



# State of New Jersey

STATE ATHLETIC CONTROL BOARD  
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## COMMUNICABLE BODILY FLUID VIRUS HIGH-RISK QUESTIONNAIRE

### **\*\*FIGHTERS ONLY\*\***

1. Do you have any immediate family members who have HIV, Hepatitis B or C?  
If yes, please provide detail.  Yes  No

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2. Have you received a transfusion of blood or blood components?  Yes  No  
If yes, specify date, location, reason.

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3. Have you had surgery requiring blood products?  Yes  No If yes, specify date, location, reason.

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4. Have you used injectable drugs?  Yes  No If yes, specify date of most recent injection.

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5. Have you been sexually active with an individual who has HIV, Hepatitis B or C?  Yes  No
6. Have you engaged in unprotected sex?  Yes  No
7. Have you had sex with an injectable drug user?  Yes  No  
If yes to questions 5 through 7, please provide most recent date of such activity

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8. Have you worked in a health care or laboratory setting?  Yes  No  
If yes, please provide appropriate dates.

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9. Have you been imprisoned or worked in a prison or any type of correctional facility?  Yes  No  
If yes, please provide appropriate dates

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10. Do you have any tattoos or body piercing?  Yes  No If yes, when was most recent one obtained.

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11. Do you have any reason to believe that you may have contracted HIV or Hepatitis B or C at any time?  
 Yes  No If yes, explain: \_\_\_\_\_

Contestant's Name: \_\_\_\_\_ Contestant's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

