

Department of Health
NATIONAL VOLUNTARY BLOOD SERVICES PROGRAM
Provincial Health Office
Negros First Provincial Blood Center
Province of Negros Occidental

BLOOD DONOR HISTORY QUESTIONNAIRE

DATE :VENUE:

PERSONAL DATA

Name :fsdfsdfs(Surname)

(First Name) (MI)

Date of Birth :mm dd yyy

Age :Gender ()M (Civil Status :)F :

Contact Number :

Email Address:

Nationality :

Occupation

Prefered Mailing Address:

Zip Code :

Home Address :

Zip Code :

Office Address :

() OTHERS

TYPE OF DONOR : () VOLUNTEER

() Pheresis

METHOD OF COLLECTION () WHOLE BLOOD : (conventional)

NUMBER OF DONATIONS

LAST DONATION :

Month :Year :

Instructions: All donors must read the donor educational materials provided by the Blood Service Facility Staff before answering.

Are you:		YES	NO
1	Feeling healthy today?	/	
2	Currently taking medication?	/	
3	Have you taken any medication from the deferral list?	/	
4	Have you received any vaccination?	/	

In the past three days?		
5	Have you taken aspirin or anything that has aspirin in it?	/

QUESTION No. 5, FOR FEMALE DONORS: in the past 1 and 1/2 months (6 Wks)

6	Have you been pregnant or are you pregnant now? Last Menstrual period?	/	
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In the past 12 Wks have you been		
7	Donated blood, platelet or plasma?	/

In the past 12 months have you been		
8	Had a blood transfusion?	/
9	Had surgical operation, dental extraction?	/
10	Had a tattoo, ear or body piercing, accidental contact with blood, needle-stick & accupuncture?	/
11	Had sexual contact with high risk individuals?	/
12	Had sexual contact with anyone in exchange for material or monetary gain?	/
13	Had sexual contact with person who has worked abroad?	/
14	Engaged in Casual Sex?	/
15	Lived with a person who has hepatitis?	/
16	Have you been imprisoned?	/
17	Have any of your relatives had Creutsfeldt-Jakob (Mad Cow) disease?	/

Have you ever?		
18	Lived outside your place of residence?	/
19	Lived outside Philippines	/
20	Use needles to take drugs, steroids, or anything not prescribed by your doctor?	/
21	Used clothing factor concentrate?	/
22	Had a positive test for HIV/AIDS virus, Syphillis or Malaria?	/
23	Had Hepatitis?	/
24	Had Malaria?	/
25	Been told to have or treated for genital wart, syphillis, gonorrhea or other Sexuality Transmissible Infections?	/
26	Had any type of cancer, for example Leukemia?	/
27	Had any problems with your heart or lungs?	/
28	Had a bleeding condition or blood disease?	/
29	Are you giving blood because you wanted to be tested for HIV or Hepatitis virus?	/
30	Are you aware that if you have the AIDS/Hepatitis virus, you can givr it to someone else though you may feel well and have a negative HIV/Hepatitis test?	/

DONOR'S SIGNATURE _____

PHYSICAL EXAMINATION

FOR BLOOD BANK USE ONLY

PHYSICAL EXAMINATION :

General Appearance :	Body Weight : _____ kg	Blood Pressure : _____/_____	Pulse Rate : _____	Temp: _____
HEENT :		Skin :		
REMARKS :		Heart & Lungs :		
() Accepted				
() Temporarily Deferred	Volume : ml	Medical Officer		
() Permamnently Deferred				
REASON/S FOR DEFERRAL:				

Place Barcode Sticker of Donation ID No.	Blood Bank Officer
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For Phlebotomist use only :

Bloof Bag :	(S) Single	(D) Double	(T) Triple
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Segment Number :

Time Started:

Time Ended:

Phlebotomist:

DONOR'S INFORMED CONSENT:

"I certify that I am the person referred to in all the entries, which were read and well understood by me. It is my free and voluntary act to donate my blood, aware of its risks during and after extraction. The same have been explained to me in understandable language and dialect that I speak."

"I am voluntarily giving my blood through PHO-Negros First Provincial Blood Center. I understand that my blood will be tested for Blood Type, Hemoglobin, Malaria, Syphilis, Hepatitis B, Hepatitis C, and HIV and NO official result will be released to me. If found reactive, I agree to have my blood submitted to National Reference laboratory for confirmatory testing. When confirmed to have the disease, I agree to be referred to the appropriate facility for counseling and further management."

"I certify that I have to the best of my knowledge, truthfully answered the above questions."

DONOR'S SIGNATURE

Post - Donation Instructions:

- No Smoking for more than one hour
(Indi ma nigarilyo sa sulod sang masobra isa ka oras)
- Drinking more than the usual amount of fluids (> 8-10 glasses per day)
(Ma inom sang masobra 8 asta 10 ka baso sang tubig)
- Avoid lifting heavy objects or strenuous activities for 24 hours
(Likawan mamug-at sa sulod sang 24 oras)
- Leave the dressing / bandage on for a minimum of 4 hours
(Indi pagkakason kag pabay-an ang plaster o bandage sa pilas sa indi manubo sa 4 ka oras)
- Apply pressure for 2-5 minutes on the venipuncture site
(Tum-okon ang pilas sa sulod sang 2-5 ka minuto)
- If you experience bruising on your arm, at the donation site, apply ice pack to the area for 15-20 minutes, 3-4 times a day on the first day; on the second day, apply warm moist cloth 15-20 minutes, 3-4 times a day
(Kung nagabanog ukon may lagob, butangan ice pack ang pilas sa una nga adlaw, butangan warm pack sa masunod nga adlaw)
- If you feel dizzy or light headed, lie down with feet elevated
(Maghigda nga ang tiil ginapasaka kung galingin ang inyo ulo)