

Special Conditions for Work Release for HIV-Infected Residents

1. I shall demonstrate through oral or written examination that I have been educated regarding my medical condition and its implications in my life. I understand the correct procedure for disposal or cleansing of physical objects soiled with my body wastes or fluids of any type. I accept my moral and ethical duties to others as well as myself in refraining from activities, which could spread the disease as defined by accepted and current medical authorities.
2. I will permit the disclosure of my medical condition to my spouse. Failure to do so will result in denial of all passes and leave. I am aware that I may ask the Center's Health Care Provider (if any) to help me disclose my condition to my spouse.
3. I will have regular medical examinations by a physician who is aware of my medical condition. My physician will notify my Superintendent in writing if my condition becomes such that I am not capable of working or if there are any other medical limitations, which restrict my participation in the work place. I agree to sign a release of information form that will allow my Superintendent access to any medical information concerning my condition during the period I am in the program.
4. I will not engage in sexual practices, which have been identified by accepted medical sources as unsafe sexual practices for persons with the HIV-infection.
5. I will not donate or sell blood, plasma or organs under any circumstances while a resident of the Center.
6. I will cooperate with public health officials who monitor HIV-infection cases in Georgia.
7. I will refrain from use of alcohol and all non-prescribed controlled substances and from the use of prescribed drugs except as recommended by my doctor.
8. I will refrain from IV needle use, unless prescribed by my doctor. I will safely dispose of any used needle or syringe.
9. I will refrain from any tattooing activity.
10. I am aware that under O.C.G.A. § 16-5-60(c), it is a felony to knowingly participate in sexual activity, share needles, or donate blood/blood products, without first disclosing my HIV-positive status to the person(s) involved.

ACKNOWLEDGEMENT

I understand that the Special Conditions for HIV-Infected Transitional Center Work-Release Residents have been given to me as a separate document in order to protect my privacy. I know that I am obligated to obey all of the Special Conditions, and my signature on this form expresses my awareness of the Special Conditions, and my promise to obey all of the Special Conditions.

Signed this _____ day of _____, 20_____.

Signed: _____ I.D. Number: _____
Resident

Signed: _____
Witness