BLOOD DONOR QUESTIONNAIRE

Na	me: degree:	Date:	
	Birth Register Number:	Number of arrival:	
Please fill in the data below responsibly and completely. Circle the correct answer!			
Ple	ase read carefully the "BLOOD DONOR INSTRUCTIONS" before filling	ng the questionnaire in.	
1. H	Have you acquainted with the information about risk behavior from the	point of view of blood	
C	donation and do you understand it?	yes no	
	Do you belong to a group permanently excluded from blood donation? Stay in Great Britain or France in 1980-96 for more than 6 months; treatment		
Ċ	other medicaments proceeding from the hypophysis or salivary glands; surger	y with the use of a dura mater	
	graft; transplantation of the cornea or the tympanum; classical or variant Creut		
	among your blood relatives; practicing sex between men; application of intrave see "BLOOD DONOR INSTRUCTIONS")	enous / intramuscular drugs	
3. /	Are you going to donate blood or its components for the first time?	yes no	
4. [Do you tolerate blood taking well ?	yes no	
	Do you donate in another medical facility?		
	Reasons:		
7. [Does your profession or hobby require increased physical exercise or c		
(professional driver, pilot, work in heights, mountaineering, diving, etc.)		
CURRENT HEALTH CONDITION			
	Do you feel healthy ?		
9.	Do you take any medicaments regularly?	yes no	
	(please cite all of them, including e.g. aspirin, oral contraception) What:		
	Have you taken any medicaments during the last 4 weeks?	yes no	
	Do you sweat excessively during night, do you observed elevated tem		
	Have you been losing weight recently without any obvious cause?		
	Are you treated or observed for any disease (including infections)?		
	Have you suffered any disease during the last 4 weeks (cold, diarrhea Have you undergone tooth extraction or a minor surgery during the last		
	Have you had a tick bite during the last 4 weeks?		
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17	CHANGES IN THE HEALTH CONDITION Have you undergone during the past 6 months:	<u>ON</u>	
17.	a. A surgery, injuries treated in a hospital, stay in a hospital,		
	intravenous application of medicaments ?		
	b. Endoscopic examination or introduction of a catheter, contact with a		
	(through an injury or mucous membrane)?		
	d. Treatment for a venereal disease?		
	e. Tattooing, acupuncture, ears perforation, piercing?	yes no	
	f. Vaccination?	yes no	
10	If yes, what and when:		
ıŏ.	Have you been in a close contact (in the family, at work) with a patient another infectious disease, or with a person abusing intravenous / intr		
	What disease:		
19.	Have you traveled abroad during the past 6 months ?	yes no	
20	Where? (Including for a short time, tourism):		
∠U.	Do you work in dangerous environment (infectious, harmful to death) What (infection, radiation, chemical risks etc.)?		
21	Have you been vaccinated against rabies or type B hepatitis after exp		

DISEASES EXPERIENCED IN THE PAST, ANAMNESIS

Have you experienced any of the following diseases/conditions? 22. Hepatitis, tuberculosis, a venereal disease (syphilis, gonorrhea, AIDS), other contagious diseases (inf. mononucleosis, tick encephalitis, brucelosis, tularemia, toxoplasmosis, listeriosis, borreliosis, typhus, paratyphoid fever, malaria, babesiosis, kala-azar, leishmaniasis, Chagas disease, leprosis, Q fever, HTLV I/II virusinfection) or carriership of these infections yes no 24. Blood diseases (anemia, hemorrhagic diathesis, polycytemia, thalassemia, etc.) yes no 26. Endocrine glands diseases (diabetes, metabolic disorders, thyroid gland etc.)...... yes no 28. Breathing organs diseases (asthma, emphysema, chronic lung disease etc.) yes no 29. Diseases of bones and joints (arthritis, rheumatic fever, osteomyelitis, etc.) yes no 30. Tumorsyes no 31. Nervous system diseases, eye diseases (spasms, epilepsy, sclerosis multiplex, glaucoma) yes no What, when: **34.** Blood transfusions (when and where) ? yes no 35. Have you ever taken the following medicaments (see "BLOOD DONOR INSTRUCTIONS"): isotretinoin (Accutane), etretinate (Tegison), aciretin (Neotigason), finasteride (Proscar, Propecia), dutasteride (Duodart) ? ves no 37. Have you ever been treated for alcoholism or drug addiction? yes no 38. Have you ever used illegal intravenous / intramuscular drugs? yes no 39. Were you born abroad or have you lived abroad for a long time? yes no Where, when..... **40.** For women: Number of pregnancies Last pregnancy in (year): I confirm I have not concealed any important facts and all data given are correct (concealment of facts that could endanger health or life of the patient receiving transfusion are punishable in accordance with the law). I have acquainted with the "Blood Donor Instructions", and I understand its content. I consider myself as a convenient donor whose blood should not endanger the recipient's health within the meaning of the "Blood Donor Instructions". I have been instructed about the course of blood taking and the risks related thereto and I agree with blood taking. I have been instructed that I have the right to ask questions regarding blood taking and to withdraw from blood taking anytime. I have been instructed about the possibility of discrete self-disqualification. I also agree that my blood shall be examined using all necessary tests, including AIDS test, and that it may be used for other than transfusion purposes within health care in the case of unsatisfactory results. I have been instructed that I will be informed in the case of unsatisfactory laboratory examination results. I declare that I have not come to donate blood because of AIDS examination. I agree that my personal data and my health state data shall be recorded subject to obligatory confidentiality pursuant to the law in force, and that they shall be used within the transfusion service (e.g. reference laboratories for infectious diseases, register of excluded blood donors, register of blood donors with unusual blood group etc.) subject to medical secret principles. I agree that my personal data may be disclosed to the Czech Red Cross for the purposes of donors' awards. I agree that medicaments made from my blood (or serum) may be used for treatment of patients in accordance with medical, ethical and humanitarian principles within the legislation in force only in case they comply with the requirements of their safety and quality. In the case of excess of medicaments manufactured in the Czech Republic, I agree with their export for the purposes of treatment of patients in other countries. I am aware that I should have a rest for at least 30 minutes after blood taking before I participate actively in the road traffic. Date Donor's signature **EVALUATION OF THE QUESTIONNAIRE BY A PHYSICIAN**

Dissatisfactory because of:

Physician's signature:

Satisfies |

Date:

Dissatisfies