

Communicable Disease Risk Assessment

Data Field	Identifying Information
Organization and Program Name	Record the names of the Organization and the Program if applicable
Individual's Name	Record the first name, last name, and middle initial of the Individual being served. Order of name is at agency discretion.
Record #	Record your agency's established Record number for the Individual.
Date of Birth	Record the date of birth of the Individual. (e.g. MM/DD/YYYY)
Data Field	Communicable Disease Risk Assessment
Communicable Disease Risk Assessment - Content	This form should be given to Individual served to complete for OASAS programs. Once completed it needs to be reviewed and discussed with Individual to determine if further referral is warranted. Safe sex practices should be discussed at this time.
Data Field	Signatures
Individual's Signature	Signature of the Individual to be served. (optional)
Provider – Print Name, Credential/Title, Signature, Date	Legibly print name and credential(s) of Individual completing/reviewing the form, signature, and date.