

Blood Donation

National Thalassemia welfare society

KG-1/97 Vikas Puri, New Delhi-110018

Contact: 9311166712

Mrs. Monisha Gogoi

Email i.d: ntws2015@gmail.com

Name (In Capital Letters) Mr./Ms./Mrs.*

Blood Group (If known)

Age*

Gender*

Nationality

Fathers/Husband's Name*

Address*

Place of work/College/Institution

Mobile No.*

Email i.d*

History of past illness (Mark)

Diabetes (if on insulin)

Jaundice (Hep- A, B, C)

Typhoid

Tattoo

Malaria

Any Major Surgery

Any skin disease on the puncture site

Cancer

Tuberculosis

Acute Respiratory Disease/Asthma

Drug addiction/alcoholism

Sign & symptoms Suggestive of AIDS

Any Heart Disease

History of Blood Transfusion

Any other disease

Weight

Height

Whether organised Blood donation camp in past

Yes/No

If yes, details of last 3 camps:

- | | | |
|--------------|---------------|----------------------|
| 1. Date..... | Donation..... | Blood Bank Team..... |
| 2. Date..... | Donation..... | Blood Bank Team..... |
| 3. Date..... | Donation..... | Blood Bank Team..... |

How often would you like to donate blood

3 Moths

6 Months

Expected no' of Donation/Donors

Providing AC Room /Mobile Bus