

PREVENTIVE MEDICINE COUNSELING RECORD

For use of this form, see AR 600-110; the proponent agency is DCS, G-1.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority: 5 USC 301, 10 USC 3012(G).
Principal Purpose: To record preventive medicine counseling of Servicemembers testing positive for exposure to HIV.
Routine uses: Prerequisite counseling under AR 600-110, paragraph 2-16.
Disclosure: Disclosure is voluntary. However, failure to provide the information may result in incorrect identification.

INSTRUCTIONS

The counselor will obtain and record the administrative information required in Part I from official military records or from the Soldier's identification card. The HIV program coordinator public health nurse (PHN) will maintain this document in accordance with AR 600-110 in a locked cabinet. Upon PCS, this form will be sent to the gaining HIV program coordinator (PHN). Upon ETS or retirement, this form will be destroyed.

PART I - PATIENT INFORMATION

A. NAME OF PATIENT (Last, First, Mi)	B. DOB	C. GRADE	D. NAME OF SPONSOR
E. UNIT	F. LOCATION		
G. DATE OF DIAGNOSIS (YYYYMMDD)	H. DATE AND TIME OF COUNSELING		I. LOCATION OF COUNSELING

J. Counselor:

1. NAME	2. GRADE/CORPS	4. UNIT
3. TITLE		

PART II - PATIENT COUNSELING ACKNOWLEDGMENT

I have been informed of my positive HIV test result. I understand as a member of the Active Army, Reserve, or Army National Guard, I have specific responsibilities to prevent transmission of the infection to others, specifically:

- A. My confirmed positive HIV test means I have been infected with HIV.
- B. I understand my UCMJ commander is informed of this positive result and is my advocate in accordance with AR 600-110. I have reviewed and understand my Soldier responsibilities.
- C. There is no cure for HIV infection. My blood, semen, vaginal fluids, and breast milk may potentially transmit HIV infections to others. Even if my viral load is undetectable, my blood, semen, vaginal fluids, and breast milk may transmit HIV infection to others.
- D. I will not donate blood/blood products, sperm/semen or eggs, breast milk, tissues, or organs.
- E. I am nondeployable, may not go TDY OCONUS, and my career occupational specialty may be affected. My UCMJ commander will contact the HRC HIV POC for guidance.
- F. I realize I may have infected others with HIV before I knew I was infected. For this reason, I am obliged to confidentially reveal the identity of all persons with whom I have had sex or shared needles for the period starting 3 months prior to my last negative HIV test, so that contacts may receive counseling and testing to break the chain of transmission. In addition to revealing their identities, I will personally inform my contacts, including my spouse, and recommend they seek medical consultation.
- G. Intimate sexual contact includes oral, vaginal, penile, and anal sex with any partner potentially at risk of HIV transmission and infection. The use of condoms may reduce but does not eliminate the risk of HIV infection. I must follow safer sex practices using barriers such as condoms with every sexual act or insist my partners use condoms. Other barriers include female condoms and dental dams. I will not share razors or toothbrushes, and will cover wounds to prevent transmission.
- H. Condom use does not remove my obligation to inform partners of my HIV infection before engaging in intimate sexual contact. When discussing this, my partner must not be under the influence of any potentially mind-altering substances (alcohol, illegal drugs, prescription medications, and so forth) that could potentially impair his or her judgment.
- I. I understand I must notify medical, dental, and emergency health care workers potentially exposed to HIV infection through contact with my blood and/or body fluids. I understand the need to clarify which vaccines I am receiving and will avoid live attenuated viral immunizations such as intranasal flu, chicken pox, smallpox, measles, mumps, rubella, yellow fever, and oral typhoid vaccines.
- J. HIV can be transmitted from an HIV positive mother to her baby; therefore, Family planning issues will be discussed with my infectious disease physician.
- K. I will comply with the medical management of HIV infection directed by the infectious disease physician, to include attend medical evaluations every 6 months and as needed (active duty HIV-infected Soldiers only). Note: Army National Guard and Reserve Soldiers, unless activated will have annual fit for duty medical evaluations.
- L. I must complete a DA Form 5669 (Preventive Medicine Counseling Record) and DA Form 4856 (Developmental Counseling Form) at diagnosis and as directed by my HIV program director/coordinator (PHN).
- M. As a member of the Active Army, Reserve, or Army National Guard, I must complete a periodic health assessment (PHA) at diagnosis, and then annually.
- N. To maintain my confidentiality and military requirements, I will contact my HIV program coordinator (PHN) 1 month before PCS, planned expiration term of service, or retirement.

I acknowledge that I, _____, have been counseled and understand that the preventive medicine measures listed in paragraphs A through N, above, which were explained to me, are necessary to preclude transmission of HIV infections.

O. SIGNATURE OF PATIENT	DATE (YYYYMMDD)	P SIGNATURE OF COUNSELOR	DATE (YYYYMMDD)
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