TICK BOX QUESTIONNAIRE

[ALL DONORS	Yes	No	Staff use
	DECLARATION BY DONORS		1. Are you fit and well?			
1.	I have today read and understood the Blood Safety Leaflet. To the best of my knowledge I am not at risk of infection nor of transmitting these infections.		2. Are you currently seeing a doctor\			
			dentist\nurse or other health care			
			professional?			
			3. Are you waiting to see a doctor\			
2.	I agree that my blood donation can be tested for HIV and other infections. I understand that if my donation gives a positive result for any of these tests I will be informed and asked to attend for further confirmatory tests and advice.		dentist\nurse or other health care			
			professional?			
			4. Have you taken any medication,			
			including over the counter remedies			
			such as aspirin, in the last 5 days?			
3.	associated risks involved as explained in the blood donation leaflet.		5. Have you been told that you should			
			never give blood?			
			6. Have you ever injected yourself with			
			anything, including body building			1
4.	I entrust my donation to the UK Transfusion Services to		drugs?			
	be used for the benefit of patients.		7. Has anyone in your family had CJD			
			(Creutzfeldt-Jakob Disease)?			
Do	nor's signature:		IN THE LAST YEAR, OR SINCE YOUR L	AST DO	NATIO	N:
			8. Have you received blood yourself?			
	CONSENT TO CONTACT GENERAL PRACTITIONER		9. Have you had acupuncture, ear,			
			nose, body piercing, a tattoo or			
I he	reby give consent for my doctor to provide the		semi-permanent makeup?			
Nat	ional Blood Service (NBS) with any clinical		10. Have you had an injury, such as			
infe	ormation necessary to establish my eligibility to		being nicked by a needle, which			
doi	nate my blood or plasma to the NBS.		would have put you at risk of			
			hepatitis or HIV?			
Doi	Donor's Signature:/ Date:/		11. Have you had an operation or			
			serious illness?			
GP's Name:			IN THE LAST 4 WEEKS:	1.06940.0		
			12. Have you knowingly been exposed			
GP's Address:			to any infectious disease?			
			13. Have you had any vaccinations or	<u> </u>		
			immunisations?			
			L			
			FIRST TIME AND DONORS WHO	22.2	12362	and the second
			HAVE NOT GIVEN FOR 2 YEARS	Yes	No	Staff use
			Have you ever had:	l	T	
			14. a serious illness?			
			15. hepatitis?			
	cept Suspended until:\ Withdraw		16. an operation?	<u> </u>		
Acc			17. Before August 1992, did you have			
			any brain surgery or an operation			
Me	dical notes:		for a tumour or cyst on the spine?			
			18. Before 1985, did you have any	<u> </u>		
Se	ssion Slip text:		18. Before 1985, did you have any			
			injections of human pituitary			
Mo	dical Officer: Revised 19.01.98		extracts such as growth			
me			hormones?	L	l	l

19. Have you ever had malaria?	19	RAVEL QUESTIONS ALL DONORS	Yes	No	Sta	ff use.
20. Have you lived in a malarious area for more than 3 months before you were 5 years old? Image: State of the stat						
for more than 3 months before you were 5 years old? 21. Have you been to places other than Western Europe, Australia, New Zealand or North America in the last year? 22. Have you ever had an unexplained fever while abroad, or shortly after your return to the UK? 23. Have you ever had an unexplained fever while abroad, or shortly after your return to the UK? 23. Have you ever lived in or visited Central\South America? 23. Have you ever lived in or visited you or your partners are HIV positive 9 you are you partners are HIV positive 9 you are your partners are HIV positive 9 you are a man who has had sex with another man, even "safe sex" using a condom 9 you have ever worked as a prostitute 9 arostitute	- 20					
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If you suffer any illness within 14 days of giving blood it may affect your donation. Please let your Transfusion Centre know.