This form is to help assess your health before a blood donation exercise. Kindly provide the right information to help us conduct a safe and faster blood donation exercise.

1 HEALTH ASSESSMENT

Please tick the appropriate answer to each question

		Yes	No
1.1	Are you feeling well and in good health today?	❒	❒
1.2	in the last 4 hours, have you had a meal or snack?	❒	❒
1.3	Have you already given blood in the last 16 weeks?	❒	❒
1.4	Have you got a chesty cough, sore throat or active cold sore?	❒	❒
1.5	Are you pregnant or breastfeeding?	❒	❒
1.6	Do you have or have you ever had:		
	a Chest pains, heart disease/surgery or a stroke?	❒	❒
	b Lung disease, tuberculosis or asthma?	❒	❒
	c Cancer, a blood disease, an abnormal bleeding disorder, or a bleeding gastric ulcer or duodenal ulcer?	❒	❒

		Yes	No
	d Diabetes, thyroid disease, kidney disease, epilepsy (fits)?	❒	❒
	e Chagas disease, babesiosis, HTLVI/II or any other chronic infectious disease?	❒	❒
1.7	In the last 7 days, have you seen a doctor, dentist or any other healthcare professional or are you waiting to see one (except for routine screening appointments)?	❒	❒
1.8	In the past 12 months:		
	a Have you been ill, received any treatment or taken any medication?	❒	❒
	b Have you been under a doctor's care, undergone surgery, or a diagnostic procedure, suffered a major illness, or been involved in a serious accident?	❒	❒
1.9	Have you ever had yellow jaundice (excluding jaundice at birth), hepatitis or liver disease or a positive test for hepatitis?	❒	❒
	a In the past 12 months, have you had close contact with a person with yellow jaundice or viral hepatitis, or have you been given a hepatitis B vaccination?	❒	❒
	b Have you ever had hepatitis B or hepatitis C or think you may have hepatitis now?	❒	❒
	c In the past 12 months, have you been tattooed, had ear or body piercing, acupuncture, circumcision or scarification, cosmetic treatment?	❒	❒
1.10	In the past 12 months, have you or your sexual partner received a blood transfusion?	❒	❒
1.11	Have you or your sexual partner been treated with human or animal blood products or clotting factors?	❒	❒
1.12	Have you ever had injections of human pituitary growth hormone, pituitary gonadotrophin (fertility medicine) or seen a neurosurgeon or neurologist?	❒	❒
1.13	Have you or close relatives had an unexplained neurological condition or been diagnosed with Creutzfeldt-Jacob Disease or 'mad cow disease'?	❒	❒
1.14	Have you:		
	a Ever had malaria or an unexplained fever associated with travel?	❒	❒
	b Visited any malarial area in the last 12 months?	❒	❒
1.15	When did you last travel to another region or country (in months / years)? _____		

2 RISK ASSESSMENT

		Yes	No
2.1	Is your reason for donating blood to undergo an HIV test?	❒	❒
2.2	Have you ever been tested for HIV?	❒	❒
2.3	If "Yes" what was the reason?		
	❒ Voluntary ❒ Employment ❒ Insurance ❒ Medical advice Other: _____		
2.4	Have you ever had casual, oral or anal sex with someone whose background you do not know, with or without a condom?	❒	❒
2.5	Have you ever exchanged money, drugs, goods or favours in return for sex?	❒	❒
2.6	Have you suffered from a sexually transmitted disease (STD): e.g. syphilis, gonorrhoea, genital herpes, genital ulcer, VD, or 'drop'?	❒	❒
2.7	In the past 12 months:		
	a Has there been any change in your marital status?	❒	❒
	b If sexually active, do you think any of the above questions (2.1–2.6) may be true for your sexual partner?	❒	❒
	c Have you been a victim of sexual abuse?	❒	❒
2.8	Have you or your sexual partner suffered from night sweats, unintentional weight loss, diarrhea or swollen glands?	❒	❒
2.9	Have you ever injected yourself or been injected with illegal or non-prescribed drugs including body-building drugs or cosmetics (even if this was only once or a long time ago)?	❒	❒
2.10	Have you been in contact with anyone with an infectious disease or in the last 12 months have you had any immunizations, vaccinations or jabs?	❒	❒
2.11	Have you ever been refused as a blood donor, or told not to donate blood?	❒	❒

3 DECLARATION

Please do not sign until you have answered all the questions and read the declaration below.

a I confirm that, to the best of my knowledge, I have answered all the questions accurately and I consider my blood safe for transfusion to a patient.

b I understand that any wilful misrepresentation of facts could endanger my health or that of patients receiving my blood and may lead to litigation. I am aware that my blood will be screened for, among others, HIV, hepatitis B, hepatitis C and syphilis. I understand that these screening tests are not diagnostic and may yield false-positive results. If any of the tests give a reactive result, I will be contacted using the information I have provided, and offered counselling.

c I understand the blood donation process, and I have been counseled regarding the importance of safe blood donation.

d I confirm that I am over the age of 18 years.

e I undertake that should there be any reason for my blood to be deemed unsafe for use at any stage, I will inform the Blood Transfusion Service.

Donor's signature:_____

Decision: ❒ Accept ❒ Defer

Donor weight : _____ kg

Blood pressure: _____ Haemoglobin/haematocrit: _____

Deferral period: _____

Reason for deferral: _____

Interviewed by (name and signature): _____

Venepuncture performed by (name and signature): _____

Date: _____