

SUMMARY OF OUTRACH ACTIVITY FORM

Facility which sponsored outreach activity: _____

Site of outreach activity: _____

Date of outreach activity: _____ Project code assigned per OLS: _____

Contact name: _____ Contact email: _____

Contact telephone #/fax: _____

Name(s)/title(s) of site's staff that participated in the outreach activity:

Name(s) of Division of STD, HIV and Hepatitis staff that participated in the outreach activity:

Tests and number of tests performed/vaccines and number of vaccines administered:

Ct/GC Apitma _____	Syphilis RPR _____	HIV Orasure _____
Rapid HIV Testing/Oraquick _____		
Hepatitis A _____	Hepatitis B _____	Hepatitis A/B _____

Approximate number of visitors seeking information only: _____ females _____ males _____

Problems/difficulties encountered:

Comments/suggestions:

Name of person completing this form: _____