

*[Clinicians – use your practice  
letterhead or insert logo here]*

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Clinic stamp or details

## **SEXUAL HEALTH CHECK CERTIFICATE OF ATTENDANCE**

This is to certify that: \_\_\_\_\_ (name)

attended this clinic on: \_\_\_\_\_ (date)

to be screened for sexually transmissible infections.

At the time of the examination there was no evidence of a sexually transmissible infection.

Many infections, e.g. 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.

**CONDOMS ARE ESSENTIAL  
FOR THE PROTECTION OF BOTH PERSONS**

Signature:

(Medical or Nurse Practitioner)

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Name (please print):

Service Provider Number:

Certificate Expiry Date: