



CLUB ROTARIO DE DAVID



BOQUETE HEALTH AND HOSPICE

BLOOD BANK VOLUNTARY DONOR FORM

Number: _____

NAME: _____

LAST NAME

NAME

IDENTIFICATION: CEDULA PASSPORT : _____

NUMBER

BLOOD TYPE: _____

BIRTH DATE: _____ (MONTH -DAY-YEAR) AGE: ____ YEARS

CIVIL STATUS: MARRIED SINGLE

HOME ADDRESS: _____

HOME PHONE OR CELL: _____

WORK ADDRESS: _____

WORK PHONE: _____

EMAIL: _____ @ _____

HAVE YOU DONATED BLOOD BEFORE VOLUNTARILY: YES NO

DATE OF YOUR LAST BLOOD DONATION: _____ (MONTH -DAY-YEAR)

HAVE YOU RECEIVED A BLOOD TRANSFUSION? YES NO

DATE OF YOUR LAST TRANSFUSION: _____ (MONTH -DAY-YEAR)

CURRENT HEALTH STATUS: NORMAL IN TREATMENT

DO YOU WANT TO BE A VOLUNTARY BLOOD DONOR YES NO

DO YOU WANT TO BE A VOLUNTARY ORGAN DONOR YES NO

SIGNATURE

DATE

CEDULA

