



The Tamilnadu Dr. M.G.R. Medical University

Department of Transfusion Medicine

Licence No. 191/28C

BLOOD DONOR FORM



Blood Bag No.

Date		

Group & Rh

Personal Particulars

Donor's Name	Age :	Sex : Male / Female
Residence Address	Office Address	
.....	
.....	
..... Ph : Ph :	

KIND ATTENTION

Kindly furnish the following information sought on medical grounds as per Government Notification. If any question is felt embarrassing kindly bear with us

TEMPORARY DEFERRAL, IN THE PAST 12 MONTHS HAVE YOU

- Received Transfusion of Blood or its products Y/N
- Suffered from Hepatitis or had Hepatitis Immunoglobulin or had close contact with an individual suffering from Hepatitis Y/N
- Had exposure to tattoos, acupuncture or body piercing? Y/N
- Had anti-rabies vaccine or was treated for dog bite? Y/N
- Undergone any major surgery or met with any major accident? Y/N

IN THE PAST 6 MONTHS HAVE YOU EVER

- Suffered from Typhoid / Cholera / Acute infection of kidney or Bladder Y/N
- Had delivery / had pregnancy / any abortion / or been breast feeding? Y/N / N/A*
- Had any major surgery or met with any minor accident? Y/N

* N/A - Not applicable

IN THE PAST 3 MONTHS

- Have you donated blood, plasma or platelets? Y/N
- Have you been treated for malaria? Y/N
- Have you had any history of measles, mumps and chickenpox? Y/N

IN THE PAST 1 MONTH

- Had treatment for acne with Isotretinoin? Y/N
- Had Anti tetanus serum, Anti venom serum, Anti diphtheria serum, Anti gas gangrene serum or Rubella vaccination? Y/N

IN THE PAST 3 WEEKS

- Have you had tooth extraction or any dental procedure? Y/N

IN THE PAST 2 WEEKS

- Have you had chicken pox, shingles, measles, mumps or yellow fever vaccination? Y/N

IN THE PAST 1 WEEK

- Have you had cortisone for treatment? Y/N
- Had history of diarrhea with fever? Y/N

IN THE PAST 4 DAYS

- Have you had IV antibiotics? Y/N

IN THE PAST 3 DAYS

- Have you had oral antibiotics? Y/N

IN THE PAST 24 HOURS

- Have you had alcoholic drinks? Y/N
- Are you an aircrew, a heavy machine vehicle driver, a construction worker? Y/N
- Are you reporting for duty in the next 12 hours? Y/N
- Are you suffering from cold, cough, sore throat or acute sinusitis? Y/N

PERMANENT DEFERRAL

H/o. Uncontrolled blood pressure or stroke?	Y/N
H/o. Heart disease or arrhythmias?	Y/N
H/o. Epilepsy or anticonvulsants?	Y/N
H/o. Auto immune disease or immounsuppressive therapy?	Y/N
H/o. Abnormal bleeding tendencies?	Y/N
H/o. Diabetic mellitus on treatment with insulin or hypoglycemic drugs?	Y/N
H/o. Chronic liver disease or endocrine disorders?	Y/N
H/o. Diabetic mellitus on treatment with insulin or hypoglycemic drugs?	Y/N
H/o. Chronic liver disease or endocrine disorders?	Y/N
H/o. Parkinsons diseases?	Y/N
H/o. Psoriasis or treatment for the same?	Y/N
H/o. Psychiatric disorders?	Y/N
H/o. Major surgeries for kidney, heart, liver or brain?	Y/N
H/o. Severe allergic disorders or asthmatic on steroid therapy?	Y/N
H/o. IV drug abuse, heterosexual/homosexual promiscuity / STD?	Y/N

GENERAL QUESTIONS

1. Have you donated blood?	Y/N
2. When was your last blood donation?	
How many times have you donated?	
3. Are you willing to donate for emergency situations?	Y/N
4. Have you had any reactions like giddiness/fainting attacks/ fits after donation?	Y/N
5. Any history of unexplained weight loss/ chronic cough / fever / diarrhoea / Lymph nodes enlargement?	Y/N

DECLARATION

I hereby declare that the above information is true to the best of my knowledge and this consent of mine to be a blood donor is voluntary. I understood that certain tests (HIV, HCV, HBV, SYPHILIS, MALARIA), will be performed on my blood for the purpose of ensuring the safety.

I would like to know the results, if any positive. Y/N

Date

Signature of donor

PHYSICAL EXAMINATION

Wt (in Kg)	HB gms %	PR	BP	RR	TEMP.	CVS	RS	CNS	ABD	Skin disease at phlebotomy site

The above donor is FIT / UNFIT to donate blood.

Blood Bag : SINGLE / DOUBLE / TRIPLE

Volume : 350 ml /450 ml

Signature of the MEDICAL OFFICER.