



## Are you currently

yes

no

Give details

Receiving treatment from a doctor, hospital or clinic?

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Taking any prescribed medicines (eg tablets, ointments, injections or inhalers, including contraceptives and hormone replacement therapy)?

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Carrying a medical warning card?

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Pregnant or possibly pregnant?

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## Have you ever suffered from

yes

no

Give details

Allergies to medicines (eg penicillin), substances (eg latex/rubber) or foods?

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Bronchitis, asthma or other chest condition?

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Fainting attacks, giddiness, blackouts, epilepsy?

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Heart problems, angina, blood pressure problems, or stroke?

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Diabetes (or does anyone in your family)?

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Bone or joint disease?

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Bruising or persistent bleeding following injury, tooth extraction or surgery?

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Liver disease (eg jaundice, hepatitis) or kidney disease?

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Any other serious illness or infectious disease?

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Blood refused by the Blood Transfusion Service?

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A bad reaction to general or local anaesthetic?

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