

Columbia University: ICAP Ethiopia Family HIV/AIDS Care and Treatment Enrollment Form

Date: ___/___/___

ART Client – unique ART no. of the index client: _____

Pre-ART Client – pre-ART serial no (facility card number): _____

<p>Mother, Age: _____</p> <p>0 1 2</p> <p> 3 4</p> <p>_____ UAN:</p>	<p>Father, Age: _____</p> <p>0 1 2</p> <p> 3 4</p> <p>_____ UAN:</p>		
<p>1st Child, Age: _____</p> <p>0 1 2</p> <p> 3 4</p> <p>_____ UAN:</p>	<p>2nd Child, Age: _____</p> <p>0 1 2</p> <p> 3 4</p> <p>_____ UAN:</p>	<p>3rd Child, Age: _____</p> <p>0 1 2</p> <p> 3 4</p> <p>_____ UAN:</p>	<p>4th Child, Age: _____</p> <p>0 1 2</p> <p> 3 4</p> <p>_____ UAN:</p>
<p>5th Child, Age: _____</p> <p>0 1 2</p> <p> 3 4</p> <p>_____ UAN:</p>	<p>6th Child, Age: _____</p> <p>0 1 2</p> <p> 3 4</p> <p>_____ UAN:</p>	<p>7th Child, Age: _____</p> <p>0 1 2</p> <p> 3 4</p> <p>_____ UAN:</p>	

Legend _____

0=HIV negative
1=HIV infected
2=HIV exposed
(for infants <18 months of age whose status has not yet been determined)
3=Pre-ART
4=ART

N.B. _____

- Identify the index case with an asterisk (*) or by marking the box with a highlighter.
- Providers are responsible for ensuring family members are tested.
- For clients on ART, write the Unique ART Number (UAN) in the box.
- A child is defined here as less than 14 years of age.

Remarks: _____

