

Please answer the following questions in black ballpoint pen. If you are uncertain of any answer leave the box blank and speak in confidence to the healthcare professional.

Donor Health Check for regular donors

A	Your health since your last donation...	Yes	No	Staff
A1	Have you been told that you should no longer give blood?	<input type="checkbox"/>	<input type="checkbox"/>	
A2	Have you had a serious illness or seen a doctor about your heart?	<input type="checkbox"/>	<input type="checkbox"/>	
A3	Have you had any hospital investigations, tests or operations?	<input type="checkbox"/>	<input type="checkbox"/>	
A4	Has there been any addition or change to your prescribed medicines, tablets or therapy (except HRT for the menopause, the pill or birth control)?	<input type="checkbox"/>	<input type="checkbox"/>	
A5	Is there any possibility that you may be pregnant or have you had a baby in the last 12 months (female donors only)?	<input type="checkbox"/>	<input type="checkbox"/>	
	In the last 7 days...	Yes	No	Staff
A6	Have you taken any prescribed aspirin or painkillers or taken any other medicine or tablets that you have bought yourself?	<input type="checkbox"/>	<input type="checkbox"/>	
A7	Have you seen a doctor, dentist or any other health care professional or are you waiting to see one (except for routine screening appointments)?	<input type="checkbox"/>	<input type="checkbox"/>	
B	Your lifestyle since your last donation...	Yes	No	Staff
B1	Have you tested positive for HIV?	<input type="checkbox"/>	<input type="checkbox"/>	
B2	Have you had hepatitis B or hepatitis C or you think you may have hepatitis now?	<input type="checkbox"/>	<input type="checkbox"/>	
B3	Have you ever injected yourself or been injected with illegal or non-prescribed drugs including body building drugs or cosmetics?	<input type="checkbox"/>	<input type="checkbox"/>	
B4	Have you ever been given money or drugs for sex?	<input type="checkbox"/>	<input type="checkbox"/>	
B5	Since your last donation, have you had sex with:	<input type="checkbox"/>	<input type="checkbox"/>	
a	anyone who is HIV positive;	<input type="checkbox"/>	<input type="checkbox"/>	
b	anyone who has hepatitis B or C;	<input type="checkbox"/>	<input type="checkbox"/>	
c	anyone who has ever been given money or drugs for sex;	<input type="checkbox"/>	<input type="checkbox"/>	
d	anyone who has ever injected drugs; or	<input type="checkbox"/>	<input type="checkbox"/>	
e	anyone who may ever have had sex in parts of the world where AIDS/HIV is very common (this includes most countries in Africa)?	<input type="checkbox"/>	<input type="checkbox"/>	
B6	Male donors only; Since your last donation have you had oral or anal sex with a man, with or without a condom?	<input type="checkbox"/>	<input type="checkbox"/>	
B7	Female donors only; since your last donation have you had sex with a man who has ever had oral or anal sex with another man, with or without a condom?	<input type="checkbox"/>	<input type="checkbox"/>	
C	Risks of infection	Yes	No	Staff
C1	In the last 2 weeks have you had any illness, infection, or fever or do you think you have one now?	<input type="checkbox"/>	<input type="checkbox"/>	
C2	In the last 4 weeks have you been in contact with anyone with an infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	
C3	In the last 8 weeks have you had any immunisations, vaccinations or jabs?	<input type="checkbox"/>	<input type="checkbox"/>	
	Since your last donation...	Yes	No	Staff
C4	Have you had jaundice or hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	
C5	Have you had your ears, face or body pierced, had a tattoo or any cosmetic treatment that involved piercing your skin?	<input type="checkbox"/>	<input type="checkbox"/>	
C6	Have you had acupuncture?	<input type="checkbox"/>	<input type="checkbox"/>	
C7	Have you been exposed to someone else's blood or body fluids e.g. through a needle prick or bite or broken skin?	<input type="checkbox"/>	<input type="checkbox"/>	

	Since your last donation (continued)	Yes	No	Staff
C8	Have you had a blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>	
C9	Has anyone in your family been diagnosed with CJD?	<input type="checkbox"/>	<input type="checkbox"/>	
D	Travel outside the UK since your last donation...	Yes	No	Staff
D1	Have you been outside the UK (including business trips)? <i>If 'yes' staff check previous long stay or malaria</i>	<input type="checkbox"/>	<input type="checkbox"/>	
D2a	Have you lived or stayed outside the UK for a continuous period of 6 months or more?	<input type="checkbox"/>	<input type="checkbox"/>	
D2b	If 'yes' have you been outside the UK since you returned?	<input type="checkbox"/>	<input type="checkbox"/>	
D3	Have you visited Central America or South America?	<input type="checkbox"/>	<input type="checkbox"/>	
D4a	Have you had a malaria or an unexplained fever which you could have picked up while travelling?	<input type="checkbox"/>	<input type="checkbox"/>	
D4b	If 'yes' have you been outside the UK since then?	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Information				

