



National Service Scheme

Blood Donor Consent Form

Date_____

Registration Number _____ Blood Group_____

Name: _____ Father's Name_____

Age _____ Date of Birth_____ Male ☐ Female ☐

Category General/SC/ST/OBC _____

Department _____ Block. No. _____ Class _____ Semester _____

U.I.D _____ Mobile _____ Email _____

Residence _____

1. Have you ever donated Blood Previously ☐ Yes ☐ No
2. If yes, on how many occasions _____
When last _____ ☐ Yes ☐ No
3. Did you have any discomfort during/after donation? ☐ Yes ☐ No
4. Have you any reason to believe that you may be infected by either Hepatitis,
Malaria, HIV/AIDS, and/or venereal disease? ☐ Yes ☐ No
5. I understand that

(a) Blood donation is a totally voluntary act and no inducement or remuneration has been offered

☐ Yes ☐ No

(b) Donation of blood/components is a medical procedure and that by donating voluntarily, I
accept The risk associated with the procedure

☐ Yes ☐ No

(c) My blood will be tested for Hepatitis B, Hepatitis C, Malarial parasite, HIV/AIDS and venereal
diseases in addition to any other screening tests required to ensure blood safety.

☐ Yes ☐ No

(d) I have been explained about Post Donation precautions.

☐ Yes ☐ No

Date _____

Donor's Signature _____

Signature of NSS Official: _____

Blood Safety begins with a Healthy Donor