

HIV Testing Consent Form

Full Name:

Date of Birth:

Address:

Phone Number:

Consent to HIV Testing

I hereby give my consent to undergo HIV testing. I understand the purpose, risks, and benefits of the test have been explained to me. I understand that my results will be kept confidential and released only as permitted by law.

Signature:

Date:

Witness Name (if required):

Witness Signature:

Date: