BLÓÐBANKINN

EBB-41141-012

BLOOD DONOR HEALTH QUESTIONNAIRE

REGULAR DONORS WITHIN 2 YEARS OF THE PREVIOUS DONATION.

DONOR ID

RECEPTION DONATION

Use capital letters

Name .... ID number ....

Permanent address .... Present address ....

Telephone number: Home .... Work .... Mobile ....

Email .... Occupation ....

Any reaction during/after the previous blood donation? ....

Blood donation elsewhere than in the Icelandic Blood Bank, date and place: ....

Please inform The Blood Bank, if you experience any **illness** shortly after donating.
All information is treated **confidentially**. You have the **right to withdraw** from donating at any time without giving a reason.

I have read the Blood Bank booklet, „Infection prevention and blood donation – information to the donor“ today. ☐

	Yes	No
1. Are you in good health?	☐	☐
2. Are you currently taking any medication?	☐	☐
3. Have you recently taken a pain reliever, anti-inflammatory medication, herbal/natural supplements or over-the-counter medication?	☐	☐
4. Have you during the past month:	☐	☐
a. been in contact with any person having an infectious disease?	☐	☐
b. had influenza / a cold / a cold sore?	☐	☐
c. had a dental appointment?	☐	☐
5. Have you since the previous blood donation / blood test:		
a. been ill / had surgery/ been under medical observation or had an accident?	☐	☐
b. had cancer / cell dysplasia?	☐	☐
c. had treatment with the medication isotretinoin (e.g. Decutan, Roaccutan)/etretinate (e.g. Tegison)/acitretin (e.g. Neotigason)/ finasteride (e.g. Finol, Propecia, Proscar) / dutasteride (e.g. Avodart, Duodart)?	☐	☐
d. had a blood transfusion / tissue grafting (e.g. cornea graft or dura mater graft)?	☐	☐
e. had a vaccination / immunization?	☐	☐
f. travelled or lived outside of Iceland?	☐	☐
g. lost weight / had lymphadenitis / diarrhea / cough / fever?	☐	☐
h. had an allergy (e.g. hay fever, rash, reaction to medication)?	☐	☐
i. had acupuncture / electrolysis / tattooing / body or skin piercing?	☐	☐
j. been told of a family history of Creutzfeld-Jakob Disease?	☐	☐
6. Female donors: Have you since your last donation/blood test:		
a. been pregnant?	☐	☐
b. had a conization?	☐	☐

I had a meal/snack at .... o´clock

I have read and understood the educational materials provided by the Blood Bank to blood donors, have had opportunity to ask questions and have received satisfactory answers.
I consent to blood donation/blood test today and to the Blood Bank storage of this health questionnaire as well as computer recording of blood test results.
I vouch for having answered the health questionnaire according to the best of my knowledge and that I do not belong to any mentioned risk group.

Date .... Blood donor signature: ....

Skin inspection:________________ Nurse: ....

BUSV/AV/Heilbrigðisv.bókasafn/br.SS051212

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