BC Centre for Disease Control
An agency of the Provincial Health Services Authority

Date: _____

Responsible Health Authority: _____

Client Name:	
Personal Health Number:	
Date of Birth:	
Address:	
Phone Number:	
E-mail:	

The above named client tested positive for:

☐ Chlamydia ☐ Urine ☐ Urethra ☐ Has been informed

☐ Gonorrhea ☐ Cervix ☐ Vagina ☐ Has NOT been informed

☐ Syphilis ☐ Rectum ☐ Throat

☐ HIV ☐ Blood

Laboratory Findings:

Date:	Test	Result

Treatment:

☐ Client was treated with _____ Date: _____

☐ Client has **NOT** been treated

May we please have your assistance in locating the above named client for:

☐ Notification ☐ Treatment ☐ Contact Tracing

Comments: _____

_____

Sender requests information above to be completed and returned: ☐ Yes ☐ No