



STD /STI SCREENING CONSENT FORM

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NAME (PLEASE PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

A. CONSENT FOR STD/ STI SCREENING

I, \_\_\_\_\_, CONSENT TO BE SCREENED FOR THESE FOLLOWING TESTS:

- GC/CT
• BV
• HPV
• RPR
• HSV I/II
• HIV

I ACKNOWLEDGE THE FOLLOWING:

- 1) I AM CONSENTING TO THE STD/STI SCREENING ON A VOLUNTARY BASIS.
2) I UNDERSTAND THE SCREENING IS ONLY FOR THE DETECTION OF ANY STD/STI.
3) IN THE EVENT THAT I SHOULD TEST POSITIVE, IT IS MY RESPONSIBILITY TO NOTIFY MY SEXUAL PARTNER.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
DATE