|  |  |  |
| --- | --- | --- |
| **Are you** | **Yes** | **No** |
| 1. Feeling healthy and well today?
 |  |  |
| 1. Currently taking an antibiotic?
 |  |  |
| 1. Currently taking any other medication for an infection?
 |  |  |
| 1. Pregnant now?
 |  |  |
|  |
| **Have you** |
| 1. Taken any medications on the Medication Deferral List in the time frames indicated? (Review the Medication Deferral List.)
 |  |  |
| 1. Read the blood donor educational materials today?
 |  |  |
|  |
| In the past **48 hours,** have you |
| 1. Taken aspirin or anything that has aspirin in it?
 |  |  |
|  |
| In the past **8 weeks,** have you |
| 1. Donated blood, platelets, or plasma?
 |  |  |
| 1. Had any vaccinations or other shots?
 |  |  |
| 1. Had contact with someone who was vaccinated for smallpox in the past 8 weeks?
 |  |  |
|  |
| In the past **3 months**, have you |
| 1. Taken any medication by mouth (oral) to prevent HIV infection? (i.e., PrEP or PEP)
 |  |  |
| 1. Had sexual contact with a new partner? (refer to the examples of “new partner” in the Blood Donor Educational Material)
 |  |  |
| 1. Had sexual contact with more than one partner?
 |  |  |
| 1. Had sexual contact with anyone who has ever had a positive test for HIV infection?
 |  |  |
| 1. Received money, drugs, or other payment for sex?
 |  |  |
| 1. Had sexual contact with anyone who has, in the past 3 months, received money, drugs, or other payment for sex?
 |  |  |
| 1. Used needles to inject drugs, steroids, or anything not prescribed by your doctor?
 |  |  |
| 1. Had sexual contact with anyone who has used needles in the past 3 months to inject drugs, steroids, or anything not prescribed by their doctor?
 |  |  |
| 1. Had syphilis or gonorrhea or been treated for syphilis or gonorrhea?
 |  |  |
| 1. Had sexual contact with a person who has hepatitis?
 |  |  |
| 1. Lived with a person who has hepatitis?
 |  |  |
| 1. Had an accidental needle-stick?
 |  |  |
| 1. Come into contact with someone else’s blood?
 |  |  |
| 1. Had a tattoo?
 |  |  |
| 1. Had ear or body piercing?
 |  |  |
| 1. Had a blood transfusion?
 |  |  |
| 1. Had a transplant such as organ, tissue, or bone marrow?
 |  |  |
| 1. Had a graft such as bone or skin?
 |  |  |
|  |
| In the past **16 weeks,** have you |
| 1. Donated a double unit of red blood cells using an apheresis machine?
 |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| In the past **12 months,** have you |
| 1. Been in juvenile detention, lockup, jail, or prison for 72 hours or more consecutively?
 |  |  |
|  |
| In the past **2 years**, have you |
| 1. Received any medication by injection to prevent HIV infection? (i.e. long-acting antiviral PrEP or PEP)
 |  |  |
|  |
| In the past **3 years,** have you |
| 1. Been outside the United States or Canada?
 |  |  |
|  |
| Have you **EVER** |
| 1. Had a positive test for HIV infection?
 |  |  |
| 1. Taken any medication to treat HIV infection?
 |  |  |
| 1. Been pregnant?
 |  |  |
| 1. Had malaria?
 |  |  |
| 1. Received a dura mater (or brain covering) graft or xenotransplantation product?
 |  |  |
| 1. Had any type of cancer, including leukemia?
 |  |  |
| 1. Had any problems with your heart or lungs?
 |  |  |
| 1. Had a bleeding condition or blood disease?
 |  |  |
| 1. Had a positive test result for *Babesia*?
 |  |  |

|  |  |  |
| --- | --- | --- |
| **Use this area for additional questions** | **Yes** | **No** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |