

Fingerprick form

Policy number

Member number*

Group number* (*Fill in for FundsAtWork)

1: Client details

Name of insured life

Permanent identity/passport number Permanent identity number Yes No

Date of birth Passport expiry date

Cellphone number Alternative number

Email address

Signed at

Signature of insured life (Guardian of insured life) **Date**

2: Fingerprick details

1. HIV results Negative Inconclusive

2. Cotinine Negative Positive

3. Random cholesterol (RBSC)

4. Random Blood Sugar (RBS)

5. HbA1C

3: Identification of and declaration by person doing finger prick test

Name of person drawing blood sample

Name of employer

Practice number

Telephone number

I am satisfied that the person being tested has received the Informed Consent Document, that I have verified the identity of the insured life and that he/she has freely consented to have the sample drawn and tested for HIV.

In compliance with the provisions of the ASISA HIV Testing Protocol, I have inspected the following document to verify the identity of the insured life.

Identity document Temporary identity document

South African passport Foreign passport Driving licence

Signed at

Signature of person drawing the sample **Date**

