

## **HIV/STD Awareness**

**Length: Continuous**

**Facility:** SCI

**Coordinator:** Sr. Correctional Sharon Buss

**Contact:** (302) 856-5281 ext.6220

### **PROGRAM INFORMATION**

**Description of Program:** The program is an on hour seminar designed to inform the prison population about HIV, AIDS, and Sexually Transmitted Diseases and how one gets infected. Inmates are given explanations of the diseases, examples of transmission, and manners of prevention along with information about testing and follow-up counseling.

**How does someone get into the program?** Scheduled once per year

**Prerequisites to Enter:** Must not have participated in a seminar within one (1) year

**Are There Special Sentencing Conditions Required?** No

**Location of Program:** Pre-Trial, MSB, or Programs Building

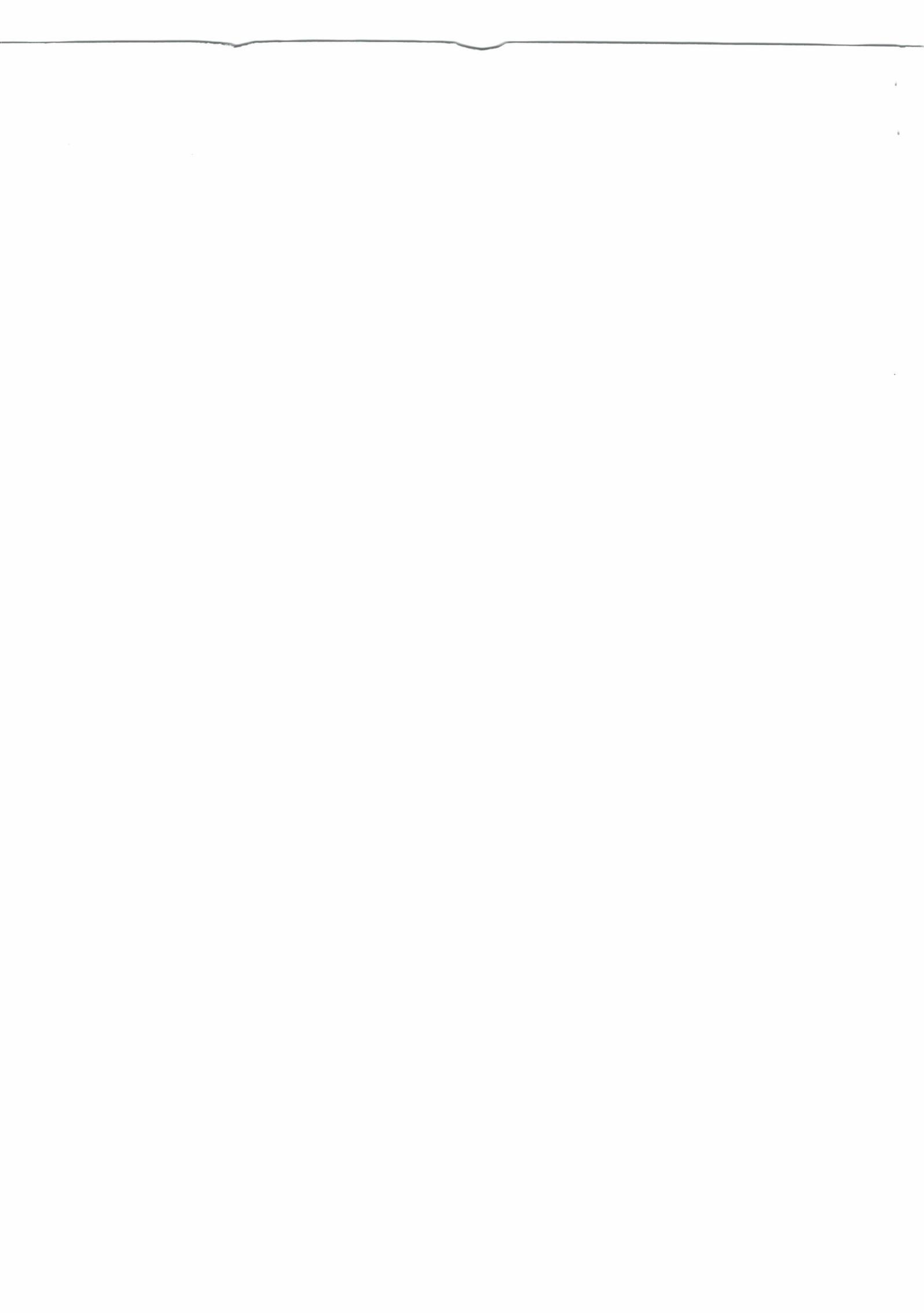
**Capacity of Program:** Approximately 12 participants per seminar; 5-9 seminars per month,

**Age or Health Requirements:** none

**What determines a successful completion of program?** Attending yearly seminar

**Are there penalties for quitting the program and if so, what are they?** No

**Are there people for which this program is mandatory and does this affect the enrollment of those who volunteer to sign up?** No



PLACE THIS SLIP IN THE MEDICAL REQUEST BOX OR DESIGNATED AREA



MEDICAL USE ONLY (RECEIVED STAMP)

STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
BUREAU OF CORRECTIONAL HEALTHCARE SERVICES

SICK CALL FORM

PRINT NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

SBI NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ HOUSING LOCATION: \_\_\_\_\_

I have recently attended the class on HIV and other sexually transmitted diseases. I would now like to be tested for the following:

\_\_\_ HIV

\_\_\_ STD (Chlamydia, gonorrhea, syphilis)

I also do NOT have any of the following problems:

- Frequent low grade fevers
- Feeling tired all the time
- Any unexplained rash
- Genital discharge
- Burning with urination

I AGREE TO BE TREATED BY HEALTH STAFF FOR THE REQUEST ABOVE.

SIGNATURE: \_\_\_\_\_

**DO NOT WRITE BELOW THIS AREA - MEDICAL USE ONLY**

Triaged by: (Initial & Date) \_\_\_\_\_ Time: \_\_\_\_\_

Triaged to: (Circle)            ICN    CQI