

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) <input type="radio"/> HIV <input type="radio"/> VH <input type="radio"/> VH Vaccination		
Section B: Demographics and Housing Status		
4. Gender (check one) <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Transgender	6. Race (check all that apply) <input type="radio"/> African American or Black <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White	8. Homeless or Unstably Housed (check one) <input type="radio"/> Yes <input type="radio"/> No
5. Ethnicity (check one) <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	7. Age (check one) <input type="radio"/> 12-17 yrs. <input type="radio"/> 18-24 yrs. <input type="radio"/> 25 yrs. or older	
Section C: Test Information (skip if VH Vaccination)		
9. Was this the first time the client was tested? (check one) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	11. Was the client informed of his/her [HIV / VH] status? (check one) <input type="radio"/> Yes <input type="radio"/> No	
10. Test result (check one) <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Inconclusive	12. If the test result was positive, was the client referred to treatment? (check one) <input type="radio"/> Yes <input type="radio"/> No	

EXAMPLE FORM – NOT A GRANT REQUIREMENT