

Blood Donation Application Form

Personal Information:

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Eligibility Questions:

- Are you over 18 years old?
- Do you weigh more than 110 lbs?
- Have you donated blood in the past 12 weeks?

Health History:

- I confirm that I am not currently sick or taking antibiotics.
- I do not have any chronic illnesses that prohibit blood donation.

Preferred Donation Time:

Date: _____

Time: _____

Declaration:

- I affirm that all information provided is true to the best of my knowledge.

Signatures:

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____