

Statement of Objection to HIV/STD Testing

This form is to be used *only* for pregnant women who object to HIV/STD testing.

Section 384.31, Florida Statutes and Rule 64D-3.042, require that each health care provider and/or midwife attending a pregnant woman, notify that pregnant woman that she will be tested for HIV, syphilis, Chlamydia, gonorrhea, and hepatitis B unless she declines one or more of the tests.

I, _____, have been notified that I will be tested for HIV, syphilis, Chlamydia, gonorrhea, and hepatitis B, and that I have the right to refuse any or all of the tests. I also acknowledge that I have read or had the following read to me:

- HIV is the virus that causes AIDS. HIV is spread through unprotected sexual contact, injection-drug use and the birth process.
- A woman might be at risk for HIV and not know it, even if she has had only one sex partner.
- Approximately 25% of HIV infected pregnant women who are not treated during pregnancy can transmit HIV to their baby during pregnancy, during labor and delivery or through breastfeeding.
- There are medications that pregnant women with HIV can take to reduce the chance of their babies being born with HIV. These medicines can prolong the survival and improve the health of HIV positive mothers and their children.
- For these reasons, HIV testing is recommended for all pregnant women.

I decline the following test(s): *please initial*

___ HIV

___ syphilis

___ Chlamydia

___ gonorrhea

___ Hepatitis B

Patient's Signature

Date

Witness

Date

Patient refused to sign.

Witness

Date

Name: _____

ID #: _____

DOB: _____