

Rapid Syphilis Test Assessment

Today's Date: ____/____/____

Your First and Last Name: _____ Your Date of Birth: ____/____/____

City or County of Residence: _____ State: _____ Zip: _____

Gender: Male Female Transgender (Male to Female) Transgender (Female to Male)

Race: White Pacific Islander/Hawaiian Asian
 Black American Indian/Alaska Native Other _____

Ethnicity: Hispanic or Latino Non-Hispanic

Have you ever been diagnosed with syphilis? Yes (If yes, you are not a candidate for the rapid syphilis test) No Not Sure

Sexual Health History in Past 12 Months
(Check all that apply):

<input type="checkbox"/> Sex with male	<input type="checkbox"/> More than 1 sex partner	<input type="checkbox"/> HIV positive
<input type="checkbox"/> Sex with female	<input type="checkbox"/> Chlamydia or gonorrhea diagnosis	<input type="checkbox"/> Jail/prison
<input type="checkbox"/> Injection drug use	<input type="checkbox"/> Sex with someone who had syphilis	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Illicit drug use	<input type="checkbox"/> Exchanged sex for money or drugs	
<input type="checkbox"/> Met sex partner through internet or mobile app		
<input type="checkbox"/> Sex with anyone you would not be able to contact again		

Symptoms in Past 12 Months
(Check all that apply):

<input type="checkbox"/> Sore(s) in mouth/lips	<input type="checkbox"/> Condyloma lata (wart-like lesions on genitals)
<input type="checkbox"/> Generalized body rash	<input type="checkbox"/> Palmar/plantar rash (hands/ bottoms of feet)
<input type="checkbox"/> Genital sore/ lesion	<input type="checkbox"/> Sudden hair loss <input type="checkbox"/> Swollen lymph nodes (groin)

For Office Use Only:

Test results: Positive (complete Epi-1 & attach) Negative Invalid

Site ID* of agency completing assessment: _____

*same ID used for HIV Testing

Mail or fax assessment forms to:

Fax: (804) 864-7970
Attention: DDP SODA

Virginia Department of Health
Division of Disease Prevention, 2nd floor
109 Governor Street
Richmond, VA 23219