

The Medical History Questionnaire is filled out before each donation to assure both donor and staff safety
If you have any questions regarding the questionnaire, please contact the Donor Room prior to your appointment

1. Are you feeling healthy and well today?
2. Are you currently taking an antibiotic?
3. Are you currently taking any other medication for an infection?
4. Did you review the medication evaluation list?
5. Have you read the educational materials (“What You Should Know About Giving Blood at Fresenius Kabi USA, LLC”) and had your questions answered?
6. Do you have any allergies?
7. Taken aspirin or anything that has aspirin in it?
8. Taken any non-steroidal anti-inflammatory medication?
9. Donated blood, platelets or plasma?
10. Had any vaccinations or other shots?
11. Had contact with someone who was vaccinated for smallpox in the past 8 weeks?
12. Donated a double unit of red cells using an apheresis machine?
13. Had a blood transfusion?
14. Had a transplant such as organ, tissue, or bone marrow?
15. Had a graft such as bone or skin?
16. Come in contact with someone else’s blood?
17. Had an accidental needle stick?
18. Had sexual contact with anyone who has ever had HIV/AIDS or has ever had a positive test for the HIV/AIDS virus?
19. Had sexual contact with a prostitute or anyone else who has ever taken money or drugs or other payment for sex?
20. Had sexual contact with anyone who has ever used needles to take drugs or steroids, or anything not prescribed by their doctor?
21. Taken any medication to prevent HIV infection?
22. Had a tattoo?
23. Had an ear or body piercing?
24. Had or been treated for syphilis or gonorrhea?
25. Ever received money, drugs or other payment for sex?
26. Ever used needles to take drugs, steroids, or anything not prescribed by your doctor?
27. In the past 6 weeks have you been pregnant or are you pregnant now? (N/A if male)
28. In the past 3 months, have you had sexual contact with a male who had sexual contact with another male in the past 3 months? (N/A if male)
29. In the past 3 months, have you had sexual contact with another male? (N/A if female)
30. Been seen by a physician for ANY reason?
31. Had sexual contact with a person who has hepatitis?
32. Lived with a person who has hepatitis?
33. Been in a juvenile detention, lock up, jail or prison for 72 hours or more consecutively?
34. Been outside the United States or Canada?
35. Had a positive test for the HIV/AIDS virus?
36. Had malaria?
37. Received dura mater (or brain covering) graft or xenotransplantation product?
38. Had any type of cancer, including leukemia?
39. Had any problems with your heart or lungs?
40. Had a bleeding condition or blood disease?
41. Had a positive test result for Babesia?
42. Taken any medication to treat an HIV infection?
43. From 1980 through 1996 did you spend time that adds up to 3 months or more in the United Kingdom countries of England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands?
44. From 1980 through 2001 did you spend time that adds up to 5 years or more in France or Ireland? Time spent in Ireland does not include time spent in Northern Ireland which is part of the United Kingdom.
45. From 1980 to the present did you receive a blood transfusion in France, Ireland, England, Northern Ireland, Scotland, Wales, the Isle of Man, the Channel Islands, Gibraltar, or the Falkland Islands?