

Dear Lady/ Gentleman:

For your health, please read the health condition consulting table carefully and fill in it actually. If you require clarification on any of the questions below, please contact with the medical staff, and we'll keep secret for your information. Thank you for your cooperation!

1. Health Condition Consulting Table

If any of the following apply to you: Tick (yes) or (no) in the boxes.

<input type="checkbox"/> 1. Caught cold or suffered from acute gastroenteritis in the past week.	<input type="checkbox"/> 23. Have sexual behavior with 20-22 items' personnel.
<input type="checkbox"/> 2. Acute urinary tract infection within one month.	<input type="checkbox"/> 24. Intake any medicine which could influence platelets' function like aspirin within 5 days.
<input type="checkbox"/> 3. Pneumonia within 3 months.	<input type="checkbox"/> 25. Have received measles , mumps ,yellow fever or poliomyelitis vaccine within 2 weeks.
<input type="checkbox"/> 4. Emaciation, persistent fever, Diarrhea or Lymphadenopathy within 3 months.	<input type="checkbox"/> 26. Have received rubella or rabies vaccine within 4 weeks.
<input type="checkbox"/> 5. Dysentery within 6 months.	<input type="checkbox"/> 27. Have received animal's serum injections within 4 weeks.
<input type="checkbox"/> 6. Typhoid in the past year.	<input type="checkbox"/> 28. Have received HBV immunoglobulin in the past year.
<input type="checkbox"/> 7. Malaria within 3 years.	<input type="checkbox"/> 29. Have bitten by rabies and received rabies vaccine in the past year.
<input type="checkbox"/> 8. Malignant tumor or severe benign tumor.	<input type="checkbox"/> 30. Have teeth extracted or other minor operations within 2 weeks.
<input type="checkbox"/> 9. Tuberculosis.	<input type="checkbox"/> 31. Operations on appendix, hernia or tonsil within 3 months, or any admitted surgical operation in the past 6 months.
<input type="checkbox"/> 10. Heart disease , Pulmonary disease, Nephro-pathy, Liver disease or Hematologic diseases.	<input type="checkbox"/> 32. Have received tattoo in the past year.
<input type="checkbox"/> 11. Hypertension, or hyperlipidemia.	<input type="checkbox"/> 33. Have received whole blood or blood components transfusion within 5 years.
<input type="checkbox"/> 12. Endocrine diseases such as Hyperthyroid-ism, and diabetes mellitus.	<input type="checkbox"/> 34. Have treated disease by human growth hormone.
<input type="checkbox"/> 13. Severe gastric ulcer or duodenal ulcer.	<input type="checkbox"/> 35. Other diseases.
<input type="checkbox"/> 14. Allergic diseases such as urticaria, bronch-ial asthma, and drug allergic diseases.	If you are woman, please answer the questions below.
<input type="checkbox"/> 15. Leprosy.	<input type="checkbox"/> Menstruation period or Pregnant.
<input type="checkbox"/> 16. Carrier for hepatitis B or hepatitis C.	<input type="checkbox"/> Had abortion within 6 months, or breast-feeding less than 1 year.
<input type="checkbox"/> 17. Chronic skin disease or skin infection.	
<input type="checkbox"/> 18. Cerebral trauma sequela, epilepsy, schiz-ophrenia, hysteria, and severe neurasthenia.	
<input type="checkbox"/> 19. High myopia changes of fundus oculi.	
<input type="checkbox"/> 20. AIDS or be infected with HIV .	
<input type="checkbox"/> 21. Illegal drug addictor, multiple sexual partners.	
<input type="checkbox"/> 22. Syphilis , gonorrhea or other sex transmit-ed diseases.	

Donor's Signature:

Notes:

1. Please contact with Beijing CDC (Tel: 010-12320) if you want to test for HIV infection only.
2. Within 12 hours after your donation, if you become aware of any risk that your blood may affect patient health, please call our Services Hotline at 010 89526727 or 010 69513399, we'll discard your blood.

Date:

Medical staff's Signature:

Date: