**FIGHTERS ONLY**

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

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

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

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

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

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

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

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

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: _____/____/____

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