



State of California  
Health and Human Services Agency



California Department of Public Health

## Diagnosis Form

*This form must be completed and signed by a physician or other licensed healthcare provider.*

### Client/ Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

**Note to Enrollment Workers:** For initial enrollment, please ensure HIV Diagnosis Test Type is identified and CD4 and Viral Load test results are provided.

Lab values for initial enrollment must be within 12 months (1 year) from the date of enrollment.

### HIV/ AIDS Diagnosis Test Type

- Western Blot
- Indirect Fluorescent Antibody (IFA)
- Rapid Enzyme Immunoassay (Multi-Spot)
- P24 Antigen
- HIV Culture Test

CD4 Test Results: \_\_\_\_\_

Test Date: \_\_\_\_\_

### Viral Load Test Type

- RT-PCR
- RNA/DNA/NAAT
  - Qualitative
  - Quantitative
- bDNA

Viral Test Results: \_\_\_\_\_

Test Date: \_\_\_\_\_

### Diagnosis

- HIV – Not AIDS
- AIDS – As Defined by the CDC

**Licensed Health Provider Information**

Licensed Healthcare Provider Name: \_\_\_\_\_

Phone \_\_\_\_\_

Hospital/ Clinic Name: \_\_\_\_\_

Hospital Clinic Address: \_\_\_\_\_

Licensed Physician/ healthcare provider signature: \_\_\_\_\_

Date: \_\_\_\_\_

“The information requested on this form is required by the (a) California Department of Public Health, Human Resources Branch, Classification, Payroll & Selection Services for purposes of identification and document processing. (d) Furnishing the information requested on this form is mandatory. (f) Information requested on this form is used for benefits processing. (e) Failure to provide the mandatory information may result in benefit enrollment elections not being processed or being processed incorrectly.

(c) Legal references authorizing maintenance of this information include Government Code, Sections 1151 and 1153; Sections 6011 and 6051 of the Internal Revenue Code; and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act. (g) This information may be transferred to other employing state agencies and campuses. (h) Employees have the right to review their own personal information maintained by the California Department of Public Health unless access is exempt by law. (b) Contact the California Department of Public Health, Chief of Human Resources Branch, Classification, Payroll, and Selection Services Section, 1501 Capitol Avenue, Suite 71-1501, P.O. Box 997378, Sacramento, CA 95899-7378, (916) 324-0219.”