(IN CAPITALS)	(IN CAPITALS)
Forename	Surname
Your Signature	Date
Change of details - If we have your details wrong, please give us the correct information below.	
Title	Forename
Surname	
Address	
Postcode	Home no
Work no	
Mobile	Email
DoB: day / month / year	
STAFF USE ONLY	MEDICAL NOTES
Withdraw/suspend until	<input type="checkbox"/> Suspend until
<input type="checkbox"/> Attention centre doctor	<input type="checkbox"/> Withdraw
<input type="checkbox"/> Letter attached	<input type="checkbox"/> Accept
<input type="checkbox"/> Set medical bar	Date
	Nurse in Charge Signature
	Additional notes label <input type="checkbox"/>

Our donor helpline staff are there 9-5, Mon-Fri to answer any questions you may have. Just call 650637. Remember – a quick call first could save you a wasted journey.

General Information

Blood safety

Blood safety starts with you, the donor. By answering our questions accurately and reading the information we give you thoroughly, you will be helping to ensure 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 treat it as if it's your first**, because your health or our guidelines could have changed since you last gave blood.

Infections

You must never give blood to get an HIV test because although in our labs we test for infections including HIV and other conditions, these tests do not always show immediately if you are infected. If you are worried you might be infected, don't give blood. Instead call the Genitourinary Medicine Department at Noblé's Hospital on **650710**

You should not give blood if:

- You are a male donor with less than a 12 week interval since last donation.
- You are a female donor with less than a 16 week interval since last donation.
- You have a sore throat, chesty cough or active cold sore (the end of a cold is ok).
- You are currently taking antibiotics or just finished a course within the last 7 days, or have had an infection in the last 2 weeks.
- You have had a tattoo, semi permanent make up or any cosmetic treatments that involve skin piercing in the last **4 months**.
- You have had acupuncture in the last **4 months**, unless this was done by the NHS or by a qualified Health Care Professional.
- You have had hepatitis or jaundice in the last **12 months**.
- You have received blood or think you may have received blood anywhere in the world since 1st January 1980.
- You are pregnant or have had a baby in the last 6 months.
- A member of your family (parent, brother, sister or child) has suffered from CJD (Creutzfeldt-Jakob Disease).
- You have ever received human pituitary extract, (some growth hormone or fertility treatments before 1985).
- You have visited a malarial risk area, even if you had taken malaria prevention tablets, in the last **12 months**.

You may not be able to give blood if:

- You have had a serious illness or major surgery in the past or are currently on medication. The reason you're taking medicines may prevent you from donating. Please discuss with a member of staff.
- You have had complicated dental work; simple extractions are ok after 7 days and simple fillings or scale and polish after 24 hours.
- You have been in contact with an infectious disease or have been given immunisations in the last 4 weeks.
- You are presently on a hospital waiting list or undergoing medical tests.
- You do not weigh over 50kgs (7st 12lbs). **Please note:** if you are female, aged under 20 years old and weigh under 65kgs (10st 3lbs) and are under 168cm (5' 6") in height, we need to confirm your estimated blood volume is over 3500ml.

You should never give blood if:

- You have ever had syphilis, HTLV (Human T-lymphotropic virus), hepatitis B or C virus
- You are a man who has had anal or oral sex with another man with or without a condom.
- You have ever worked as a commercial sex worker.
- You have ever injected yourself with drugs - even once

You should not give blood for 12 months after sex with:

- A man who has had sex with another man (if you are female).
- A commercial sex worker.
- Anyone who has injected themselves with drugs.
- Anyone with haemophilia or a related blood clotting disorder who has received clotting factor concentrates.
- Anyone, of any race, who has been sexually active in parts of the world where HIV/AIDS is very common. This includes countries in Africa.

Instructions for filling in your Donor Health Check

<ul style="list-style-type: none">• You must complete this form yourself.• Please use black ballpoint pen.• Please tick all the relevant boxes, 'yes' or 'no'.• Do not write in the last column headed 'staff'.• If you are not sure about an answer, leave the box blank and ask for advice when you go to give blood or you can call the donor helpline on 650637 Mon - Fri 9am - 5pm.	<ul style="list-style-type: none">• If your details are wrong please give us your correct details in the 'change of details' box.• Please write your forename and surname, and don't forget to sign and date the form after you have answered the questions.• Once you have filled in as much of the form as you can, bring it along with you when you go to give blood. <p>Remember you must answer the questions yourself.</p>
<p>If you have any queries about what personal details held about you or what processing of the data is being undertaken in relation to this service then please contact Noblé's Hospital</p>	