App 1.10.

SESSION.....DATE .....

PLEASE READ THIS FORM CAREFULLY BEFORE YOU SIGN

DECLARATION BY DONORS

I agree to tell the doctor or nurse in charge:

1.	If I have had an infectious disease in the last two years, or if I have been in contact with an infectious disease in the last 6 months.
2.	If I have been or lived abroad other than in Europe.
3.	If I have received any innoculations or vaccinations in the last 6 months or ever been treated with human growth hormone.
4.	If I have had any of the following: **ANAEMIA; ASTHMA; BRUCELLOSIS (Undulant Fever); CANCER; DIABETES; EPILEPSY (FITS); GLANDULAR FEVER; HAY FEVER; HEART DISEASE; HIGH BLOOD PRESSURE; HOSPITAL ADMISSION; JAUNDICE** (including contact with a case during the past six months); **KIDNEY DISEASE; MALARIA; STROKE; TUBERCULOSIS.**
5.	**I confirm that I have read the AIDS leaflet and I am not at risk.**
6.	I agree that my donation can be tested for AIDS antibody and other infections.

52	69	86
53	70	87
54	71	88
55	72	89
56	73	90
57	74	91
58	75	92
59	76	93
60	77	94
61	78	95
62	79	96
63	80	97
64	81	98
65	82	99
66	83	100
67	84	101
68	85	102

NBTS 110
Rev. 1990

SESSION.....DATE .....

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5. **I confirm that I have read the AIDS leaflet and I am not at risk.**

6. I agree that my donation can be tested for AIDS antibody and other infections.

1	18	35
2	19	36
3	20	37
4	21	38
5	22	39
6	23	40
7	24	41
8	25	42
9	26	43
10	27	44
11	28	45
12	29	46
13	30	47
14	31	48
15	32	49
16	33	50
17	34	51

NBTS 110
Rev. 1990