



EDV-Eingabe:	ja <input type="checkbox"/>
Kontrolle Datum:	Visum:

**The recent questionnaire is available on [www.blutspendezurich.ch](http://www.blutspendezurich.ch)  
 -> **Formulare & Dokumente. Please print and fill out clearly before donating!****

Entnahmenummer:

**Please read the attached Information Sheet before completing the questionnaire (on pages 2 and 3) in blue or black ballpoint document-proof pen on the day of donation.**

For identification purposes please complete date of birth:

Day	Month	Year
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

**Only complete to notify change of details:**

Family Name:		First Name:	
Street and Number:			
Postcode and Town/Village:		Email:	
Home Phone:	Business Phone:	Mobile:	

Vom Entnahmepersonal auszufüllen: Personaldaten überprüft und mit CTS verifiziert. Visum:

Blutdruck	Temperatur	Visum	Extra	ACD	Ausw.	Arzt	RW
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
max. 180/100 min. 100/50	max. 38°	Visum	<input style="width: 100%; height: 20px;" type="text"/>			Grund	<input style="width: 100%; height: 20px;" type="text"/>
Puls	HB	Visum	Gewicht	Grösse	KK	ME	<input type="checkbox"/> mRö <input type="checkbox"/> oRö
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	
max. 100 min. 50	F 125-165 M 135-185						

Phlebotomist/-in	Beginn	Ende	Entn.-Dauer/Visum	Entn.-Menge	Lot-Nummer
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

