

## The Registration Form of HIV - 1 Positive Case

NO.: \_\_\_\_\_

Name: \_\_\_\_\_

Detection Units: \_\_\_\_\_

Detection Date: \_\_\_\_\_

ID Number: \_\_\_\_\_

Gender: \_\_\_\_\_

Career: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Residence Location: \_\_\_\_\_

Work Units: \_\_\_\_\_

Educational Degree:

<6 years       6 years

9 years       12 years

>12 years

Whether have tested positive for HIV – 1 before?

Yes     When? \_\_\_\_\_

No

Which one do you think is your most likely route of infection?

Unprotected sex

Intravenous drug use

Organ transplantation or extracorporeal blood transfusion

Don't know

Others: \_\_\_\_\_

What is your purpose in applying for a visa?

\_\_\_\_\_

Note: this form is for personal interview only.