STD TESTING FORM

Name: ___________________________________________ Dawg Tag: ________________ Date: __________

1. Are you having any physical symptoms?  □ Yes □ No
2. Is there a known contact with a partner diagnosed with an STD?  □ Yes □ No
3. Have you been tested within the last 3 months?  □ Yes □ No
4. Have you tested positive in the last 2 months?  □ Yes □ No (Testing too soon after testing positive may return a false positive result.)
5. Would you like to make an appointment with a medical provider to discuss STD testing?  □ Yes □ No

If yes to any, Please make an appointment with a medical provider. Appointments may be scheduled by calling 618/453-7199.

Test Requested

□ Urine Based Testing for Gonorrhea and Chlamydia
  • Must hold urine for 1 hour prior to testing to improve accuracy
  • Infection acquired by other than penile/vaginal intercourse may not be detected with this test. Please make an appointment with a medical provider to discuss alternative testing.

□ Blood Based Testing for HIV and Syphilis
  • Note Incubation for STDs below.
  • Please make an appointment with a medical provider to if you have concerns about possible recent exposure to discuss alternative testing.

Incubation for STDs

Each STD has a different incubation/window period. This is the time, after infection, required for the disease to be detected by testing. During this period, you may not experience any symptoms and yet be contagious to sexual partners.

- Chlamydia 7-21 days
- Gonorrhea 2-7 days
- Syphilis 10-90 days
- HIV 14-90 days

If you are tested too soon from the time of potential exposure, your test may not be accurate. We encourage you to postpone STD testing for the appropriate amount of time from potential exposure. During this time you should consider yourself contagious and behave appropriately during this window period.

Name based reporting of positive results

If you test positive for HIV, Chlamydia, Gonorrhea, or Syphilis, healthcare providers are required to report results to the Illinois Department of Public Health (IDPH) using a name based form. The names are never released by IDPH. Reporting allows state departments of public health to collect statistical data. Each state collects this data and then reports data to the Center for Disease Control in order to collect national health data and statistics.

Medical records privacy

Your test results are a part of your permanent health records at the Student Health Services (SHS) and will be accessible to other medical providers within all departments of SHS. However, they are only released outside SHS upon specific request and only with your knowledge and your signature on a Release of Information form.

Test results

If your test results are positive or abnormal, a medical provider from SHS will contact you. Your test results will generally by available in 2-3 business days. To check negative results if desired, please call 618/453-7199 (Nurse Messages). Please provide contact phone number for test results. (____________________)

□ I understand the information provided above.
□ I need more explanation for one or more of the issues covered and will make an appointment with a medical provider.
□ I understand that SHS has a Notice of Privacy Practices available for my review on the website or at the facility.
□ I understand there will be a charge for this service.

Patient Signature: ____________________________