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MyHealth Administrators

HIV RISK MANAGEMENT APPLICATION FORM

Post Exposure Prophylaxis (PEP)

A. Important Information: *(This Form Must be Completed by Members of NMC, BANKMED and PSEMAS.)*

- PEP treatment is a once-off, and the application form is valid for that time only.
- PEP benefits cover medications and HIV Rapid tests only.
- The member is expected to maintain their health and should go for an HIV blood test 3 months after treatment to rule out the window period.
- Counselling is critical. Thus, our counsellors will contact the member after the completion of the registration process.
- Submit all relevant and correct information documents on time to avoid delays. Please complete all sections.*
- Signing the forms indicates that you agree with the terms and conditions of the HIV clinical management programme.
- Email completed forms and the prescription to wellness1@methealth.com.na.

**The forms are subject to renewal after 12 months.*

B. Patient's Personal and Clinical Details*

Surname

First Names

Gender: M | F — Date of Birth: D D M M Y Y — Marital Status: Single | Married | Divorced | Child

Cell Phone Number — City/Town

C. Medical Aid Details*

Medical Aid Fund: (*(Please tick the Correct Fund)* NMC ☐ Bankmed ☐ PSEMAS ☐ Option:

Medical Aid Number: — Membership Code:

D. Clinical Information*

Nature of Incident *(Please tick the appropriate box)* Rape ☐ Condom Burst ☐ Prick ☐ Unprotected sexual intercourse ☐

Other, Specify

Date of Incident: D D M M Y Y — Time of Incident:

HIV Rapid Testing Done: Yes | No — If Yes, Results

Other Screenings Done: STIs ☐ HBV ☐ HSV ☐ — Patient Previously Exposed to ART? Yes | No

STIs Treated: Yes | No — Emergency Contraceptive Provided: Yes | No

Regimen prescribed *(Please tick the appropriate box based on the risk level)*:

High - Medium Risk: TDF300mg /3TC300mg/DTG50mg ☐ TAF 25mg//FTC200mg/ DTG50mg ☐ TLE400 (Avonza) ☐ TEE600 ☐

Low Risk: TDF300mg/FTC200mg or 3TC ☐

**Rape cases should be provided with pregnancy emergency contraceptive pills, tetanus toxoid and STIs syndromic management based on the guidelines and level of infections.*
**Consult the MoHSS National ART guideline if children 10 years old and below weigh less than 20kg.*

I confirm that the information provided in this application form is correct, and the patient comprehends all the information regarding the treatment.

Doctor's Full Names — Practice Number

Doctor's Signature: — Date: D D M M Y Y

NMC NAMIBIA MEDICAL CARE

PSEMAS