

GLASGOW & WEST OF SCOTLAND BLOOD TRANSFUSION SERVICE

Thank you for attending for blood donation. It is desirable that you should give blood only if you are in normal health.

Will you therefore please read carefully the following questionnaire, and inform the DOCTOR in charge of the Session if your answer to any of the questions is "YES". The doctor will then decide whether or not you may donate blood.

HAVE YOU:

- HAVE YOU A BABY UNDER 1 YEAR OLD
- (1) given blood during the past 3 months?
 - (2) ever been advised by a doctor not to be a blood donor?
 - (3) been in contact with, or recovered recently from, an infectious disease, for example:

MUMPS	SHINGLES	GLANDULAR FEVER	MEASLES
CHICKENPOX	JAUNDICE	GERMAN MEASLES	
 - (4) received any inoculation recently, for example: TETANUS or vaccination for SMALLPOX?
 - (5) had a serious operation in recent years?
 - (6) had any serious illness, in particular any of the following:

JAUNDICE	HEART DISEASE
ASTHMA, HAY FEVER, NETTLE RASH	HIGH BLOOD PRESSURE
BLOOD DISEASES	KIDNEY DISEASE
CANCER	MALARIA
DIABETES	RHEUMATIC FEVER
EPILEPSY (FITS)	STROKE
GOITRE	TUBERCULOSIS
BRUCELLOSIS (UNDULANT FEVER)	

- (7) Does your work or sport involve any unusual hazards? For example, at heights or depths.
- (8) Are you a driver of a Public Service Vehicle?

PLEASE NOTE

- (a) Age limits for donors are 18 to 65.
- (b) A test for anaemia is made before each proposed donation.

HAVE YOU HEARD OF A.I.D.S.
(ACQUIRED IMMUNE DEFICIENCY SYNDROME)
IF YOU HAVE ANY DOUBTS ABOUT GIVING A DONATION
CONSULT THE DOCTOR AT THIS SESSION OR YOUR OWN G.P.
OR WRITE IN CONFIDENCE TO THE REGIONAL DIRECTOR.

DIRECTOR:
RUTHVEN MITCHELL, BSc., MD., MRC. PATH.

SNBYS DOCUMENT REQUEST No.

2010-00047

16/6/83