



O D Y S S E Y



MEDICAL QUESTIONNAIRE	YES	NO
Age in years: _____ Are you below age 17 or over age 65 ?		
Have you given blood recently - women in the last 16 weeks ? - men in the last 12 weeks ?		
Have you taken part in medical research in the last 3 months ? If 'Yes' please give details:		
Do you take medication? If 'Yes', please list here: _____ Continue on back page if needed. Have you started taking any new medications in the past 4 weeks ?		
Have you taken recreational drugs in the last 24 hours ?		
Have you had surgery within the last 6 months or are due for surgery within the next 6 weeks ?		
Do you have or have you ever had a chronic medical condition , such as cancer, epilepsy, heart disease or any type of bleeding disorder ?		
Have you eaten within the last 4 hours ?		
If female, are you pregnant or breastfeeding ?		

Do you participate in a hazardous occupation or sport?		
Have you signed the consent form and been given a copy?		
I confirm that the above information is correct to the best of my knowledge.		

At your appointment we will also measure your height, weight, blood pressure and haemoglobin levels to make sure you are healthy enough to donate blood safely. This information will be given to you to keep for your own records.

We will not keep any of your medical information after your donation is complete.

Extra Information:
