Donation Safety Check for Regular Donors

The following questions must be completed by all potential blood donors. We realise that some questions may appear intrusive, but your answers will be treated with absolute confidentiality. Please answer all questions to the best of your knowledge to ensure your own safety and that of any potential recipient of your donation. If you are uncertain of any answer or answer 'Yes' to any question, please call the donor helpline on 01624 650637 to check if you are eligible to donate. Please use blue or black ballpoint pen to complete this form.

No	Question	DT CODE	Yes	No	Staff
1	**In the last 7 days** have you seen a doctor, dentist, dental hygienist or any other healthcare professional or are you waiting to see one?				
2	**In the last 7 days** have you taken any aspirin, painkillers, anti-inflammatories, or taken any other medicines or tablets that you have bought yourself?				
3	**In the last 2 weeks** have you had any illness, infection or fever, or do you think you have one now?				
4	**In the last 4 weeks** have you been in contact with anyone with an infectious disease?				
5	**In the last 8 weeks** have you had any immunisations, vaccinations or jabs (including smallpox)?				
6	**In the last 8 weeks** have you been in contact with anyone who has had a smallpox vaccination?				
7	**Have you ever** had sex with anyone with Human T Cell Lymphotropic Virus (HTLV) or anyone who has ever had viral haemorrhagic fever (including Ebola)?				
8	Are you pregnant, or have you been in the last 6 months?				
	In the last 3 months have you...	DT CODE	Yes	No	Staff
9	...used drugs during sex (excluding erectile dysfunction drugs or cannabis)?				
10a	...had sex with a new partner, or more than one partner?				
10b	**If 'Yes'** did you have anal sex?				
11	...taken Pre-Exposure Prophylaxis (PrEP) / Truvada for prevention of HIV, or have you taken or been prescribed Post-Exposure Prophylaxis (PEP) for prevention of HIV?				
12	...been given money or drugs for sex?				
13	...had sex with anyone with gonorrhea, hepatitis, syphilis or anyone who is HIV positive?	C			
14	...had sex with anyone who has ever been given money or drugs for sex?				
15	...had sex with anyone who has ever injected drugs?				
	Since your last donation have you...	DT CODE	Yes	No	Staff
16	...been told that you should no longer give blood?				
17	...had hepatitis, jaundice or think you may have Hepatitis now?	J			
18	...shared a home with a person with Hepatitis?	C			
19	...injected yourself, or been injected with, illegal or non-prescribed drugs, including body-building drugs or cosmetics or injectable tanning agents?				
20	...tested positive for HIV, Syphilis, or Gonorrhoea?				
21	...seen a doctor with any complaints about your heart, or had any other serious illness?				
22	...had any medical investigations, tests, operations or alternative therapies?	S/E			
23	...had any **addition or change** to your prescribed medicines, tablets or therapy (except HRT, the pill or other birth control)? Tick "No" if not applicable				
24	...had any piercing, had a tattoo or any cosmetic treatment that involved piercing your skin, including acupuncture?	S			
25	...been exposed to someone else's blood or body fluids, e.g. through a needle prick or bite or broken skin?	S			
26	...had a blood or blood product transfusion?				
27	...or anyone in your family been diagnosed with Creutzfeldt-Jakob Disease (CJD)?				
	Travel – Since your last donation...	DT CODE	Yes	No	Staff
28	...have you been outside the UK (including business trips)? **If 'Yes'** please answer 29, 30 and 31. **If 'No'** ignore the following questions 29, 30 and 31 (*staff must **also** check previous long stay or malaria)*	R L/V			
29a	...have you lived or stayed outside the UK for a continuous period of 6 months or more?	L			
29b	**If 'Yes'** have you been outside the UK since you returned?	L			
30	...have you visited Central America, South America or Mexico for a continuous period of 4 weeks or more?	R			
31a	...have you had malaria or an unexplained fever which you could have picked up while travelling or living or working abroad?	M/F			
31b	**If 'Yes'** have you been outside the UK since then?	V			

Donor Details (IN CAPITAL LETTERS)	STAFF USE ONLY. Please use a continuation sheet if required.	CLINICAL NOTES
Forename .... Surname .... Signature .... Date .... /......... /.........	Withdraw/suspend until ...... /......... /.......... ☐ Set Medical Bar ☐ Attention Clinical Support Team ☐ Medical Referral ☐ Additional notes	☐ Withdraw ☐ Accept ☐ Suspend until .... /......... /.......... CST/Donor Records Signature.. Date .... /. .... /......