|  |  |  |
| --- | --- | --- |
| **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? (*Review the Medication Deferral List*.) |  |
| 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? (*Review list of countries in Europe*.) |  |
| 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 |

**V1.0**

**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 | isotretinoin | **1 Month** |
| Claravis |
| Myorisan |
| Sotret  Zenatane |
| **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 ▪ Ireland (Republic of Ireland) ▪ Poland
* Andorra ▪ Isla de Alboran (Spain) ▪ Portugal
* Austria ▪ Islas Chafarinas (Spain) ▪ Reunion (France)
* Azores (Portugal) ▪ Italy ▪ Romania
* Belgium ▪ Kosovo ▪ San Marino
* Bosnia-Herzegovina ▪ Liechtenstein ▪ Serbia
* Bulgaria ▪ Luxembourg ▪ Slovak Republic (Slovakia)
* Canary Islands (Spain) ▪ Macedonia ▪ Slovenia
* Ceuta (Spain) ▪ Martinique (France) ▪ Spain
* Croatia ▪ Mayotte (France) ▪ Spanish North African Territories
* Czech Republic ▪ Melilla (Spain) ▪ Sweden
* Denmark ▪ Monaco ▪ Switzerland
* Finland ▪ Montenegro ▪ Turkey (only if associated with a
* France ▪ Netherlands military base)
* French Guiana (France) ▪ Norway ▪ United Kingdom (see below)
* Germany ▪ Penon de Alhucemas (Spain) ▪ Vatican City
* Greece ▪ Penon de Velez de la Gomera ▪ Yugoslavia (or the former Federal
* Guadeloupe (France) (Spain) Republic of Yugoslavia)
* Hungary

**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.**

**V1.0** 