



DEPARTMENT OF HEALTH
JAMMU AND KASHMIR

BLOOD DONOR QUESTIONNAIRE AND CONSENT FORM

Blood Unit No :

Date

License No :

Type of Donation: R/V

CONFIDENTIAL

() Tick whether applicable.

01. Please answer the following questions correctly. This will help to protect you and the patient who receives your blood.

02. Name : Male Female

03. Date of Birth: Age : Father's Name:

04. Occupation : Organization:

05. Address for communication :

06. Telephone : Mobile No:

07. Would you like us to call you on your mobile : Yes No.
Would you like your name to included in donor's website Yes No.

08. Fax No: Email :

09. Have you donated previously No. when last :
If yes, how many occasions

10. Did you have any discomfort during/after donation? Yes No.

11. Your Blood Group Time of last meal :

12. Tick the appropriate answer : ()

13. Do you feel well today ? Yes No.

14. Did you sleep well last night ? Yes No.

15. Have you any reason to believe that you may be infected :
By Hepatitis, Malaria, HIV and/or venereal disease (virinjay) ? Yes No.

16. In the last 6 months have you had any history of the following :-

- Unexplained weight loss
- Repeated Diarrhoea
- Swollen Glands
- Continuous low – grade fever

17. In the last six months have you had any :-

- Tattooing.
- Ear piercing.
- Dental Extraction.

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

- Heart Disease Lung Disease Kidney Disease
- Cancer/Malignant Disease Epilepsy (Charay rog)
- Diabetes Tuberculosis abnormal Bleeding tendency.
- Hepatitis B/C Allergic Disease Jaundice (last one year).
- Sexually Transmitted Diseases Malaria (six months)
- Typhoid (last on year) (Antay joro) Fainting spells.

19. 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).

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

- Major Minor Blood Transfusion

21. For women donors :-

Are you pregnant ?

Yes

No.

Have you had an abortion in the last three months ?

Yes

No.

Do you have a child less than one year old?

Yes

No.

22. Would you like to be informed about any abnormal test result at the address furnished by you ?

Yes

No.

23. 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.

24. I have understand that :-

Blood donation is a totally voluntary act and no inducement or remuneration has been offered. Donation of Blood/components is a medical procedure and that by donating voluntarily. I accept the risks associated with this procedure.

My blood will be tested for Hepatitis B/C, Malaria parasite, HIV/AIDS and venereal diseases in addition to any other screening tests required to ensure blood safety.

I prohibit any information provided by me or about my donation to be disclosed to any individual or government agency without any prior permission.

Date Time _____ Donor's Signature _____

25. General Physician Examination :

Weight _____ Pulse _____ Hb _____

BP _____ Temperature _____

Accept Defer Reason _____

Signature of Medical Officer _____

BLOOD SAFETY BEGINS WITH A HEALTHY DONOR.