



**11. HIV & HEALTH STATUS INFORMATION**

EIP must confirm your HIV and health status in order to process your application. If you recently moved to Washington State would you like us to try and obtain this information from your previous state to verify HIV?

If so, please tell us the state from which you moved \_\_\_\_\_

Otherwise the bottom of this section must be completed by your health care provider.

Please indicate if you have tested positive for Hepatitis C?  Yes  No  
 If so, would you like more information about medications that cure Hepatitis C?  Yes  No

Please submit this form to us with this application or ask your health care provider to send it directly by mail or fax. You can call us at (877) 376-9316 if you have questions about this form.

**Required Client Section – To Be Completed By The Client – Signature and Date REQUIRED**

<b>Last Name</b>		<b>First Name</b>	
<b>Applicant or Legal Guardian Signature</b>		<b>Date of Birth</b>	<b>Today's Date</b>

**I authorize my health care provider to release the information on this form to the Washington State Department of Health.**

**Required Health Care Provider Section – To Be Completed By The Health Care Provider**

**Please answer the following questions about the patient:**

<b>HIV + (Lab confirmed)</b>	<b>Date of Test</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Has ART been prescribed?</b>	<b>Date ART Prescribed</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Health Care Provider Signature - By signing below, you:**

- Declare that you are the health care provider for the patient named above.
- Confirm that you have evidence of the patient's HIV status.
- Certify the information on this form is accurate and complete to the best of your knowledge.

**Signature and Date Required**

<b>Health Care Provider Signature</b>	<b>Health Care Provider – Please Print Name</b>	<b>Today's Date</b>

**Submit this document to EIP**  
**Mail: EIP PO Box 47841 Olympia, WA 98504**  
 OR  
**Confidential Fax: 360-664-2216**