MEDICAL QUESTIONNAIRE

			EXPLANATION	VISA NURSE	VISA PHYSICIAN
1.	Was your last donation without any problem, and was it at the CRL?	YES ☐ NO ☐	Date: Type:		
2.	Do you take any medication regularly?	YES ☐ NO ☐			
3.	Are you planning to see a doctor/to have medical tests or surgery?	YES ☐ NO ☐			
Today-last week					
4.	are you feeling well and healthy?	YES ☐ NO ☐			
2N.	are you on a diet?	YES ☐ NO ☐			
5.	are you currently on sick leave?	YES ☐ NO ☐			
6.	have you attended a dentist?	YES ☐ NO ☐			
7.	have you taken anti-inflammatory tablets or painkillers (Aspirin, Ibuprofen...)?	YES ☐ NO ☐			
In the past 4 weeks					
8.	have you taken any other medication or food supplement?	YES ☐ NO ☐			
9.	have you had a common infection (common cold, diarrhea, cystitis…)?	YES ☐ NO ☐			
10.	have you had • an open wound; • an abscess, skin infection; • a tick bite?	 YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐			
11.	have you had an allergic reaction?	YES ☐ NO ☐			
12.	have you had a vaccination or any other injection?	YES ☐ NO ☐			
Since your last donation					
13.	have you had • a severe, infectious, contagious or tropical disease; • an accident; • a fracture?	 YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐			
14.	have you fainted, had dizzy spells, had a malaise?	YES ☐ NO ☐			
15.	have you had a bleeding?	YES ☐ NO ☐			
16.	have you noticed an unexplained weight loss?	YES ☐ NO ☐			
17.	have you had prolonged diarrhea (with or without fever)?	YES ☐ NO ☐			
18.	have you noticed swollen lymphonodes?	YES ☐ NO ☐			
19.	have you had a prolonged fever(>38°C)?	YES ☐ NO ☐			
20.	have you been in contact with infectious, contagious diseases?	YES ☐ NO ☐			
21.	have you been exposed to a potentially blood contaminating accident: • accidental needle-stick injury; • exposure to biological liquids; • animal bite?	 YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐	Date:		
22.	have you attended a doctor/ had a blood test?	YES ☐ NO ☐			
In the past 4 months/since your last donation					
23.	have you had any medical exams or technical intervention • endoscopy (ENT fibroscopy, gastroscopy, colonoscopy…) • acupuncture?	 YES ☐ NO ☐ YES ☐ NO ☐	Date:		
24.	have you had a(n) • body piercing • ear piercing • electric epilation • tattoo • permanent make-up	 YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐	Date:		

donor's initials: _____

			EXPLANATION	VISA NURSE	VISA PHYSICIAN
25.	have you visited one of the countries enumerated in the list “risques temporaires liés aux voyages” (to consult on the internet www.croix-rouge.lu and presented during the pre-donation interview)	YES ☐ NO ☐	Return date:		
In the past 6 months/since your last donation					
26.	have you • been in hospital; • had an operation or any surgery; • had an anesthesia; • received a blood transfusion; • had an injection of blood/blood components?	 YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐			
27.	have you taken any medication based on Dutasteride (Avodart, Combodart…)?	YES ☐ NO ☐			
28.	have you • been pregnant; • given birth; • been breast-feeding?	 YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐	Date: I am male ☐		
29.	have you been outside of Europe?	YES ☐ NO ☐	Country: Return date:		
In the past 3 years/since your last donation					
30.	have you been to a malarial area?	YES ☐ NO ☐	Country: Return date:		
Since your last donation have you had					
31.	a cardiovascular disease?	YES ☐ NO ☐			
32.	a lung disease?	YES ☐ NO ☐			
33.	gastrointestinal diseases?	YES ☐ NO ☐			
34.	a liver disease/hepatitis?	YES ☐ NO ☐			
35.	kidney/urological diseases?	YES ☐ NO ☐			
36.	gynecological/obstetric problems?	YES ☐ NO ☐	I am male ☐		
37.	an endocrinological/metabolic disease?	YES ☐ NO ☐			
38.	a hematological disease/coagulation disorder?	YES ☐ NO ☐			
39.	neurological/psychiatric diseases?	YES ☐ NO ☐			
40.	Creutzfeld-Jacob (CJD) or Gerstmann-Sträussler-Scheincker (GSS) disease or been told that any of your relatives had one of these diseases?	YES ☐ NO ☐			
41.	an orthopedic or rhumatological disease?	YES ☐ NO ☐			
42.	allergies?	YES ☐ NO ☐			
43.	skin diseases?	YES ☐ NO ☐			
44.	a sexually transmitted disease?	YES ☐ NO ☐			
45.	**From 1980-1996**, have you spent 12 months or more in total in the UK?	YES ☐ NO ☐			
46.	**Since 01.01.1980,** have you had any operation, surgery or blood transfusion in the UK?	YES ☐ NO ☐			
Have you ever					
47.	had a treatment with hormones/extracts of human hypophyseal or pituitary gland (growth hormones…)?	YES ☐ NO ☐	Date:		
48.	been treated with Tigason?	YES ☐ NO ☐			
49.	received a transplant or graft of • organs or tissue; • cornea; • dura mater?	 YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐			
51.	Are you in good health?	YES ☐ NO ☐			
Today/in the next few days					
50.	Are you planning any physical effort or hazardous activity?	YES ☐ NO ☐			

