Form 7.3: Donor History Form

Name: _____ Donor No: _____

ID No: _____ Age: _____ Sex: _____

Occupation: _____ Address: _____

_____

Telephone No. _____ E-mail address: _____

1. HEALTH ASSESSMENT

Please tick the appropriate answer to each question	Yes	No
1.1 Are you feeling well and in good health today?	☐	☐
1.2 Have you had a meal or snack in the last 4 hours?	☐	☐
1.3 Have you already given blood in the last 12 weeks?	☐	☐
1.4 Have you got a chesty cough, sore throat or active cold sore?	☐	☐
1.5 Are you pregnant or breast feeding?	☐	☐
1.6 Do you have or have you ever had:		
a Chest pains, heart disease/surgery or a stroke?	☐	☐
b Lung disease, tuberculosis or asthma?	☐	☐
c Cancer, a blood disease, an abnormal bleeding disorder, or a bleeding gastric ulcer or duodenal ulcer?	☐	☐
d Diabetes, thyroid disease, kidney disease, epilepsy (fits)?	☐	☐
1.7 In the last 7 days, have you seen a doctor, dentist or any other healthcare professional or are you waiting to see one (except for routine screening appointments)?	☐	☐
1.8 In the past 12 months:		
a Have you been ill, received any treatment or taken any medication?	☐	☐
b Have you been under a doctor's care, undergone surgery, or a diagnostic procedure, suffered a major illness, or been involved in a serious accident?	☐	☐
1.9 Have you ever had jaundice (excluding jaundice at birth), hepatitis or liver disease or a positive test for hepatitis?	☐	☐
a In the past 12 months, have you had close contact with a person with yellow jaundice or viral hepatitis, or have you been given a hepatitis B vaccination?	☐	☐
b Have you ever had hepatitis B or hepatitis C or think you may have hepatitis now?	☐	☐
c In the past 12 months, have you been tattooed, had ear or body piercing, acupuncture, circumcision or scarification, cosmetic treatment?	☐	☐
1.10 In the past 12 months, have you or your sex partner received a blood transfusion?	☐	☐
1.11 Have you or your sex partner been treated with human or animal blood products or clotting factors?	☐	☐
1.12 Have you ever had injections of human pituitary growth hormone, pituitary gonadotrophin (fertility medicine) or seen a neurosurgeon or neurologist?	☐	☐
1.13 Have you:		
a Ever had malaria or an unexplained fever associated with travel?	☐	☐
b Visited any malarial area in the last 12 months?	☐	☐
1.14 When did you last travel to another region or _____ country (in months / years)?	☐	☐

2. RISK ASSESSMENT

2.1 Is your reason for donating blood to undergo an HIV test?	☐	☐
2.2 Have you ever been tested for HIV?	☐	☐
2.3 If "Yes" what was the reason? ☐ Voluntary ☐ Employment ☐ Insurance ☐ Medical advice Other: _____		
2.4 Have you ever had casual, oral or anal sex with someone whose background you do not know, with or without a condom?	☐	☐
2.5 Have you ever exchanged money, drugs, goods or favours in return for sex?	☐	☐