



CAJA DE SEGURO SOCIAL  
BANCO DE SANGRE



**CUESTIONARIO PARA LA SELECCION DE DONANTE**

1. Do you feel healthy right now?	SI	NO	26. Do you suffer from fainting or seizures?	SI	NO
2. Do you Work? Explain.	SI	NO	27. Have you suffered, or received treatment against, syphilis, gonorrhea, chlamydia, venereal warts, genital herpes, or any other venereal disease during the last year?	SI	NO
3. Have you donated blood? When? Where? Whole blood, plasma or platelets?	SI	NO	28. Have you been treated with acupuncture? Have you been tattooed, or applied permanent make-up, or skin piercing, during the last six months?	SI	NO
4. Have you been rejected as blood donor in any occasion?	SI	NO	29. Have you suffered a puncture with a contaminated needle in the last 6 months?	SI	NO
5. In previous donations you have been notified of unacceptable results in any of the tests?	SI	NO	30. Have you used or presently use marijuana, cocaine and / or hallucinogens, or had sexual contact with a person who has used them in the past 12 months?	SI	NO
6. During the last 6 months, have you been under medical care, hospitalized, or gone through surgery?	SI	NO	31. Have you used intravenous drugs, or had sex with someone who uses them?	SI	NO
7. Have you had a bad cold during the last 7 days?	SI	NO	32. Have you had sex with a patient with hepatitis B or C?	SI	NO
8. ¿Have you required allergy treatment during the last 6 months?	SI	NO	33. Have you or your sexual partner received blood components or clotting factors, organs, or tissue in the last 6 months?	SI	NO
9. ¿Do you have easy bleeding problems?	SI	NO	34. With your current partner, do you have more than 6 months of sexual intercourse?	SI	NO
10. Have you received dental treatment during the last week?	SI	NO	35. Have you had sex with someone other than your current sexual partner in the last 6 months?	SI	NO
11. Have you taken any medicine today?	SI	NO	36. Have you received money or drugs for sex or have you had sex with someone who does it in the last 12 months?	SI	NO
12. Do you use growth hormone medicines?	SI	NO	37. Have you had sex with another man even if it was only once?	SI	NO
13. Are you a diabetic person requiring insulin?	SI	NO	38. Have you lost weight in the last 3 months?	SI	NO
14. Do you require use of etetrinate to fight psoriasis?	SI	NO	39. Have you suffered any of the following symptoms in the last 3 months: white spots on the mouth, skin lesions, fever, diarrhea for more than 3 weeks, night sweats or unexplained weight loss?	SI	NO
15. Have you used transretinoic acid derivative during the last 6 months?	SI	NO	40. Have you been diagnosed with AIDS or have you had sex with someone diagnosed with AIDS?	SI	NO
16. During the last 5 days have you taken Aspirin, antiplatelet drugs or non-steroidal anti-inflammatory drugs?	SI	NO	41. Do you understand that, if you had the AIDS virus, you could transmit it even when you feel and look good and the evidence is negative?	SI	NO
17. Have you been vaccinated against tetanus toxoid, diphtheria, influenza? (48 hours.)	SI	NO	42. Are you donating blood just to obtain an AIDS test?	SI	NO
18. Have you been vaccinated against yellow fever, measles, mumps, chickenpox, rubella, BCG and oral polio vaccine in the last 4 weeks?	SI	NO	43. Have you ever been held in a criminal or rehabilitation institution in the last 6 months?	SI	NO
19. Have you been vaccinated against rabies in recent years?	SI	NO	44. Have you traveled in the last six months?	SI	NO
20. Have you suffered or suffer from asthma or persistent cough or TBC?	SI	NO	45. <b>ONLY WOMEN:</b> Have you had sex with another man who has had sex with another man?	SI	NO
21. Have you He has suffered from rheumatic fever, chest pain, heart disease?	SI	NO	46. Are you pregnant or have had abortions in the last 3 months?	SI	NO
22. Have you suffered from Chagas disease, hepatitis or jaundice, brucellosis, malaria or dengue?	SI	NO	47. Would you like to be on a list of voluntary donors?	SI	NO
23. Have you suffered from infectious mononucleosis, toxoplasmosis?	SI	NO	<b>COMMENTS:</b>		
24. Do you have diabetes or another chronic disease?	SI	NO			
25. Do you have, or have you been treated for cancer in the last 5 years?	SI	NO			

I, \_\_\_\_\_ accept to donate my blood and declare that the procedure was explained to me. I understand the questions that have been asked and I understand that if my answers are honest, transfusions will be safer. I accept that my blood is studied, and that I be informed if the results are altered.

Donor's Signature: \_\_\_\_\_ Cedula: \_\_\_\_\_

Doctor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Can donate : YES NO**