donor’s initials: _____

IMPORTANT INFORMATIONS FOR BLOOD-PLASMA AND PLATELET-DONORS ON HIV INFECTION-AIDS

AIDS, final stage of the HIV infection, is known since 1981 and is characterized by a weakening of the immune system, resulting in serious infections and cancer.

Each blood/apheresis donation is screened by laboratory tests for some infectious diseases that could be transmitted by blood (like hepatitis B, hepatitis C, syphilis, HIV infection...)

Despite very sensitive laboratory tests, it might be, in exceptional circumstances, that an infected person is not detected, especially if the test is carried out early after the HIV infection.

For this reason, it is extremely important, that individuals with activities with a high risk for HIV contamination do not donate their blood, plasma, platelets.

The following questions allow to identify such a risk, regarding blood transfusion			VISA NURSE	VISA PHYSICIAN
R1.	Have you been tested positive for HIV or do you have AIDS?	YES ☐ NO ☐		
Have you ever				
R2.	injected yourself drugs or doping products (even once)?	YES ☐ NO ☐		
R3.	practised prostitution?	YES ☐ NO ☐		
R4.	received regularly transfusions of blood, bloodproducts or plasmaderivatives?	YES ☐ NO ☐		
R5.	had sex with anyone who is HIV positive or has AIDS?	YES ☐ NO ☐		
R6.	had sex with anyone born or having lived in parts of the world where AIDS/hepatitis is very common (Africa...)?	YES ☐ NO ☐		
In the last 4 months				
R7.	have you had sex with a new partner?	YES ☐ NO ☐		
R8.	have you had an occasional sexual partner?	YES ☐ NO ☐		
R9.	have you had more than one sexual partner?	YES ☐ NO ☐		
Have you ever				
S1.	had sex with anyone injecting or having ever injected oneself drugs or doping products?	YES ☐ NO ☐		
S2.	had sex with anyone who has ever practised prostitution?	YES ☐ NO ☐		
S3.	had sex with anyone who has received regularly blood transfusions?	YES ☐ NO ☐		
For male donors				
H1.	have you ever had sex with another male (even once)?	YES ☐ NO ☐		
For female donors				
H2.	have you ever had sexual contact with a male who has ever had sexual contact with another male?	YES ☐ NO ☐		

donor's initials: _____

With my signature, I certify that:

- I have read and understood the didactic informations
- I had the possibility to ask questions and have received the necessary explanations
- I have read and understood the medical questionnaire
- I have answered all the questions correctly and honestly
- I have read and understood the “important informations on HIV infection/AIDS”
- I have provided informations and answers that are honest and correct to the best of my knowledge
- I give my informed consent to continue the blood donation process

Name: _____

First name: _____

Birth date: _____

Date: _____

Signature: _____

Witnessed by: _____

Date: _____

Signature nurse: _____

And/or

Signature physician: _____

YOUR DATA ARE STRICTLY CONFIDENTIAL AND ARE PROTECTED BY MEDICAL SECRET

Coller ici une EBC