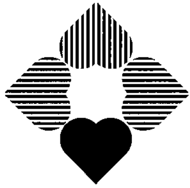

DONOR HISTORY

COMMUNITY BLOOD BANK

ID: ❑

REVIEW DATE: ______________

REVIEWED BY: ______________

MAIN OFFICE
2646 PEACH STREET
ERIE, PA 16508

PLEASE PRINT

SOC. SEC. NO.		
DATE	DOB	AGE

NAME (LAST, FIRST, MI), ADDRESS, ZIP	BUSINESS / DONOR GROUP
PHONE	
	LAST PLACE DONATED / WHEN

INFORMATION ONLY

	YES	NO
ARE YOU:		
1. FEELING HEALTHY AND WELL TODAY?		
2. CURRENTLY TAKING AN ANTIBIOTIC?		
3. CURRENTLY TAKING ANY OTHER MEDICATION FOR AN INFECTION?		
PLEASE READ THE MEDICATION DEFERRAL LIST		
4. ARE YOU NOW TAKING OR HAVE YOU EVER TAKEN ANY MEDICATION ON THE MEDICATION DEFERRAL LIST?		
5. HAVE YOU READ THE EDUCATIONAL MATERIALS?		
IN THE PAST 48 HOURS, HAVE YOU		
6. TAKEN ASPIRIN OR ANYTHING THAT HAS ASPIRIN IN IT?		
IN THE PAST 6 WEEKS, HAVE YOU		
7. FEMALE DONORS: BEEN PREGNANT OR ARE YOU PREGNANT NOW? (**MALES: CHECK MALE ❑**)		
IN THE PAST 8 WEEKS, HAVE YOU		
8. DONATED BLOOD, PLASMA OR PLATELETS?		
9. HAD ANY VACCINATIONS OR OTHER SHOTS?		

	YES	NO
IN THE PAST 8 WEEKS, HAVE YOU		
10. HAD CONTACT WITH SOMEONE WHO HAD A SMALLPOX VACCINATION?		
11. **IN THE PAST 16 WEEKS HAVE YOU DONATED A DOUBLE UNIT OF RED BLOOD CELLS USING AN APHERESIS MACHINE?**		
IN THE PAST 12 MONTHS, HAVE YOU		
12. HAD A BLOOD TRANSFUSION?		
13. HAD A TRANSPLANT SUCH AS ORGAN, TISSUE, OR BONE MARROW?		
14. HAD A GRAFT SUCH AS BONE OR SKIN?		
15. COME INTO CONTACT WITH SOMEONE ELSE'S BLOOD?		
16. HAD AN ACCIDENTAL NEEDLE-STICK?		
17. HAD SEXUAL CONTACT WITH ANYONE WHO HAS HIV/AIDS OR HAS HAD A POSITIVE TEST FOR THE HIV/AIDS VIRUS?		
18. HAD SEXUAL CONTACT WITH A PROSTITUTE OR ANYONE ELSE WHO TAKES MONEY, DRUGS, OR OTHER PAYMENT FOR SEX?		
19. HAD SEXUAL CONTACT WITH ANYONE WHO HAS EVER USED NEEDLES TO TAKE DRUGS OR STEROIDS, OR ANYTHING NOT PRESCRIBED BY THEIR DOCTOR?		
20. HAD SEXUAL CONTACT WITH ANYONE WHO HAS HEMOPHILIA OR HAS USED CLOTTING FACTOR CONCENTRATES?		
21. FEMALE DONORS: HAD SEXUAL CONTACT WITH A MALE WHO HAS EVER HAD SEXUAL CONTACT WITH ANOTHER MALE? (**MALES: CHECK MALE ❑**)		

DEFERRAL: T P

START: FINISH

COMMENTS:

AUTO OR DIRECTED

INFORMATION ONLY

FOR: ______________

HOSPITAL: ______________

DATE: ______________

Blood Relative Yes No

1

LOT NO.	
SEG. NO.	
PHLEB	
VOLUME 450	
SCALE NO.	

2

LOT NO.	
SEG. NO.	
PHLEB	
VOLUME 450	
SCALE NO.	

