

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:** _____