Donor Breastmilk Card Health New Zealand Te Whatu Ora	Donor Breastmilk Card Health New Zealand Te Whatu Ora
NHI	NHI
CHRISTCHURCH WOMEN'S HOSPITAL MATERNITY WARD ohone (03) 364 4699	CHRISTCHURCH WOMEN'S HOSPITAL MATERNITY WARD phone (03) 364 4699
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Whilst expressing this milk I am donating:	Whilst expressing this milk I am donating:
I have had no infections (incl. breast infections), fevers,	I have had no infections (incl. breast infections), fevers,
viruses, rashes or been exposed to others with infections.	viruses, rashes or been exposed to others with infections.
I am not on any long-term medication or herbal medications.	I am not on any long-term medication or herbal medications.
I had a maximum of 3 caffeinated drinks a day, if at all.	I had a maximum of 3 caffeinated drinks a day, if at all.
I abstained from smoking.	I abstained from smoking.
I drank 1-2 units of alcohol per week only, if at all.	I drank 1-2 units of alcohol per week only, if at all.
I did not consume illegal or recreational drugs.	I did not consume illegal or recreational drugs.
I have not had a tattoo since my blood test to donate.	I have not had a tattoo since my blood test to donate.
I followed all hygiene and transportation instructions.	I followed all hygiene and transportation instructions.
All milk was frozen as soon as possible after expressing.	All milk was frozen as soon as possible after expressing.
There have been no incidents of freezer malfunction while	There have been no incidents of freezer malfunction while
storing expressed milk.	storing expressed milk.
☐ Yes ☐ No Details	☐ Yes ☐ No Details
Ref.2400325 Authorised by: Midwife Manager Maternity November 2024	Ref.2400325 Authorised by: Midwife Manager Maternity November 2024
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