**Red Cross Blood Donation Form**

**Donor Information:  
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eligibility Checklist (Check All That Apply):  
☐ I am at least 17 years old (16 with parental consent).  
☐ I weigh at least 110 lbs.  
☐ I have not donated blood in the past 56 days.**

**Health Information:  
☐ I have not traveled to malaria-endemic areas in the past 12 months.  
☐ I have no chronic illnesses or bleeding disorders.**

**Donation Details (Staff Use):**

| **Donation Type** | **Date** | **Staff Name** | **Comments** |
| --- | --- | --- | --- |
| **Whole Blood** |  |  |  |
| **Platelets** |  |  |  |
| **Plasma** |  |  |  |
| **Double Red** |  |  |  |

**Consent Declaration:  
☐ I consent to donate blood voluntarily and understand the risks involved.**

**Signatures:  
Donor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Red Cross Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**