**Needle Stick Injury Risk Assessment Form**

Donor Patient Sticker

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| **Question** | **Yes** | **No** |
| 1) Is this individual HIV positive? |  |  |
| 2) Is this individual a carrier of Hepatitis B? |  |  |
| 3) Is this individual a carrier of Hepatitis C? |  |  |
| 4) Is there a history of recreational drug injection? |  |  |
| 5) Has this individual had major trauma or surgery abroad where routine screening of blood products may be questionable? |  |  |
| 6) Does this individual have multiple tattoos? |  |  |
| 7) Does this individual have multiple piercings? |  |  |
| 8) Has this individual received a blood transfusion? |  |  |
| 9) Does this individual have a disorder which requires transfusions of blood or blood products? |  |  |