

Medical - in confidence

Please check and complete the following personal details



Name and Title:
(in full)
Address

Mr / Miss / Mrs / Ms (please circle)

Postcode
E-mail

Date of Birth

Tel. No. Home

Tel. No. Work

Tel. No. Mobile

Registration No

Linked Venues

Total donations
& Badge Award

Blood
Group

Date:

Thank you for attending today

Venue:

For new donors / donors new to SNBTS

Have you given blood before? **Yes / No**

If Yes – where / when?
.....

what name

DONOR DECLARATION

1. I have today read and understood the Donor Information Leaflet (DIL 2005(1)), the information overleaf, and the current Health Check Questionnaire which I have completed. I have been given the opportunity to ask questions and they have been answered to my satisfaction.
2. I affirm that, to the best of my knowledge, all the information I have given is correct, and I am not at risk of any of the infections listed in the Donor Information Leaflet.
3. I agree that my blood donation will be tested for HIV and other conditions listed in the Donor Information Leaflet. 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 confirmation tests and advice.
4. I agree to my donation being blood typed, and a small sample of it being stored.
5. I understand the nature of the donation process and the possible risks involved as explained in the Donor Information Leaflet.
6. I agree to SNBTS holding information about me, my health, my attendances and my donations and using it for the purposes explained in the Donor Information Leaflet.
7. I agree to donate, and thereby give my blood to SNBTS, to be used for the benefit of patients. This may be by direct transfusion to a patient, or indirectly as explained in the Donor Information Leaflet.

Signature

SNBTS DSR D3 2006

M 000001

Last Att & Status:		Interview		Accept / Defer		Recall Date		Donation No.	
				Code					
Reg/H.S.	Hb Pass/Fail	2nd Hb P/F	Issue	Scale	V.P.	Label	Conclude	Volume	
Age Assessment	Pulse	B.P.	Medical Approval	MAT result	0.5mls 1% Lidocaine	V.P. start	V.P. stop	Seal/Check	
Linking Questionnaire	NSFP	MAT required	Discard	Donation Hold	Hep.B Core Test	BM Candidate	Other	Linked by	
Gender	WB/Serum	Platelet/Leuco	CMV	RC/OAS	18060	FFP	Cryo	Apheresis	

Venue:
Serology:
Date:

Collection Comments:

Donation No.

PLEASE READ THIS IMPORTANT INFORMATION BEFORE COMPLETING THE HEALTH CHECK

Blood Safety starts with **you**, the donor. By answering our questions accurately, and reading the information we give you thoroughly, you'll be helping to ensure that we'll not harm you by taking your blood, nor harm anyone else by giving your blood to them. **Each time you give blood, please read each question very carefully**, because your health or our questions could have changed since your last visit.

If you weigh less than 50kg, please let staff know.

HELP US KEEP BLOOD TRANSFUSION SAFE

Never give blood just to get a test. If you do, you risk infecting other people.

If at any time after you have given blood you have doubts about whether your donation should be used, please let us know.

If you are worried about HIV or hepatitis you can talk to:

- the nurse or doctor at the session
- your GP
- national AIDS helpline: freephone 0800 567123 (24 hours)

It is quite alright to leave the session without giving blood and with no questions asked

The Scottish National Blood Transfusion Service (SNBTS) is a Division of NHS National Services Scotland

HEALTH CHECK (Medical – in confidence)

ALL DONORS	Yes	No	Staff
1. Are you fit and well?			
2. Have you seen a doctor, dentist or any other healthcare professional in the last 7 days or are you waiting to see one?			
3. Have you been told you should never give blood?			
4. Are you taking any medicines, tablets or other treatment prescribed by a doctor? (except HRT for the menopause, the pill or other birth control)			
5. Have you taken any other medicines or tablets in the last 7 days? (This includes any you have bought).			
6. Have you ever received blood? If Yes – where and when?			
7. Have you ever been treated by a skin specialist?			
8. Do you have any unhealed wounds or broken skin?			
9. Do you work for the emergency services; drive an HGV, bus or train; or will you be working at hazardous depths or heights in the next 24 hours?			
10. Do you take part in any hazardous hobbies? (e.g. diving, flying or motor racing)			
11. What is your occupation?			
12. Has anyone in your family had CJD (Creutzfeldt-Jakob Disease)?			
13. Have you had an illness (including diarrhoea), an infection or fever in the last 2 weeks or do you think you have one now?			
14. Have you been in contact with anyone with an infectious disease in the last 4 weeks to the best of your knowledge?			
15. Have you had any immunisations, vaccinations or jabs in the last 8 weeks?			
In the last 12 months have you:			
16. Had an injury which could have put you at risk of hepatitis or HIV? (Could the virus have entered your body through a needle prick or broken skin?)			
17. Had acupuncture, ear piercing, any piercing to your face or body, had a tattoo, or cosmetic treatment that involved piercing your skin?			
Your Travel History			
18. Have you ever stayed outside the UK for a continuous period of six months or more If Yes – where & when? If yes, have you been outside the UK since then?			
19. Have you ever had malaria or an unexplained fever which you could have picked up while travelling?			
20. Have you ever visited Central America, South America or Southern Mexico for a continuous period of 4 weeks or more?			
21. Have you been outside the UK (including business) in the last 12 months? If Yes – where & when?			
WOMEN ONLY			
22. Are you pregnant, or have you been pregnant in the last 9 months?			

Notes:

SINCE YOU LAST GAVE BLOOD HAVE YOU:	Yes	No	Staff
23. Had a serious illness or seen a doctor about your heart?			
24. Had an operation, a bone, tissue or skin graft, or had any medical investigations or tests (including endoscopy)?			
25. Had jaundice or hepatitis?			

FIRST TIME AND DONORS WHO HAVE NOT GIVEN FOR 2 YEARS	Yes	No	Staff
26. Have you ever had a serious illness or seen a doctor about your heart?			
27. Do you have any allergies, do you bleed or bruise excessively, or are you prone to fainting or dizzy spells?			
28. Have you ever had an operation, a bone, tissue or skin graft, any medical investigations or tests (including endoscopy)?			
29. Were you treated with growth hormone before 1985?			
30. Did you have brain surgery or an operation for a tumour or cyst on your spine before August 1992?			
31. Were you or your mother born in Central America, South America or Southern Mexico?			
32. Have you ever had jaundice or hepatitis?			

YOUR LIFESTYLE – ALL DONORS	Yes	No	Not Sure	Staff
33. Are you HIV or HTLV positive, or do you think you may be HIV or HTLV positive?				
34. Have you ever had hepatitis B or hepatitis C or do you think you may have hepatitis now?				
35. Have you ever injected or been injected with illegal or non-prescribed drugs, including bodybuilding drugs? (You must answer "Yes" even if it was only once or a long time ago)				
36. Have you ever been given money or drugs for sex?				
Have you had sex in the last 12 months with:				
37. anyone who is HIV or HTLV positive;				
38. any one who has hepatitis B or C;				
39. anyone who has ever been given money or drugs for sex;				
40. anyone who has ever injected drugs;				
41. anyone who may ever have had sex in parts of the world where AIDS/HIV is very common. This includes most countries in Africa. There are exceptions so please ask.				
42. anyone who has syphilis or any other sexually transmitted disease.				
43. To be answered by men only. Have you ever had oral or anal sex with another man with or without a condom or other form of protection?				
44. To be answered by women only. In the last 12 months have you had sex with a man who has ever had oral or anal sex with another man with or without a condom or other form of protection?				

Do you wish to speak in confidence to a doctor or nurse? Yes