

Blood Donation Consent Form

Donor Information:

Full Name: _____

Phone Number: _____

Emergency Contact: _____

Date of Birth: _____

Health and Eligibility Confirmation:

- I am free from major illnesses or infections.
- I am not currently taking medications that may interfere with donation.
- I have had sufficient sleep and a meal before donating.

Consent Agreement:

- I consent to donate blood voluntarily and understand the procedure, including potential risks and side effects.
- I understand that my blood will be tested for infectious diseases, and I will be informed of any positive results.

Signatures:

Donor Signature: _____ **Date:** _____

Healthcare Provider Signature: _____ **Date:** _____