**Bemerkungen:**

Visum: \_\_\_\_\_

Quelle: V B-CH SRK/Medizinischer Fragebogen ab 01.07.2017, ZHBSD Version 13



# Medical questionnaire

Please reply to each question with an X

	Yes	No	Visum ZHBSD
1. Have you ever donated blood? If so, when was your last donation? _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you weigh more than 50 kg (or 110 lbs)?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are you at present in good health?	<input type="checkbox"/>	<input type="checkbox"/>	
4. In the past 72 hours, have you been treated by a dental hygienist or dentist?	<input type="checkbox"/>	<input type="checkbox"/>	
5. During the past 4 weeks, have you received medical treatment or had a temperature over 38°C (or 100°F)?	<input type="checkbox"/>	<input type="checkbox"/>	
6. a) Have you taken any medication, with or without prescription, in the last 4 weeks (tablets, injections, suppositories)? If so, please specify _____	<input type="checkbox"/>	<input type="checkbox"/>	
b) Have you taken during the last 4 weeks medicines against prostate enlargement or baldness (e.g. Alocapil®, Finacapil®, Propecia® or Proscar®) or against acne (e.g. Roaccutan®, Curakne®, Isotretinoin®, Tretinac® or Toctino®)?	<input type="checkbox"/>	<input type="checkbox"/>	
c) During the last 6 months, have you taken medicines against prostate enlargement (e.g. Avodart® or Duodart®)?	<input type="checkbox"/>	<input type="checkbox"/>	
d) During the past 3 years, have you taken Neotigason® or Acicutan® (treatment of psoriasis)?	<input type="checkbox"/>	<input type="checkbox"/>	
7. a) Did you ever receive immunotherapy (cells or serum of human or animal origin)?	<input type="checkbox"/>	<input type="checkbox"/>	
b) During the past 12 months, have you been vaccinated against rabies, hepatitis B or tetanus? When? _____	<input type="checkbox"/>	<input type="checkbox"/>	
c) During the past 4 weeks, have you had any other vaccinations? If yes, please specify _____ When? _____	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you had any of the following illnesses or health problems? a) Cardiac or circulatory problems – or pulmonary disease (blood pressure, heart attack, respiratory problems, stroke, mini stroke, unconsciousness)	<input type="checkbox"/>	<input type="checkbox"/>	
b) Skin (e.g. wounds, rash, eczema) or allergies (e.g. hay fever, asthma, medication)	<input type="checkbox"/>	<input type="checkbox"/>	
c) Other diseases (e.g. diabetes, blood disorders, vascular disorder, kidney disorder, nerve disorder, epilepsy, cancer). Known dependency (alcohol, drugs or medication)	<input type="checkbox"/>	<input type="checkbox"/>	
9. During the past 12 months or since you last donated blood, have you had an <input type="checkbox"/> Illness <input type="checkbox"/> Operation <input type="checkbox"/> Accident	<input type="checkbox"/>	<input type="checkbox"/>	
10. a) Have you ever received grafts of human or animal tissue?	<input type="checkbox"/>	<input type="checkbox"/>	
b) Have you ever had an operation on your brain or spinal cord?	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	Visum ZHBSD
c) Before 1. 1. 1986, were you ever treated with growth hormones?	<input type="checkbox"/>	<input type="checkbox"/>	
d) Have you or has any blood relative of you been diagnosed with (or been suspicious of) Creutzfeldt-Jakob disease?	<input type="checkbox"/>	<input type="checkbox"/>	
e) Between 1. 1. 1980 and 31. 12. 1996 did you ever stay for a total of 6 months or more in the United Kingdom (UK) (England, Wales, Scotland, Northern Ireland, Isle of Man, Channel Islands, Gibraltar and the Falkland Islands)?	<input type="checkbox"/>	<input type="checkbox"/>	
f) Since 1. 1. 1980, have you received one or more blood transfusions?	<input type="checkbox"/>	<input type="checkbox"/>	
11. During the past 6 months, did you travel outside Switzerland? a) If yes, please specify where _____ and state your date of return _____ b) Were you ill during your stay or since your return (e.g. fever)? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	
12. a) Were you born outside Europe, did you grow up there or did you live there for 6 months or more? If yes, in which country?  If yes, since when have you lived in Europe? _____	<input type="checkbox"/>	<input type="checkbox"/>	
b) Was your mother born outside Europe or did she grow up there, or did she live there for more than 6 months? If yes, in which country? _____	<input type="checkbox"/>	<input type="checkbox"/>	
13. a) Have you had any of the following diseases? <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Toxoplasmosis <input type="checkbox"/> Borreliosis <input type="checkbox"/> Babesiosis <input type="checkbox"/> Brucellosis <input type="checkbox"/> Chagas disease <input type="checkbox"/> Bone infection <input type="checkbox"/> Typhoid fever <input type="checkbox"/> Q fever <input type="checkbox"/> Malaria <input type="checkbox"/> Ebola <input type="checkbox"/> Leishmaniasis <input type="checkbox"/> Zika When? _____	<input type="checkbox"/>	<input type="checkbox"/>	
b) During the past 3 months, have you had a tick bite?	<input type="checkbox"/>	<input type="checkbox"/>	
c) During the past 4 weeks, have you been in contact with anyone suffering from an infection?	<input type="checkbox"/>	<input type="checkbox"/>	
14. During the past 4 months, have you undergone: <input type="checkbox"/> a gastro-, colonoscopy <input type="checkbox"/> acupuncture treatment <input type="checkbox"/> electric needle epilation <input type="checkbox"/> tattooing <input type="checkbox"/> permanent make-up <input type="checkbox"/> body piercing <input type="checkbox"/> a contact with foreign blood (a stitch wound, blood splash hitting the eyes, the mouth or another part of the body)? If so, when? _____	<input type="checkbox"/>	<input type="checkbox"/>	

# Medical questionnaire

Please reply to each question with an X

	Yes	No	Visum ZHBSD
15. a) Have you ever had jaundice (hepatitis) or had a positive test for hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>	
b) In the last 12 months has anyone in your household or sexual partner had hepatitis or a Zika infection?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Have you been exposed to one of the following risk situations? <input type="checkbox"/> Change or new sexual partner in the past 4 months <input type="checkbox"/> Sexual intercourse (with or without protection) with several partners in the last 12 months <input type="checkbox"/> During the past 12 months a stay of 6 months or longer in countries where AIDS is endemic <input type="checkbox"/> Sexual intercourse between men in the past <input type="checkbox"/> Sexual intercourse between men in the last 12 months <input type="checkbox"/> Sexual intercourse for money, drugs or medication <input type="checkbox"/> Past or present history of injecting drugs <input type="checkbox"/> Positive test for the AIDS virus (HIV), syphilis or jaundice (hepatitis B or C)	<input type="checkbox"/>	<input type="checkbox"/>	

Entnahmenummer:

	Yes	No	Visum ZHBSD
17. During the past 12 months, have you had sexual intercourse with partners who: <input type="checkbox"/> were exposed to one of the risk situations mentioned under 16, or <input type="checkbox"/> received blood transfusions in countries where AIDS is epidemic, or <input type="checkbox"/> were treated due to blood-clotting disorder with medication products produced from blood?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>For female donors only:</b>			
18. a) Have you ever been pregnant? b) If yes, when was your last pregnancy? _____	<input type="checkbox"/>	<input type="checkbox"/>	
19. Before 1. 1. 1986, did you receive injections of hormones for the treatment of sterility?	<input type="checkbox"/>	<input type="checkbox"/>	

