

# Welcome to the Donor Session

NBTS 110A (Rev. 1983)

## THIS IS VERY IMPORTANT— PLEASE READ CAREFULLY EACH TIME YOU ATTEND

To ensure as far as possible that giving blood will not harm you, and that all blood collected is safe for patients, PLEASE TELL US IF YOU

1. have RECENTLY SEEN A DOCTOR
2. have ever received a BLOOD TRANSFUSION
3. have had EARS PIERCED, ACUPUNCTURE, or have been TATTOOED in the last six months
4. have been immunised or inoculated recently, e.g. against TETANUS
5. have recently suffered from, or been in contact with  
GERMAN MEASLES (Rubella), MEASLES, CHICKEN POX or SHINGLES, MUMPS
6. have visited or lived in  
CENTRAL or S.AMERICA: WEST INDIES:  
TROPICAL AFRICA: MIDDLE EAST: ASIA
7. drive a PUBLIC SERVICE VEHICLE, or work with unusual HAZARDS  
e.g. climbing ladders etc.
8. have ever suffered from  

<p><i>pressure problems</i> →</p> <p><i>Hay fever, asthma or other allergies</i> →</p>	<p><del>ALLERGY (Hay fever, Asthma etc)</del></p> <p>ANAEMIA or other blood disorders</p> <p>BRUCELLOSIS (Undulant fever)</p> <p>CANCER</p> <p>DIABETES</p> <p>EPILEPSY (fits)</p> <p>GLANDULAR FEVER (in last 2 years)</p> <p>HEART DISEASE</p>	<p>HEPATITIS (JAUNDICE) or been in contact with a case in the last 6 months</p> <p><del>HIGH BLOOD PRESSURE (except during pregnancy)</del></p> <p>KIDNEY DISEASE</p> <p>STROKE</p> <p>THYROID DISEASE (Goitre etc)</p> <p>TROPICAL DISEASE especially MALARIA</p>
----------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
9. have suffered from UNEXPECTED LOSS OF WEIGHT
10. are under 8 stone ( 51 kg ) in weight
11. are PREGNANT, or have had a BABY in the LAST 12 MONTHS

IF ANY OF THE ABOVE APPLY TO YOU, PLEASE TELL THE CLERK OR DOCTOR IN CHARGE OF THE SESSION WHO WILL DECIDE IF YOU MAY GIVE BLOOD

## NO SMOKING PLEASE

