

NHI	WARD
SURNAME	
FIRST NAME	
GENDER	DOB
AGE	
(or affix patient label)	

Unpasteurised Breastmilk Donor Health Screen

Please tick the box that best describes you

I am willing, and have consented, to donate breastmilk surplus to my baby's needs Yes No

I am aware

I will be screened for the following infections:
Human Immunodeficiency Virus 1&2 (HIV) / Human T Cell Lymphotropic Virus 1&2 (HTLV) /
Hepatitis B and C / Cytomegalovirus CMV / Syphilis Yes No

I am aware that my antenatal screening results will be accessed Yes No

Do you have or ever had

Insulin dependent diabetes? Yes No
If yes, do you have stable blood sugars? Yes No

Any long term illnesses or conditions that require professional follow up?
If yes, *details* Yes No

Any illnesses or infections in the last 12 months?
If yes, *details* Yes No

A tattoo in the last six months? Yes No

Intimate contact with anyone, to your knowledge, who has infectious hepatitis, HIV or HTLV? Yes No

A blood transfusion in the last 4 months? