



## SEXUAL HEALTH CHECK ATTENDANCE DECLARATION FORM

This is to certify that \_\_\_\_\_ (name)  
attended at: \_\_\_\_\_ (name of clinic)  
on: \_\_\_\_\_ (date)

to be screened for sexually transmissible infections. At the time of the examination there was no evidence of a sexually transmissible infection. Many infections, e.g. HIV (the AIDS virus), genital wart virus and genital herpes may not be detectable for weeks or months after infection.

I acknowledge that in regard to sexually transmitted infections, it is possible for a person to be infective without there being any signs or symptoms of infection, but I have no known active STI's currently.

*Sincerely,*

*Signature:* \_\_\_\_\_

*DOB:* \_\_\_\_\_

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