

Psych 230

NAME: \_\_\_\_\_

Instructor: Michelle LaBrie

STI #: \_\_\_\_\_

STI Name: \_\_\_\_\_

STI Type:     EctoParasitic                       Bacterial                       Viral

**How, specifically, is this infection transmitted?**

Can this STI be transmitted through simple touch contact? How?                       Yes  No

Can you still have sex with a partner and not transmit this STI? How?                       Yes  No

Can this STI be transmitted by kissing                       Yes  No

Can this STI be transmitted through oral-genital contact?                       Yes  No

**Symptoms:** Be specific

Female:

Male:

**Describe the test for this Disease & how soon after exposure to the STI can this be tested:**

**The Treatment** (Medicine or Drug) for this Disease. Identify the treatment as a cure for the disease or symptom management?

Indicate if this STI is a **Threat to Life** and/or **Fertility** (Yes or No), and then describe the threat that this STI poses to Life and/or Fertility.

Female                      Threat to Life?  
 Yes  No

Threat to Fertility?  
 Yes  No

Description:

Male                      Threat to Life?  
 Yes  No

Threat to Fertility?  
 Yes  No

Description:

Does our **COC Health Center** provide a Test for this STI?                       Yes  No  
COST for the Test:

Does our **COC Health Center** provide a Treatment for this STI?                       Yes  No  
COST for the Treatment:

Is our **COC Health Center** required to report cases of this STI?                       Yes  No

If your partner had this STI would you want your partner to tell you?                       Yes  No

If you had this STI would you tell your partner?                       Yes  No