

Clinic logo (Queensland Health logo for Sexual Health Clinics)	Name of clinic address and contact details
<p>SEXUAL HEALTH CHECK CERTIFICATE OF ATTENDANCE</p>	
<p>_____ (Name)</p> <p>Attended this clinic on: _____ (date)</p> <p>To be screened for sexually transmissible infections. At the time of the examination there was no evidence of a sexually transmissible infection.</p> <p>Many infections, eg. HIV (the AIDS virus), genital wart virus and genital herpes may not be detectable for weeks or months after infection. With regard to many sexually transmitted infections, it is possible for a person to be infective without there being any signs or symptoms of infection.</p> <p style="text-align: center;">CONDOMS ARE ESSENTIAL FOR THE PROTECTION OF BOTH PERSONS</p>	
Signature (Medical Practitioner or Nurse):	_____
Name (Please print):	_____
Service Provider Number:	_____
Certificate Expiry Date:	_____