ No □  Unsure □ N.A □ | | | Positive □  Negative □  N/A □ | | | | | HIV □ TB □ STI □ ANC □  FP □ CHAP Follow-up visit □ No need for referral □  If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

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| **5** | **Head of Household:**  Yes / No | | | **First Name(s):** | | | | | | | | | | **Surname:** | | | | | | | **Gender:**  M / F |
| **DOB:** | | | **Age:** | | **SA Id Number // Passport Number (non-SA citizens):** | | | | | | | | | | **Can we contact you?** | | **Cellphone Number (if answer is YES):** | | | | |
| DD / MM / YYYY | | |  | |  | | | | |  | | | | | Yes / No | |  | | | | |
| **Previous HIV test:** | | **Times Tested:** | | | | | **Most recent test date:** | | | | **Last tested at:** | Clinic □ Hospital □ M1SS □ Door-to-door □ Fixed site □  MMC Camp □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Yes / No | |  | | | | | DD / MM / YYYY | | | |
| **Did patient test for HIV?** | | | | | | **Screening test:** | | | **Confirmatory test:** | | | | **Overall test result:** | | | | | **TB screening:** | | **STI Screening:** | |
| Yes □ Refused □  Known HIV+ (on ART) □  Known HIV+ (not on ART) □  Known HIV+ (Defaulted) □ | | | | | | HIV- □  HIV+ □  Indeterminate □ | | | HIV- □  HIV+ □  Indeterminate □ | | | | HIV- □ HIV+ □ Indeterminate □  Known HIV+ (on ART) □  Known HIV+ (not on ART) □  Known HIV+ Defaulted □ | | | | | Positive □ Negative □  N/A □ | | Positive □  Negative □  N/A □ | |
| **Pregnant:** | | | **Pregnancy test :** | | | | | **Referred for (Multioption: Circle all reasons for referral):** | | | | | | | | **Preferred PHC (Which clinic do you want to be referred to?):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **WRITE DOWN THE PATIENT ID IN THE REFERRAL SLIP** | | |
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