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)