| INSURER | EXAMINER |
|---|---|
| ADDRESS | ADDRESS |
| | |
| HIV TEST INFORMED CONSENT FORM | |
| called HIV. The virus is spread by sexual contact with a | a life-threatening disorder of the immune system. It is caused by a virus an infected person, by exposure to infected blood (as in needle sharing blood transfusion), or from an infected mother to her newborn infant. |
| fluid or other specimen for testing and analysis. One of | turance benefits, it is requested that you provide a sample of your body the tests is to determine the presence of antibodies to the HIV virus. This ody fluid or other specimen sample by a medically accepted procedure ed by a licensed laboratory. |
| • | results of the test will be reported to the insurer named above. The results tractors in connection with insurance you have or for which you have |
| the insurer is a member of the Medical Information Bure MIB a generic code which specifies only that a test has be other than normal, a generic code signifying a non-spe Bureau (MIB) as described in the notice given you at the health insurance companies which operates as an informember company for life or health insurance coverage. | (positive), the insurer may request an additional sample as necessary. If au (MIB) and you choose to decline that request, the insurer will report to been ordered and not received. If the final test result for HIV antibodies is cific blood abnormality may be made known to the Medical Information be time of application. The MIB is a membership organization of life and remation exchange on behalf of its members. If you apply to another MIB, or make a claim for benefits to such a company, the MIB, upon request, the fact that the test has been done and the results of the test will not be or as authorized by you. |
| at serious risk of developing AIDS or AIDS-related condi | do not necessarily mean that you have AIDS, they do mean that you are tions. You may be infected with HIV and infectious to 'others. You should provider. The insurer will contact you for the name of the health care osed. |
| Test Accuracy. HIV test results are not 100 percent | ent accurate. Possible errors include: |
| | t, even though you are not infected. This happens only rarely and is more gh risk behaviors. Retesting should be done to help confirm the validity of |
| | cult, even though you are infected with HIV. This is most likely to happen 2 weeks for a positive test result to develop after a person is infected, and |
| RISKS FROM HAVING THE TESTS A positive test result may cause you significant result in uninsurability for life, health, or disability insurable. | anxiety. It also will adversely affect your insurance application and may rance for which you may apply in the future. |
| | AIN FURTHER INFORMATION IV test and the consequences of being tested or not being tested, you are ering the test or other knowledgeable person before you agree to testing. |
| | est, you may call the Maine Bureau of Health at (207) 287-3747. You may (Insurers may at their option provide an additional reference to their |
| I have been given written material about AIDS. I volunta | Virus (HIV) Antibody Testing and Consent for Testing. For my information, arily consent to the withdrawal of body fluid or other specimen from me, antibodies, and the disclosure of the test results as described above. |
| Name of Proposed Insured (Please Print) | Birth Date |
| Signature of Proposed Insured | Date |

Date

Signature of Person Obtaining Consent

State of Residence