

Blood Donor Medical History & Consent

Personal Information

Full Name

Date of Birth

Email Address

Phone Number

Address

Medical History

Have you donated blood before?

Are you currently taking any medications?

Do you have any chronic medical conditions?

Have you had any recent surgeries or major illnesses?

Any allergies?

Other relevant medical details

Consent

☐

I hereby consent to provide accurate medical history and agree to the terms of blood donation.

Signature

Date