Blood Donation e-Consent Form

Personal Information

Full Name

Date of Birth

Email Address

Mobile Number

Address

About the Donation

Have you donated blood before?

☐ Yes

Date of last donation

Any known allergies or illnesses?

Are you currently taking any medication?

Consent

I have read and understood the information regarding blood donation provided to me in this app. I understand the purpose, procedure, benefits, and potential risks involved. I agree to proceed with blood donation voluntarily.

☐ I agree and give my e-consent to donate blood.

E-signature (Type your full name)

Date