## Informed Consent to be completed and signed by the donor

- I agree to donate my blood.
- I am aware that I can withdraw from donating blood at any time before, during or after donation without explanation and can refuse permission for the use of my blood.
- I confirm by my signature that I have well read and understood all information contained in the information sheet for blood donors (version 13) and that I was given all necessary explanations.
- I confirm that my personal details are correct and that I have completed the questionnaire to the best of my knowledge.
- I accept that my blood, if necessary, may also be analysed using genetic tests and that a sample will be stored for possible additional tests as required by Federal law on therapeutic products (Heilmittelgesetz). I will be informed about abnormal results.
- I understand that part of my donation may be used to manufacture medicines.
- I agree that my blood or certain components of it, as well as my associated medical records can be used anonymously for research purposes and given to third parties in exceptional circumstances. I understand that due to anonymisation I can not be informed about possible medical outcomes. I am aware that I can withdraw my consent for the use of my medical data for research purposes at any time.
- All personal information supplied during the process of donating blood is protected by medical confidentiality. Personal information will be exclusively used by the Swiss Transfusion SRC (T-CH SRC) and the Regional Blood Transfusion Service SRC (RBTS SRC).
- The Regional Blood Transfusion Service is legally obliged to report notifiable diseases to the authorities.

Family Name: (please use capital letters)  First Name:  Date of Birth:

Date:  Signature:

**Bemerkungen Anamnese:**

zu Frage: \_\_\_\_\_

zu Frage: \_\_\_\_\_

zu Frage: \_\_\_\_\_

zu Frage: \_\_\_\_\_

	Spendetauglich	Rückweisung	Ausschluss	Datum	Visum
Fragebogen kontrolliert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
HB, Puls, BD kontrolliert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Schlusskontrolle:

**Thank you very much for your donation.**



## Information Sheet for Blood Donors (version 13)

### Risks for you as a blood donor

When donating blood a sterile needle will be inserted into a vein in the arm and within 12 minutes nearly half a litre of blood will be collected. For a healthy person, the loss of this amount of blood in such a short time is normally well tolerated. It is therefore important that you are healthy. We will not take your blood if any of the pre-donation checks (blood pressure or haemoglobin measurement) or your completed questionnaire indicate an increased risk to your health through donating blood. Despite taking all precautions, complications may still occur during or after donating.

- short fainting episode
- injury at needle entry point  
(bruising, distension of the blood vessel wall, nerve damage)

Although the majority of complications are temporary and harmless, very rare but severe complications (e.g. diminished arm mobility of longer persistence, injuries due to falling) cannot be totally excluded. Your donor centre will advise you on prevention and treatment.

### Measures to reduce the risk to the recipient of your blood:

#### 1. Risk situations

One risk is the transmission of an infectious disease, possibly present in your blood, without you showing symptoms or feeling ill. We are able to assess this risk with the help of the completed medical questionnaire. In compliance with the Swiss Transfusion regulations you may be asked to temporarily defer or definitively refrain from donating blood.

#### You should never give blood if any of the following risk situations apply

1. A positive test for HIV (AIDS), syphilis, hepatitis B or C,
2. Sexual intercourse for money, drugs or medication,
3. Past or present history of injecting drugs,
4. Blood transfusion after 1.1.1980,
5. Stay in the United Kingdom (UK) (England, Wales, Scotland, Northern Ireland, Isle of Man, Channel Islands, Gibraltar, Falkland Islands) between 1.1.1980 and 31.12.1996 for a total of 6 months or longer.

#### You should temporarily not give blood if any of the following situations apply

6. A visit to a malarial region during the past 6 months, without health problems (in case of illness with fever, tell the doctor in charge),
7. Gonorrhoea or another venereal disease during the past 12 months,
8. Change of sexual partner\* during the past 4 months,
9. Sexual intercourse\* with multiple partners during the past 12 months,
10. Sexual intercourse\* between men in the past 12 months,
11. Stay of 6 months or longer in the past 12 months in countries with a high AIDS rate
12. Sexual intercourse\* during the past 12 months with partners exposed to any of the risk situations mentioned under 1 to 4 or 7 to 11, while the deferral period after sexual contact with partners with hepatitis B or C is 6 months.

