

DONOR U#:

NAME:

DOB:

985.03CC CLINICAL DONOR HISTORY
QUESTIONNAIRE

Are you:	YES	NO
1. Currently taking an antibiotic?		
2. Currently taking any other medication for an infection? Please read the Medication Deferral List and Donor Educational Materials		
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3. Are you now taking or have you ever taken any medications on the medications list?		
4. Have you read the donor educational materials? In the past 12 weeks, have you: Yes No		
In the past 12 weeks, have you:	YES	NO
5. Had any vaccinations or other shots? If yes, type and date:		
6. Had contact with someone who had a smallpox vaccination? In the past 12 months, have you: Yes No		
In the past 12 months, have you:	YES	NO
7. Been told by a healthcare professional that you have West Nile virus infection or any positive test for West Nile Virus?		
8. Had a blood transfusion?		
9. Come into contact with someone else's blood?		
10. Had an accidental needle stick?		
11. Had a transplant or graft from someone other than yourself, such as organ, bone marrow, stem cell, cornea, sclera, bone, skin, or other tissue?		
12. Had sexual contact with anyone who has HIV/AIDS or has had a positive test for the HIV/AIDS virus?		
13. Had sexual contact with a prostitute or anyone else to takes money, drugs, or other payment for sex?		
14. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor?		
15. Had sexual contact with anyone who has hemophilia or has used clotting factor concentrates?		
16. Donors of female sex at birth: Had sexual contact with a male who has ever had sexual contact with another male? Donors of male sex at birth: <input type="checkbox"/> N/A		
17. Had sexual contact with a person who has hepatitis?		
18. Lived with a person who has hepatitis?		
19. Had a tattoo? If yes, date and details:		
20. Had ear or body piercings?		
21. Had or been treated for HPV or genital herpes, syphilis, gonorrhea, or other sexually transmitted infection?		
22. Been in juvenile detention, lockup, jail, or prison for more than 72 hours? In the past three years, have you: Yes No		
In the past three years, have you:	YES	NO
23. Been outside the United States or Canada? If yes, date and location:		

VERSION DATE 06/20/2018

PRECIOUS VERSION DATE: N/A

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	YES	NO
<i>In the past five years, have you:</i>		
24. Received money, drugs, or other payments for sex?		
25. Donors of male sex at birth Had sexual contact with a person that's sex at birth was male, even once? Donors of female sex at birth: <input type="checkbox"/> N/A		
26. Used needles to take drugs, steroids, or anything not prescribed by your doctor?		
27. Used clotting factor concentrates?		
<i>From 1980 through 1996:</i>	YES	NO
28. Did you spend time that adds up to three (3) months or more in the United Kingdom? (Review list of countries in the UK)		
29. Were you a member of the U.S. military, a civilian military employee, or a dependent of either a member of the U.S. military or civilian military employee?		
<i>From 1980 to the present:</i>	YES	NO
30. Spend time that adds up to five (5) years or more in Europe?		
31. Receive a transfusion of blood or blood components in the United Kingdom or France? (Review list of countries in the UK)		
<i>Have you EVER:</i>	YES	NO
32. Had a positive test for the HIV/AIDS virus?		
33. Had hepatitis or any positive test for hepatitis?		
34. Had malaria?		
35. Had Chagas' disease and/or a positive test for t. Cruzi?		
36. Had babesiosis?		
37. Tested positive for HTLV, had adult T-cell leukemia, or had unexplained paraparesis (partial paralysis affecting the lower limbs)?		
38. Received a dura mater (or brain covering) graft?		
39. Been diagnosed with any neurological disease?		
40. Had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal?		
41. Has your sexual partner or a member of your household ever had a transplant or other medical procedure that involved being exposed to live cells, tissues, or organs from an animal?		
42. Have any of your relatives had Creutzfeldt-Jakob disease?		
<i>In the past 6 months, have you:</i>	YES	NO
43. Traveled to, or resided in, a risk area for the Zika virus? Use CDC list of Zika-transmission countries.		
44. Been diagnosed with the Zika virus infection?		
45. Had sexual contact with a person who is known to have either of the following?		
a. Was diagnosed with the Zika virus infections in the 6 months before sexual contact?		
b. Traveled to, or resided in, a risk area for the Zika virus in the 6 months before the sexual contact?		

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