Appendix 2:

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DEPARTMENT OF HEALTH
National Blood Transfusion Service

BLOOD DONOR QUESTIONNAIRE AND CONSENT FORM

Date:_____ Type of Donation: a)**V** b) **FR** c)**A**

CONFIDENTIAL

Please answer the following questions correctly using a pen (not pencil) by placing a cross or a tick in the relevant box. Do not circle. If you make a mistake, cross it out and write your initials next to the correction.

This will help to protect you and the patient who receives your blood

1. Name:_____ Sex: M/F
2. Date of Birth _____Age:_____ Father's Name: _____
3. Occupation:_____ Organization: _____
4. Address for communication: _____
5. Telephone:_____ Mobile No. _____
6. Would you like us to call you on the mobile: Yes/ No
7. Would you like your name to be included in donor's follow up list? Yes / No
8. Email: _____
9. Have you donated previously? Yes/ No
   If yes, how many occasions? _____ When was the last time you donated?: _____
10. Did you have any discomfort during /after donation? Yes/ No:
11. Time of last meal: _____
12. Do you feel well today? Yes/ No:
13. In the last 6 months have you had any history of the following:
    ☐ Unexplained weight loss

☐ Repeated Diarrhoea
☐ Swollen Glands
☐ Continuous low-grade fever

14. In the last six months have you had any:

☐ Tattooing ☐ Acupuncture
☐ Ear piercing ☐ Electrolysis
☐ Dental Extraction

15. Do you suffer from or have suffered from any of the following diseases

☐ Heath Disease ☐ Lung Disease ☐ Jaundice (last one year)
☐ Cancer/Malignant Disease ☐ Tuberculosis ☐ Malaria (six months)
☐ Diabetes ☐ Allergic Disease ☐ Fainting spells
☐ Hepatitis B/C ☐ Kidney Disease ☐ Typhoid (last on year
☐ Sexually Transmitted Diseases ☐ Epilepsy ☐ Abnormal Bleeding tendency

16. Are you taking or have you taken any of these in the past 72 hours?

☐ Antibiotics ☐ Aspirin ☐ Alcohol
☐ Steroids ☐ Vaccinations ☐ Dog bite Rabies vaccine (1 year)

17. Is there any history of surgery or blood transfusion in the past six months?

☐ Major Minor ☐ Blood Transfusion ☐

To the best of your knowledge of your knowledge, have you EVER

18. Thought you could be infected with HIV or have AIDS? Yes ☐ No ☐

19 "Used drugs" by injection, even once, with drugs not prescribed by a doctor or dentist? Yes ☐ No ☐

20.Had a test that showed you had hepatitis B, hepatitis C, HIV or Syphilis? Yes ☐ No ☐

In the last 12 months have you:

21. Engaged in sexual activity with someone you might think would answer "yes" to any of in Q20?

22. Been imprisoned in a prison or been held in a lock-up or detention centre? Yes ☐ No ☐

23. Had (yellow) jaundice or hepatitis or been in contact with someone who has? Yes ☐ No ☐

In the last 6 months have you:

24. Been injured with a used needle (needle-stick)? Yes ☐ No ☐

25. Had blood/body fluid splash to eyes, mouth, and nose or to broken skin? Yes ☐ No ☐

For women donors:

26.Are you pregnant? Yes ☐ No ☐

27.Have you had an abortion in the last three month Yes ☐ No ☐

28.Do you have a child less than one year old? Yes ☐ No ☐

29.Would you like to be informed about any abnormal test results at the address furnished by you?
Yes ☐ No ☐

Donor Declaration

- Have you read and understood all the information presented and answered all the questions truthfully? As any incorrect statement or concealment may affect your health or may harm the recipient? Yes ☐ No ☐
- I have read and understood that:
  - Blood donation is a totally voluntary act and no inducement or remuneration has been offered to me.
  - Donation of blood is a medical procedure and that by donating voluntary. I accept the risks associated with this procedure.
  - My blood will be tested for Hepatitis B/C, malaria parasite, HIV/AIDS and Syphilis in addition to any other screening tests required to ensure blood safety.

I consent to the National Blood Transfusion Service to be a custodian to any information provided by me or about my donation to be kept confidential.

Date:_____ Time_____ Donor's Signature_____

General Physician Examination

Weight_____ Pulse _____ Hb _____

BP_____ Temperature_____

Accept ☐ Defer ☐ ☐ Reason for deferral_____

Signature:_____ Signature of BTS Staff _____