\* protected or unprotected

At any time before, during or after donating, you may withdraw from blood donation and prohibit the use of your donated blood if it has not yet been transfused.

#### 2. Biological Tests

The systematic screening of the AIDS virus, hepatitis virus (B and C), the syphilis agent, if necessary Parvo B19 and HAV virus takes place at each blood donation. Should one of the tests give a reactive result, you will immediately be informed and the blood you donated will not be transfused. However there is always a certain lapse of time between the moment of infection and the moment when biological tests start being reactive. It is thus possible that an infectious agent is transmitted to the recipient without the transfusion center knowing and preventing it. Therefore a truthful answer to the questionnaire is of utter importance.

In the same way, blood group ABO, Rhesus D and possibly other important blood groups in transfusion medicine are determined for each donor (if necessary by genetic methods).

### 3. Please inform your donor centre as soon as possible:

- If you or someone in your close circle of contacts falls ill in the next few days.
- If you realise that you have answered a question incorrectly.
- If you suffer from any adverse effects after donating blood. Claims are covered by liability insurance.

All personal details are protected by medical confidentiality. These details will only be used within the blood donor service SRC and the regional donor services. The Regional Blood Transfusion Service is legally obliged to report notifiable diseases to the authorities.

It is important that you eat and drink before arriving at the donation centre. Please ensure that you do not drink alcohol before giving blood. After donating we advise you to take time to eat the snack provided by the donor centre. New donors should bring **personal identification (with photo)** with them and allocate enough time for a stress-free donation. Listed below are various reasons why donors should refrain from donating blood, either **temporarily** or **definitively** for health-related or medical reasons.

#### You must **temporarily** refrain from giving blood:

- While you have a cold sore (herpes simplex)
- After major skin abrasions
- After examination or treatment by a dental hygienist or dentist (72 hours)
- While you have a cold (7 days)
- After falling ill with a fever of more than 38°C
- After taking certain medications, antibiotics, tablets for fungal infections (2 weeks)
- After beginning treatment, change of dosage or ceasing medication for high blood pressure
- After illness with fever and recurrent diarrhoea
- After vaccinations (depending on type of vaccination, 48 hours to 4 weeks)
- After visiting the North American Continent including Mexico and Hawaii and/or a region where West Nile virus is endemic (4 weeks)
- After visiting a region where chikungunya, dengue fever (or any other infectious disease) are endemic (see: [www.blutspendezurich.ch](http://www.blutspendezurich.ch), section Formulare und Dokumente)
- Before planned surgery
- After surgery (1–12 months)
- After a tick bite (3 months or 6 months where antibiotics were given for suspected borreliosis)
- After a gastroscopy or colonoscopy (4 months)
- After taking prescribed medication for treatment of an acute gastro-intestinal ulcer (for 3 months after ceasing medication)
- After a stay in a known – or possible – malarial region (6 months)
- During pregnancy and 12 months after birth
- After being bitten (14 days to 12 months)
- After infectious jaundice (at least 2 years)
- If you suffer from epilepsy (for 3 years after ceasing all medications and being seizure-free)
- After a tattoo, piercing or permanent make-up (4 months)

#### You must **definitively** refrain from giving blood:

- After transplants of human or animal tissue (dental implants not included)
- If you have had a blood transfusion since 1980
- If you suffer from angina pectoris, have a cardiac pacemaker, have had bypass surgery, have a stent or take endocarditis prophylaxis
- If you have chronic lung disease
- If you have cancer (even after surgery). It is however possible to donate blood after full recovery from basal cell carcinoma or after a conical excision following cervical cancer (stage 1)
- After any operation on your brain or spinal cord
- If you stayed between 1.1.1980 and 31.12.1996 for a period of in total 6 months or more in the United Kingdom (UK) (England, Wales, Scotland, Northern Ireland, Isle of Man, Channel Islands, Gibraltar and the Falkland Islands)
- Insulin dependent diabetes

Bus, train and taxi drivers or people with similar responsibility for other people's safety should not return to work for at least 12 hours after donating blood; pilots should wait 48 hours. Donors should wait at least 48 hours before taking part in high-risk hobbies such as diving and parachute-jumping.

All donors should avoid strenuous activity until the following day.

Swiss Transfusion SRC is aware that by asking these questions it is invading your privacy. In the interest of the recipient's health we are dependant on your reliable information.

**This information is not complete. For further information or queries, please contact us on 0840 200 300.**

Thank you very much for your co-operation!