

MARK ANY YES ANSWER WITH AN “X” IN THIS COLUMN →		X
1	Do you weigh less than 110 lb.?	
2	Are you currently taking an antibiotic or any other medication for an infection?	
3	Have you taken any medications on the accompanying Medication Deferral List in the time frames indicated? (<i>Review the Medication Deferral List.</i>)	
4	MALES & FEMALES: In the past 6 weeks, have you been pregnant, or are you pregnant now?	
5	In the past 8 weeks , have you donated blood, platelets, or plasma?	
6	In the past 8 weeks , have you had any vaccinations or other shots?	
7	In the past 8 weeks , have you had contact with someone who was vaccinated for smallpox in the past 8 weeks?	
8	In the past 16 weeks , have you donated a double unit of red cells using an apheresis machine?	
9	In the past 12 months , have you had a blood transfusion (someone else’s, not your own blood)?	
10	In the past 12 months , have you had a transplant such as organ, tissue, or bone marrow?	
11	In the past 12 months , have you had a graft such as bone or skin?	
12	In the past 12 months , have you come into contact with someone else’s blood (on non-intact skin or mucous membranes)?	
13	In the past 12 months , have you had an accidental human needle stick?	
14	In the past 12 months , have you had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?	
15	In the past 12 months , have you had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex?	
16	In the past 12 months , have you had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor?	
17	MALES: In the past 12 months , have you had sexual contact with another male?	
	FEMALES: In the past 12 months , have you had sexual contact with a male who had sexual contact with another male in the past 12 months ?	
18	In the past 12 months , have you had sexual contact with a person who has hepatitis?	
19	In the past 12 months , have you lived with a person who has hepatitis?	
20	In the past 12 months , have you had a tattoo?	
21	In the past 12 months , have you had ear or body piercing?	
22	In the past 12 months , have you had or been treated for syphilis or gonorrhea?	
23	In the past 12 months , have you been in juvenile detention, lockup, jail, or prison for more than 72 consecutive hours?	
24	In the past three years , have you been outside the United States or Canada? (Screening for travel to malarial zones in last 1 year [3 years for residents of other countries])	
25	From 1980 through 1996 , did you spend time that adds up to 3 months or more in the United Kingdom? (England, Northern Ireland, Scotland, Wales, Isle of Man, Channel Islands, Gibraltar, Falklands)	
26	From 1980 through 1990 , were you in the U.S. military, a civilian employee, or a dependent of a member of the U.S. military associated with a military base in Belgium, the Netherlands, or Germany?	
27	From 1980 through 1996 , were you in the U.S. military, a civilian employee, or a dependent of a member of the U.S. military associated with a military base in Spain, Portugal, Turkey, Italy, or Greece?	
28	From 1980 to the present , did you spend time that adds up to 5 years or more in Europe? (<i>Review list of countries in Europe.</i>)	
29	From 1980 to the present , did you receive a blood transfusion in the United Kingdom (England, Northern Ireland, Scotland, Wales, Isle of Man, Channel Islands, Gibraltar, Falklands) or France?	
30	Have you EVER had a positive test for the HIV/AIDS virus?	
31	Have you EVER used needles to take drugs, steroids, or anything not prescribed by your doctor?	
32	Have you EVER received money, drugs, or other payment for sex?	
33	Have you EVER had malaria?	
34	Have you EVER had babesiosis?	
35	Have you EVER received a dura mater (or brain covering) graft or xenotransplantation product?	
36	Have you EVER had any type of cancer, including leukemia?	
37	Have you EVER had any problems with your heart or lungs?	
38	Have you EVER had a bleeding condition or a blood disease?	
39	Have any of your relatives had Creutzfeldt-Jakob disease?	
40	Has your doctor told you that you need to donate blood because you are taking prescription testosterone?	

Additional Height & Weight Criteria for Young Donors

Males 16 to 22: You must be at least 5' tall and weigh at least 110 pounds.
Females 16 to 22: If you weigh at least 110 pounds but are shorter than 5'6", the minimum weight required is below.

Female Height	≥ 4'10"	≥ 4'11"	≥ 5'	≥ 5'1"	≥ 5'2"	≥ 5'3"	≥ 5'4"	≥ 5'5"
Female Required Weight	≥ 146	≥ 142	≥ 138	≥ 133	≥ 129	≥ 124	≥ 120	≥ 115

Medication Deferral List

Please tell us if you:

Are being treated with any of the following types of medications:	or Have taken:	Which is also called:	Anytime in the last:
Anticoagulants or “blood thinners” (usually to prevent blood clots in the legs and lungs and to prevent strokes)	Arixtra	fondaparinux	2 Days
	Eliquis	apixaban	
	Fragmin	dalteparin	
	Lovenox	enoxaparin	
	Pradaxa	dabigatran	
	Savaysa	edoxaban	
	Xarelto	rivaroxaban	
	Coumadin, Warfilone, Jantoven	warfarin	7 Days
	Heparin (all types)	heparin	
Acne treatment	Absorica Accutane Amnesteem Claravis Myorisan Sotret Zenatane	isotretinoin	1 Month
Multiple myeloma	Thalomid	thalidomide	
Hair loss remedy	Propecia	finasteride	
Prostate symptoms	Proscar	finasteride	
	Avodart Jalyn	dutasteride	6 Months
Immunosuppressant	Cellcept	mycophenolate mofetil	6 Weeks
Basal cell skin cancer	Erivedge	vismodegib	2 Years
	Odomzo	sonidegib	
Relapsing Multiple Sclerosis	Aubagio	teriflunomide	
Rheumatoid arthritis	Arava	leflunomide	
Hepatitis exposure	Hepatitis B Immune Globulin	HBIG	1 Year
Psoriasis	Soriatane	acitretin	3 Years
	Tegison	etretinate	Ever
Growth hormone from human pituitary glands			
Insulin from Cows (Bovine or Beef Insulin) manufactured in the United Kingdom			

vCJD Countries of Risk – Europe

Total cumulative time spent in the European Countries listed below of 5 years or more (since 1980) indefinitely defers a donor from community blood donation.

- Albania
- Andorra
- Austria
- Azores (Portugal)
- Belgium
- Bosnia-Herzegovina
- Bulgaria
- Canary Islands (Spain)
- Ceuta (Spain)
- Croatia
- Czech Republic
- Denmark
- Finland
- France
- French Guiana (France)
- Germany
- Greece
- Guadeloupe (France)
- Hungary

- Ireland (Republic of Ireland)
- Isla de Alboran (Spain)
- Islas Chafarinas (Spain)
- Italy
- Kosovo
- Liechtenstein
- Luxembourg
- Macedonia
- Martinique (France)
- Mayotte (France)
- Melilla (Spain)
- Monaco
- Montenegro
- Netherlands
- Norway
- Penon de Alhucemas (Spain)
- Penon de Velez de la Gomera (Spain)

- Poland
- Portugal
- Reunion (France)
- Romania
- San Marino
- Serbia
- Slovak Republic (Slovakia)
- Slovenia
- Spain
- Spanish North African Territories
- Sweden
- Switzerland
- Turkey (only if associated with a military base)
- United Kingdom (see below)
- Vatican City
- Yugoslavia (or the former Federal Republic of Yugoslavia)

This form is intended as a prescreening measure and does not guarantee that the donor will have an acceptable history and mini-physical on the day of donation. This form does NOT need to be carried by the donor to the donation site.