**Example Form for Internal Use:**

*Record Tracking for Testing and Vaccination Activities*

**Instructions:** Fill out this form for every test/vaccination that is administered with MAI funds. If an individual receives multiple tests or receives a test and a vaccination, a separate form should be completed for each. This eliminates the need to track individuals over time and protects client privacy. This information should be aggregated and reported in the Grantee Progress Report.

### Section A: Administrative Information

1. Grant ID: SP-__________________
2. Date of the test (mm/dd/yyyy) _____________________
3. Type: (check one)
   - HIV
   - VH
   - VH Vaccination

### Section B: Demographics and Housing Status

4. Gender (check one)
   - Female
   - Male
   - Transgender
5. Ethnicity (check one)
   - Hispanic
   - Non-Hispanic
6. Race (check all that apply)
   - African American or Black
   - American Indian or Alaska Native
   - Asian
   - Native Hawaiian or Other Pacific Islander
   - White
7. Age (check one)
   - 12-17 yrs.
   - 18-24 yrs.
   - 25 yrs. or older
8. Homeless or Unstably Housed (check one)
   - Yes
   - No

### Section C: Test Information (skip if VH Vaccination)

9. Was this the first time the client was tested? (check one)
   - Yes
   - No
   - Don't Know
10. Test result (check one)
    - Positive
    - Negative
    - Inconclusive
11. Was the client informed of his/her [HIV / VH] status? (check one)
    - Yes
    - No
12. If the test result was positive, was the client referred to treatment? (check one)
    - Yes
    - No

**EXAMPLE FORM – NOT A GRANT REQUIREMENT**