



# ROTARY COMMUNITY BREAST MILK BANK

## Health screening for breast milk donation

	Yes	No
I am willing to donate breast milk	<input type="radio"/>	<input type="radio"/>
I agree to be screened for the following blood borne infections: HIV 1 & 2 (twice) / Hepatitis B & C / HTLV 1 & 2 / Rubella / Syphilis	<input type="radio"/>	<input type="radio"/>
I give consent for my antenatal blood test results to be reviewed by the Rotary Milk Bank staff. I am aware I will be contacted with the results and should further testing be required, the milk bank staff will discuss this with me.	<input type="radio"/>	<input type="radio"/>
<b>Do you have, or have you ever had</b>		
Insulin dependent diabetes?	<input type="radio"/>	<input type="radio"/>
Any long term illnesses? If yes, details	<input type="radio"/>	<input type="radio"/>
A tattoo in the last six months	<input type="radio"/>	<input type="radio"/>
Intimate contact with anyone, to your knowledge, who has any of the above blood borne infections.	<input type="radio"/>	<input type="radio"/>
A blood transfusion in the last four months.	<input type="radio"/>	<input type="radio"/>
Are you aware of anything preventing you from donating blood? Have you lived in the United Kingdom, Europe, or the Republic of Ireland between 1980 and 1996 for a cumulative six months or more?	<input type="radio"/>	<input type="radio"/>
<b>Are you taking</b>		
Any long term prescribed medication or antibiotic? (Excluding oral progesterone-only contraceptive pill, thyroxine or asthma inhaler.)	<input type="radio"/>	<input type="radio"/>
Taking any herbal remedies? If yes, details	<input type="radio"/>	<input type="radio"/>
Growth hormones – including in the past (eg as a child)	<input type="radio"/>	<input type="radio"/>
<b>Do you</b>		
Drink more than three cups of coffee or caffeinated drinks per day (eg 'V', Demon, Coca Cola)?	<input type="radio"/>	<input type="radio"/>
Drink alcohol? If yes, how much? (Drinking alcohol does not necessarily preclude you from donating milk)	<input type="radio"/>	<input type="radio"/>
Tobacco usage. <input type="radio"/> No smoker <input type="radio"/> Smoker <input type="radio"/> Nicotine replacement therapy <input type="radio"/> E cigarette		
Consume illegal or recreational drugs?	<input type="radio"/>	<input type="radio"/>
Are you a vegan? If yes, is your diet supplemented with Vitamin B12?	<input type="radio"/>	<input type="radio"/>
I am aware that all information will be kept confidential, and the Rotary Milk Bank will keep the records.	<input type="radio"/>	<input type="radio"/>

Donor's name

Donor's signature

Date