



TEXAS
Health and Human
Services

Texas Department of State
Health Services

NOTIFICATION OF POSITIVE HIV STATUS – PART I

This section contains confidential information. Mail this section only to:

DSHS HIV/STD Program

CONFIDENTIAL

Post Office Box 149347, MC 1873

Austin, TX 78714

Identification number:

Date Sample Collected:

Attach a copy of test results

Name:

Home Phone:

Work Phone:

Birthdate:

Sex:

Address (residence):

Social Security Number:

Occupation:

Insurance Company Name:

Address:

Phone Number:

THIS FORM MAY BE REPRODUCED – IT CANNOT BE ALTERED

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TEXAS
Health and Human
Services

Texas Department of State
Health Services

NOTIFICATION OF POSITIVE HIV STATUS – PART II

Mail this section only with your check or sight draft for \$25 to:

Fiscal Accounting – 4D425/145

Department of State Health Services

Post Office Box 149347

Austin, TX 78714

Identification number:

Check number:

Insurance Company Name:

Address:

Phone Number:

DO NOT LIST THE APPLICANT'S NAME ON PART II
THIS FORM MAY BE REPRODUCED – IT CANNOT BE ALTERED