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## Model Informed Consent for HIV Testing

Below please find recommended standard language to be used to document informed written consent for HIV testing.

Please note: a general medical consent form including a distinct section indicating specific consent for HIV testing may also be used.

My signature below indicates that:

1. I agree to be tested for HIV.
2. I have been given information about the test.
3. All of my questions about the test have been answered.
4. I understand that this consent will expire one year from the date it is signed. I understand that I may withdraw my consent at any time.
5. My decision to be tested is completely voluntary.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date