ALLEGHENY COUNTY HEALTH DEPARTMENT

STD/HIV PROGRAM

Condom Supply Order Form

ORGANIZATION/GROUP _____

Email Address _____

Contact Person/Position _____ Phone number _____

Organization's Address _____

SETTING: ☐ Health Fair ☐ University/College ☐ Educational event ☐ Clinical setting

☐ Outreach event ☐ Community Organization: Other _____

CONDOMS ORDER (Maximum 1,000 condoms per month)

Types of Condoms	External Lubricated	External Non-lubricated	External Flavored Condoms	External extra-large	Internal Condoms	Dental Dams	Other
Number Received							

External Condoms= Worn on Penis **Internal Condoms= Worn in vagina or rectum**

PROFILE OF THE POPULATION YOU SERVE

☐ General Population Estimated # of condoms distribution _____

☐ High risk groups Estimated # of condom distribution _____

(i.e. MSM, Injection Drug users (IVDUs), Sex workers, Youths 15-19, Young Adults 20-29)

☐ HIV Positive Population Estimated # of condom distribution _____

Would your agency be interested in any of the HIV/STD services listed below? Yes ☐ No ☐

If Yes, which services:

☐ HIV/STD screening ☐ HIV/STD educational presentations ☐ Literature/Brochures

☐ Other _____

SIGNATURE:

_____ _____ _____

Receiver's Name (Please Print) Signature Date

FOR INTERNAL ACHD USE ONLY

ACHD Staff_____ Date Ordered _____ Date Collected _____