

**Instructions: At each visit, read the Blood Donor Educational Materials and Medication Deferral List. Complete both sides of this form.**

Please send new donor card

FIRST NAME (INCLUDE INITIALS) MI LAST NAME

GROUP OR INDIVIDUAL AFFILIATION AGE WEIGHT HEIGHT FT INCHES BIRTH DATE MONTH DAY YEAR GENDER M F

MAILING ADDRESS (Mailing address is required by the FDA) CITY STATE

ZIP DAY PHONE EVENING PHONE

EMAIL ADDRESS

16 yr old consent attached

BAG#, TUBES AND FORM CK

LBL ID D/C SEG

1st

2nd/Restick



DONOR ID NUMBER OTHER I.D.

Born in the USA?  Yes  No  
 If no, Country of Birth \_\_\_\_\_  
 Not Sure

Is this the first time you have ever given blood?  
 Yes  No  Not Sure

HOW MUCH SCHOOL HAVE YOU COMPLETED?	CIRCLE CORRECT CODE(S) FOR YOUR ETHNIC GROUP	ARE YOU OF HISPANIC ORIGIN?	TYPES OF HISPANIC ORIGIN	CIRCLE THE LETTER THAT DESCRIBES YOUR RACE
A 8th Grade or Less	1 Caucasian	Y YES	A Mexican, Mexican-American or Chicano	W WHITE
B 9th, 10th, 11th or 12th grade (No Diploma)	2 African-American	N NO	B Puerto Rican	B BLACK
C High School Graduate (diploma or GED)	3 Asian	7 REFUSED	C Cuban	E AMERICAN INDIAN
D Some College or Technical School	4 Hispanic/Latino	8 NOT SURE	D Other Hispanic / Spanish	I ASIAN INDIAN (FROM INDIA)
S Associate's Degree	5 American Indian/ Alaska Native		7 Refused	H CHINESE
E Bachelor's Degree	6 Native Hawaiian or Pacific Islander		8 Not Sure	K FILIPINO
F Master's or Professional Degree	7 Other			L HAWAIIAN NATIVE
7 Refused	8 Refused			M KOREAN
8 Not Sure				N VIETNAMESE
				J JAPANESE
				P ESKIMO OR ALEUT
				O OTHER RACIAL GROUP
				Z MORE THAN ONE RACE
				7 REFUSED
				8 NOT SURE

I have read the Blood Donor Educational Materials and the Medication Deferral List and answered the questions truthfully to the best of my knowledge. I voluntarily donate my blood to use as decided by Hoxworth Blood Center, including retention of a frozen sample. The needle-stick may cause tenderness, bruising, bleeding, nerve damage or even infection at the site. I understand that 1) tests including those for the AIDS viruses (HIV-1 and -2), hepatitis, other transfusion-transmitted diseases, and syphilis will be performed; 2) my consent to perform these tests can be withdrawn at any time prior to my leaving the premises; 3) I will be notified if any of these tests is abnormal; 4) if a test result is either positive or unclear, my blood will not be used and my name may be placed on a deferral list. This information is considered confidential and will not be released without my written permission or appropriate legal process. Hoxworth is required by law to report the name of a donor with certain positive tests, including HIV tests, to the Health Department. Under some circumstances, testing may not be completed. ABO and Rh typing results may be used in future donor recruitment. I have read and understand the AIDS information material. I agree not to donate blood or plasma to be given to others if I am at risk for spreading AIDS.

DONOR'S SIGNATURE **X**

**← SIGN HERE**

**Donor Name (Please Print)**

**MEDICAL HISTORY (Questions to be answered by Blood Donors)**  
 Completely shade answer boxes like this:  Yes or  No  
 Not like this:  Yes  No

**ARE YOU**

1. Feeling healthy and well today? Yes  No

2. Currently taking an antibiotic? Yes  No

3. Currently taking any other medication for an infection? Yes  No

**Please Read the Medication Deferral List**

4. Are you now taking or have you ever taken any medications on the Medication Deferral List? Yes  No

5. Have you read the educational materials? Yes  No

**In the past 48 HOURS**

6. Have you taken aspirin or anything that has aspirin in it? Yes  No

**In the past 6 WEEKS**

7. **Female Donors:** In the past 6 weeks have you been pregnant or are you pregnant now? Yes  No

Male Donors: Fill in  "I am MALE"

**In the past 8 WEEKS have you**

8. Donated blood, platelets or plasma? Yes  No

9. Had any vaccinations or other shots? Yes  No

10. Had contact with someone who had a smallpox vaccination? Yes  No

**In the past 16 WEEKS**

11. Have you donated a double unit of red blood cells using an apheresis machine? Yes  No

**In the past 12 MONTHS have you (Questions #12 - 24)**

12. Had a blood transfusion? Yes  No

13. Had a transplant such as organ, tissue, or bone marrow? Yes  No

14. Had a graft such as bone or skin? Yes  No

15. Come into contact with someone else's blood? Yes  No

16. Had an accidental needle-stick? Yes  No

17. Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus? Yes  No

18. Had sexual contact with a prostitute or anyone else who takes money or drugs or other payment for sex? Yes  No

19. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor? Yes  No

20. Had sexual contact with anyone who has hemophilia or has used clotting factor concentrates? Yes  No

21. **Female Donors:** Had sexual contact with a male who has ever had sexual contact with another male? Yes  No

Male Donors: Fill in  "I am MALE"

22. Had sexual contact with a person who has hepatitis? Yes  No

23. Lived with a person who has hepatitis? Yes  No

24. Had a tattoo? Yes  No

**In the past 12 MONTHS have you (Questions #25 - 27)**

25. Had ear or body piercing? Yes  No

26. Had or been treated for syphilis or gonorrhea? Yes  No

27. Been in juvenile detention, lockup, jail or prison for more than 72 hours? Yes  No

**In the past THREE YEARS have you**

28. Been outside the United States or Canada? Yes  No

**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 U.K.) Yes  No

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? Yes  No

**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) Yes  No

32. Receive a blood transfusion in the United Kingdom or France? (Review list of Countries in the U.K.) Yes  No

**From 1977 TO THE PRESENT, have you**

33. Received money, drugs, or other payment for sex? Yes  No

34. **Male Donors:** Had sexual contact with another male, even once? Yes  No

**Female Donors:** Fill in  "I am FEMALE"

**Have you EVER (Questions #35 - 46)**

35. Had a positive test for the HIV/AIDS virus? Yes  No

36. Used needles to take drugs, steroids, or anything not prescribed by your doctor? Yes  No

37. Used clotting factor concentrates? Yes  No

38. Had hepatitis? Yes  No

39. Had malaria? Yes  No

40. Had Chagas' disease? Yes  No

41. Had babesiosis? Yes  No

42. Received a dura mater (or brain covering) graft? Yes  No

43. Had any type of cancer, including leukemia? Yes  No

44. Had any problems with your heart or lungs? Yes  No

45. Had a bleeding condition or a blood disease? Yes  No

46. Have any of your relatives had Creutzfeldt-Jakob disease? Yes  No

47. **Have you ever received a Corneal Transplant?** Yes  No

48. **Have you ever received a Xenotransplant (transplant with living cells, tissues, or organs from an animal source)?** Yes  No

49. Have you ever received someone else's blood? If yes, what year did you have your most recent blood transfusion? Not Sure  Yes  No

Year:

50. **Female Donors Only:** Have you ever been pregnant? If yes, How many times? Not Sure  Yes  No

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