

## Report of the outreach blood screening programme for prisoners

Name of the STD Clinic : .....

Quarter and Year : .....

	<b>Number Reported</b>	<b>Name of the prison</b> .....	<b>Name of the prison</b> .....	<b>Name of the prison</b> .....
1	Number of prisoners screened for HIV			
2	Number of prisoners who were informed test results			
3	Number of screening positive for HIV			
4	Number of confirmatory positive prisoners for HIV			
5	Number of prisoners screened for Syphilis			
6	Number of Syphilis positive prisoners confirmed with TPPA			
7	Number of Screening positive for HIV and loss to follow up for confirmatory test			

I hereby certify that the above data is correct.

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Medical Officer In-Charge

Date: