

**INFORMED CONSENT TO HIV TESTING**  
**(A signed written consent is required before an HIV test is performed)**

Effective January 15, 2002, Canadian Immigration authorities have introduced HIV testing as part of the routine immigration medical examination. HIV testing is to be performed on all applicants who are:

- 15 years of age and over
- Children who have received blood or blood products
- Children whose biologic mother is known to be HIV positive

If you have any question related to this test, please ask the physician performing your immigration medical examination and/or the specific health provider appointed for this task.

The HIV test or “AIDS Test” is a blood test which when reported as **positive** almost always indicates that the person tested has developed antibodies to the virus that causes AIDS. A positive test result is not a diagnosis of AIDS. When the positive result is confirmed, it indicates that a person has been infected and is assumed to be capable of transmitting the virus, regardless of whether he or she shows symptoms. Testing for HIV is the only effective way for a person to determine whether he/she has become infected with the virus. HIV exposure and transmission can be avoided, or minimized, by specific actions.

A **negative** HIV test means that antibodies to the virus are not detectable at the time of testing. However, there can be an interval of time, following infection, and before the appearance of HIV antibodies, known as serologic “window period” - usually no longer than 6 months in 99% of individuals eventually testing positive. A negative HIV test result provides an opportunity to change behavior in order to avoid, or reduce, future HIV exposure.

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CLIENT CONSENT AND SIGNATURE

My questions about the HIV test have been answered. I agree to take the HIV antibody test.

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

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

Signature of Client: \_\_\_\_\_

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HEALTH CARE PROFESSIONAL ACKNOWLEDGEMENT AND SIGNATURE

I have explained the HIV antibody test, the meaning of the result and possible related consequences of both a negative and positive result. **I will inform the client of the result.**

Name of person providing counseling: \_\_\_\_\_  
(Signature over printed name)