

NATIONAL BLOOD TRANSFUSION SERVICE (WALES)

WELCOME TO THE BLOOD DONOR SESSION

Thank you for offering to give blood. Your offer is greatly appreciated.

PLEASE READ THE BLUE "DO NOT GIVE BLOOD" LEAFLET.

We recognise that not all blood donation venues are as PRIVATE as we would like. If you would prefer to discuss the 'DO NOT GIVE BLOOD' leaflet or any medical condition in privacy please ask a member of staff or ring our freephone number 0800 252266 and ask to speak with a medical officer.

Please tick the appropriate box for each question

- Are you under 18 years of age or over 60 years of age?

Yes	No
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- Are you under 8 stone (56kg) in weight?

Yes	No
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- Have you in the last week taken or used any tablets, medicines, injections, suppositories, inhalers or other treatments including aspirin, painkillers or anti-inflammatories?

Yes	No
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- Are you seeing or waiting to see a doctor or taking medical advice?

Yes	No
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- Have you a hazardous job or hobby?

Yes	No
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- Have you had or do you have :-
Allergy, Brucellosis, Cancer, Diabetes, Epilepsy (fits), Heart Disease, High Blood Pressure, Kidney Disease, Malaria, Skin Problems, Stroke, T.B., Rheumatic Fever, Jaundice, Sexually Transmitted Disease?

Yes	No
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- Have you recently had any coughs, colds or sore throat?

Yes	No
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- Have you ever had an operation?

Yes	No
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- Have you EVER been to any country other than - Europe, Scandinavia, Canada, North America, Japan, Australia or New Zealand?

Yes	No
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- Has anyone in your family had C.J.D. (Creutzfeldt-Jakob Disease)?

Yes	No
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- Have you received Human Pituitary Derived Growth Hormone or Human Pituitary Derived Gonadotrophin (Fertility Treatment) prior to 1985?

Yes	No
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IN THE LAST YEAR HAVE YOU:-

- Been given a blood transfusion?

Yes	No
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- Been pregnant or are you pregnant now?

Yes	No
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- Had any infectious disease (eg Hepatitis [Infectious Jaundice], Chickenpox, Shingles)?

Yes	No
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- Been in contact with a case of infectious disease or jaundice?

Yes	No
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- Had any immunisation or vaccinations?

Yes	No
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- Had your ears or any other part of your body pierced?

Yes	No
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- Had a tattoo?

Yes	No
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- Had semi-permanent make-up?

Yes	No
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- Had acupuncture?

Yes	No
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- Had a needlestick or other injury which could have put you at risk for Hepatitis or HIV?

Yes	No
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I confirm that I have read the 'DO NOT GIVE BLOOD' leaflet today and I am not at risk of any of the circumstances outlined in the leaflet. **In order to avoid an unnecessary wait if you have any doubts regarding your eligibility to give blood please ask a member of staff**

Signed:

Issue No 5

