Blood Donor Consent and Declaration

To be filled by the donor before donation. Answer honestly; it protects the person who receives your blood.

BLOOD CENTRE / CAMP

DATE

Donor

FULL NAME

EMAIL

PHONE

ADDRESS

DATE OF BIRTH

WEIGHT (KG)

LAST DONATION

Donor questions

Are you feeling unwell, or have you had fever in the last 2 weeks?

○ No ○ Yes

Have you had a tattoo, piercing, acupuncture or surgery in the last 12 months?

○ No ○ Yes

Have you had jaundice, hepatitis, malaria, TB or a sexually transmitted infection?

○ No ○ Yes

Do you have heart disease, epilepsy, cancer, diabetes on insulin, or a bleeding disorder?

○ No ○ Yes

Are you pregnant, breastfeeding, or have you delivered or miscarried in the last 12 months?

○ No ○ Yes

Have you taken antibiotics, aspirin or any vaccine in the last 2 weeks?

○ No ○ Yes

Screening (staff)

HAEMOGLOBIN (G/DL)

BLOOD PRESSURE

PULSE

FIT TO DONATE?

BAG NO.

Consent

- I am donating voluntarily and without payment.

- My blood will be tested for HIV, hepatitis B and C, syphilis and malaria. If a test is reactive, I agree to be informed and referred for counselling.
- I understand I may feel faint or bruise, and will rest and drink fluids after donating.
- My blood may be separated into components and used for any patient, or discarded if unsuitable.

Would you like to be called for future donation drives?

◯ Yes ◯ No

Donor

SIGNATURE

PRINTED NAME

DATE

Blood centre

SIGNATURE

PRINTED NAME

DATE