

Blood donation Checklist

Health Services

BLOOD DONOR CHECKS

Name of the Donor

Birth Date

Date

DATE

2017-01-01

Email

Contact number

Home Address

Occupation

Blood Type

Did you donate blood earlier?

Yes

No

NA

HEALTH CHECK

Are you suffering of any diseases?

Yes

No

NA

Are you allergic?

Yes

No

NA

Are you HbsAg, Hcv, HIV positive?

Yes

No

NA

Are you cardiac patient?

Yes

No

NA

Do you have bleeding disorders?

Yes

No

NA

Are any medications taken by you?

Yes

No

NA

