

	YES	NO		YES	NO
IN THE PAST 12 MONTHS HAVE YOU			HAVE YOU EVER		
22. HAD SEXUAL CONTACT WITH A PERSON WHO HAS HEPATITIS?			35. HAD A POSITIVE TEST FOR THE HIV/AIDS VIRUS?		
23. LIVED WITH A PERSON WHO HAS HEPATITIS?			36. USED NEEDLES TO TAKE DRUGS, STEROIDS, OR ANYTHING NOT PRESCRIBED BY YOUR DOCTOR?		
24. HAD A TATTOO?			37. USED CLOTTING FACTOR CONCENTRATES?		
25. HAD EAR OR BODY PIERCING?			38. HAD HEPATITIS?		
26. HAD OR BEEN TREATED FOR SYPHILIS OR GONORRHEA?			39. HAD MALARIA?		
27. BEEN IN JUVENILE DETENTION, LOCK UP, JAIL OR PRISON FOR MORE THAN 72 HOURS?			40. HAD CHAGAS DISEASE?		
IN THE PAST THREE YEARS HAVE YOU			41. HAD BABESIOSIS?		
28. BEEN OUTSIDE THE UNITED STATES OR CANADA?			42. RECEIVED A DURA MATER (OR BRAIN COVERING) GRAFT?		
FROM 1980 THROUGH 1996			43. HAD ANY TYPE OF CANCER, INCLUDING LEUKEMIA?		
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)?			44. HAD ANY PROBLEMS WITH YOUR HEART OR LUNGS?		
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?			45. HAD A BLEEDING CONDITION OR A BLOOD DISEASE?		
FROM 1980 TO THE PRESENT, DID YOU			46. HAVE ANY OF YOUR RELATIVES HAD CREUTZFELDT-JACOBS DISEASE?		
31. SPEND TIME THAT ADDS UP TO FIVE (5) YEARS OR MORE IN EUROPE (REVIEW LIST OF COUNTRIES IN EUROPE)?			47. DONATED OR ATTEMPTED TO DONATE USING A DIFFERENT NAME?		
32. RECEIVE A BLOOD TRANSFUSION IN THE UNITED KINGDOM (REVIEW LIST OF COUNTRIES IN UK) OR FRANCE?			ADDITIONAL QUESTIONS:		
FROM 1977 TO 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 <input type="checkbox"/>)					

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 _____

SCREENER ID _____

PHYSICAL EXAMINATION					S	U
SCREENING BOOTH		HEMATOCRIT $\geq 38\%$		HEMOGLOBIN		
					S	U
BP 90/50 - 180/100		P 50-100	T. $\leq 99.5^{\circ}\text{F}$	EXAM OF BOTH ARMS		
/				WEIGHT: ≥ 110 LBS		
/				INITIALS: /		
Pheresis: Ht/Wt						