|  |  |  |
| --- | --- | --- |
| I have been diagnosed with any type of hepatitis after the age 11 | Yes | NO |
| I currently use or have used IV drugs in the past | Yes | NO |
| I currently have symptoms or lab evidence of AIDs or considered at high risk for contracting AIDs | Yes | NO |
| I currently have symptoms of Malaria or history of Malarial infection | Yes | NO |
| I have spent more than three months in the United Kingdom (England, Scotland, Wales, Northern Ireland, Channel Islands or Isle of Man, Gibraltar, or the Falkland Islands) from 1980 through 1996, or have received beef insulin since 1980 | Yes | NO |
| Since 1980, I have spent five or more years in Europe (including the U.K.). | Yes | NO |
| I have spent six months or more associated with military bases in Europe from 1980 through 1996. | Yes | NO |
| I have had certain dental work, including root canal, oral surgery, extraction of wisdom teeth in the last 24 hours. (You must be asymptomatic in all instances and all packing must be removed). | Yes | NO |
| I have had a blood transfusion in the last year  | Yes | NO |
| I have had mononucleosis (mono) in the last year | Yes | NO |
| I have had Ear or Body Piercing under non-sterile conditions in the last year | Yes | NO |
| I have had a tattoo in the last year at an unlicensed tattoo parlor in KY or OH | Yes | NO |
| I have received a live vaccine, including mumps, measles, and rubella, or the shingles, Hepatitis B or Botox injection within last month | Yes | NO |

* If yes to any of these screening questions-**STOP**- criteria for plasma donation has **not** been met
* If all responses are no, continue on for additional data needed for plasma donation

|  |  |
| --- | --- |
| Do you have a confirmed positive COVID-19, SARS COV2 test? If so, date of result: |  |
| Has it been 28 days since your last symptoms resolved (fever, cough, SOB) |  |
| If no, date of last symptoms (must be 28 days since last symptoms to donate)  |  |
| Are you at least 17 years of age? |  |
| Do you weigh more than 110 lbs? |  |
| Do you have a government issued photo ID? |  |
| What is your blood type if known? |  |

If plasma donation criteria have been met and you are interested in pursuing plasma donation through Community Blood Center, please contact the Kettering Health Network Infection Control at 937-762-5839. Leave a message with your name and birth date. We will complete the referral process and someone from Community Blood Center will contact you to schedule your plasma donation appointment.