



ELISA FOR HIV

Zone: _____ Division : _____ Branch: _____
 Proposal No. _____
 Full Name of Life to be Assured: _____ Age / Sex _____

EXAMINATION OF BLOOD FOR HIV I & II TEST

HIV I & II RESULT : _____

METHOD : _____

I declare that the person examined signed (affixed his / her thumb impression) in the space earmarked below, in my presence and I am not related to him / her or the Agent or the Development officer:

Dated at _____ on the _____ day of _____ 20 _____ at _____ am / pm

<p>_____ Signature of the Life to be Assured</p> <p>_____ Signature of the Introducer: (Agent / Development Officer) Name : _____ Code No. _____</p>	<p>I Certify that the proposer / LA has put his /her Signature alongside in my presence</p> <p>_____ Signature of the Pathologist Name: _____ Address: _____ Qualification: _____ Code No: _____</p>
--	---