LAB USE ONLY

	YES	NO
IN THE PAST 12 MONTHS, HAVE YOU		
22. HAD SEXUAL CONTACT WITH A PERSON WHO HAS HEPATITIS?		
23. LIVED WITH A PERSON WHO HAS HEPATITIS?		
24. HAD A TATTOO?		
25. HAD EAR OR BODY PIERCING?		
26. HAD OR BEEN TREATED FOR SYPHILIS OR GONORRHEA?		
27. BEEN IN JUVENILE DETENTION, LOCK UP, JAIL OR PRISON FOR MORE THAN 72 HOURS?		
IN THE PAST THREE YEARS, HAVE YOU		
28. BEEN OUTSIDE THE UNITED STATES OR CANADA?		
FROM 1980 THROUGH 1996		
29. DID YOU SPEND TIME THAT ADDS UP TO THREE (3) MONTHS OR MORE IN THE UNITED KINGDOM (REVIEW LIST OF COUNTRIES IN THE UK)?		
30. WERE YOU A MEMBER OF THE U.S. MILITARY, A CIVILIAN MILITARY EMPLOYEE, OR A DEPENDENT OF A MEMBER OF THE U.S. MILITARY?		
FROM 1980 TO THE PRESENT, DID YOU		
31. SPEND TIME THAT ADDS UP TO FIVE (5) YEARS OR MORE IN EUROPE (REVIEW LIST OF COUNTRIES IN EUROPE)?		
32. RECEIVE A BLOOD TRANSFUSION IN THE UNITED KINGDOM (REVIEW LIST OF COUNTRIES IN UK) OR FRANCE?		
FROM 1977 TO THE PRESENT, HAVE YOU		
33. RECEIVED MONEY, DRUGS OR OTHER PAYMENT FOR SEX?		
34. MALE DONORS: HAD SEXUAL CONTACT WITH ANOTHER MALE, EVEN ONCE? (**FEMALES: CHECK FEMALE ❑**)		
HAVE YOU EVER		
35. HAD A POSITIVE TEST FOR THE HIV/AIDS VIRUS?		
36. USED NEEDLES TO TAKE DRUGS, STEROIDS, OR ANYTHING NOT PRESCRIBED BY YOUR DOCTOR?		
37. USED CLOTTING FACTOR CONCENTRATES?		
38. HAD HEPATITIS?		
39. HAD MALARIA?		
40. HAD CHAGAS DISEASE?		
41. HAD BABESIOSIS?		

	YES	NO
HAVE YOU EVER		
42. RECEIVED A DURA MATER (OR BRAIN COVERING) GRAFT?		
43. HAD ANY TYPE OF CANCER, INCLUDING LEUKEMIA?		
44. HAD ANY PROBLEMS WITH YOUR HEART OR LUNGS?		
45. HAD A BLEEDING CONDITION OR A BLOOD DISEASE?		
46. HAD SEXUAL CONTACT WITH ANYONE WHO WAS BORN IN OR LIVED IN AFRICA?		
47. BEEN IN AFRICA?		
48. HAVE ANY OF YOUR RELATIVES HAD CREUTZFELDT-JAKOB DISEASE?		
49. IN THE PAST 2 MONTHS HAVE YOU HAD A NEW SEXUAL PARTNER?		
50. DONATED OR ATTEMPTED TO DONATE USING A DIFFERENT NAME		
51. WERE YOU BORN IN MEXICO, CENTRAL AMERICA, OR SOUTH AMERICA?		
52. HAVE YOU EVER SPENT MORE THAN 6 MONTHS IN ANY OF THOSE PLACES?		

ADDITIONAL QUESTIONS:

INFORMATION ONLY

I HEREBY GIVE PERMISSION TO THE COMMUNITY BLOOD BANK TO WITHDRAW APPROXIMATELY ONE PINT OF BLOOD. THIS PINT WILL BE USED AS THE BLOOD BANK DEEMS NECESSARY.

I UNDERSTAND THE RISKS OF DONATING BLOOD INCLUDE: ARM BRUISES, NERVE INJURY, AND LIGHT HEADEDNESS OR FAINTING.

I HAVE REVIEWED AND UNDERSTAND THE INFORMATION PROVIDED TO ME REGARDING THE SPREAD OF THE AIDS VIRUS. IF I AM AT RISK FOR SPREADING THE AIDS VIRUS I AGREE NOT TO DONATE BLOOD OR PLASMA FOR TRANSFUSION TO ANOTHER PERSON OR FOR FURTHER MANUFACTURE. I UNDERSTAND MY BLOOD WILL BE TESTED FOR HIV AND OTHER INFECTIOUS DISEASES. SOME OF THESE TESTS MAY BE INVESTIGATIONAL (RESEARCH) TESTS. I HAVE READ AND UNDERSTAND THE RESEARCH INFORMATION ASSOCIATED WITH THIS RESEARCH. IF I TEST POSITIVE FOR THE HIV VIRUS OR ANY OTHER INFECTIOUS DISEASE MY NAME WILL BE ENTERED ON A LIST OF PERMANENTLY DEFERRED DONORS AND MAY ALSO BE REPORTED TO GOVERNMENT AGENCIES IF REQUIRED BY LAW. I FURTHER UNDERSTAND THAT I WILL BE NOTIFIED OF A POSITIVE RESULT OR ANY TEST RESULT THAT MAY AFFECT MY ELIGIBILITY TO DONATE. I UNDERSTAND THERE ARE CIRCUMSTANCES IN WHICH INFECTIOUS DISEASE TESTS CANNOT BE PERFORMED. I HAVE HAD ALL MY QUESTIONS ANSWERED.

THE MEDICAL HISTORY WHICH I HAVE FURNISHED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

DONOR SIGNATURE ______________________ DATE ______________________

INFORMATION ONLY

HISTORY AND PHYSICAL BY ______________________

PHYSICAL EXAMINATION		S	U
BOOTH NO.	EXAM OF BOTH ARMS		
TEMPERATURE	GENERAL APPEARANCE		
PULSE	WEIGHT		
HCT	HEMOGLOBIN		
BLOOD PRESSURE			