

Are you currently

yes

no

Give details

Receiving treatment from a doctor, hospital or clinic?

Taking any prescribed medicines (eg tablets, ointments, injections or inhalers, including contraceptives and hormone replacement therapy)?

Carrying a medical warning card?

Pregnant or possibly pregnant?

Have you ever suffered from

yes

no

Give details

Allergies to medicines (eg penicillin), substances (eg latex/rubber) or foods?

Bronchitis, asthma or other chest condition?

Fainting attacks, giddiness, blackouts, epilepsy?

Heart problems, angina, blood pressure problems, or stroke?

Diabetes (or does anyone in your family)?

Bone or joint disease?

Bruising or persistent bleeding following injury, tooth extraction or surgery?

Liver disease (eg jaundice, hepatitis) or kidney disease?

Any other serious illness or infectious disease?

Blood refused by the Blood Transfusion Service?

A bad reaction to general or local anaesthetic?
