Logo

Declaraion

Fill out this form at home.

We want to thank you for taking the time to fill out this form.
Please return the documents even if you check “yes” on some of the questions
It is possible that we have some follow-up questions to ask in order to register you as a donor

IMPORTANT!
If you should have any questions while filling out the form you could either contact us by phone: xxx, or e-mail: xxx

While you fill out these forms you might find some of the questions to be rather intimate. This is due to the fact that we would like to utilize all the valuable properties of the milk, ideally giving it to the sick infants without having to pasteurise it. Pasteurisation corrupts some of the active substances in the milk. However, by not pasteurising the milk, there is a risk that bacteria or viruses that would not cause harm to healthy children are given to the sick infants. In order to ensure that this will not happen we have to ask directly if you have ever been exposed to high risks of contamination in any way.

Name:.....……..

Social Security number:.....…… **Telephone:**.....

ALL THE INFORMATION PROVIDED ON THIS FORM
IS CONSIDERED STRICTLY CONFIDENTIAL AND TREATED ACCORDINGLY

	[Check the boxes that matches]	
Have you ever:	**Yes**	**No**
had any severe diseases or surgery?	**[ ]**	**[ ]**
had any serious infectious diseases?	**[ ]**	**[ ]**
suffered from allergies (asthma, hay fever, sensitive to medication)?	**[ ]**	**[ ]**
been anaemic	**[ ]**	**[ ]**
had to high or low blood pressure?	**[ ]**	**[ ]**
had epileptic seizures after puberty?	**[ ]**	**[ ]**
had heart or circulatory disorders?	**[ ]**	**[ ]**
had kidney disease?	**[ ]**	**[ ]**
had diabetes?	**[ ]**	**[ ]**
had cancerous tumours?	**[ ]**	**[ ]**
had issues with growth that has been treated with growth hormones?	**[ ]**	**[ ]**
had any uncommon diseases?	**[ ]**	**[ ]**
been a prostitute?	**[ ]**	**[ ]**
Have you within the last 2 months:	**Yes**	**No**
taken any medication?	**[ ]**	**[ ]**
been vaccinated?	**[ ]**	**[ ]**

Have you within the last 12 months:	**Yes**	**No**
had long lasting fever episodes?	**[ ]**	**[ ]**
lost weight unintentionally?	**[ ]**	**[ ]**
been outside Europe or North- America?	**[ ]**	**[ ]**
had a blood transfusion?	**[ ]**	**[ ]**
had your ears or any other place pierced?	**[ ]**	**[ ]**
had acupuncture or gotten a tattoo?	**[ ]**	**[ ]**
had intercourse with a bisexual man?	**[ ]**	**[ ]**
had intercourse with anyone who recently has stayed outside West Europe or North America for more than six months	**[ ]**	**[ ]**
had intercourse with a person who is HIV-positive?	**[ ]**	**[ ]**
had intercourse with an intravenous drug addict?	**[ ]**	**[ ]**
had intercourse with a person who has been treated for haemophilia?	**[ ]**	**[ ]**

Additional Information:	**Yes**	**No**
Have you donated blood or milk?	**[ ]**	**[ ]**
Has Creutzfeldt-Jakob disease ever occurred in your family?	**[ ]**	**[ ]**
Have you ever used narcotic drugs, and/or shared syringe or cannula with others?	**[ ]**	**[ ]**
Have you transplanted cornea or meninges?	**[ ]**	**[ ]**
Has anyone in your household got contagious jaundice?	**[ ]**	**[ ]**
Do you think you have been exposed to AIDS infection?	**[ ]**	**[ ]**
Do you feel healthy?	**[ ]**	**[ ]**
Do you feel well underway with breastfeeding your own child?	**[ ]**	**[ ]**
Do you wish to have a confidential conversation with one of the responsible at the milk bank?	**[ ]**	**[ ]**

IMPORTANT: ABOUT THE PROCEDURES WHEN DONATING MILK
The first time you visit us here at the milk bank, you need to take a blood test. Your blood will be tested for cytomegalovirus, contagious jaundice type B and C, and HIV. Antibodies found in the blood means that you are either vaccinated, have been infected or that you are in the process of getting the disease. If your milk is to be administrated unprocessed, you will be asked to give a blood sample every three months. Every time you donate milk a sample from the milk will be analyzed to check for disease bacteria and the total bacteria count. If the numbers of bacteria is too high you will be notified, and the responsible at the milk bank can help you with the routines of pumping and possibly determine the cause for the high bacterial count. All diseases caused by virus you or close family have, or vaccination with organic vaccines must be reported to the milk bank. All use of medication in the donation period must be registered. Contact us if you have any questions.

After you have filled out the form and signed it we ask you to return it to:
xxxxx

I have answered the questions on this form truthfully. I have read the form thoroughly. I have had the option to contact the responsible at the milk bank and the answers have been satisfactory.

Date..... Signature.....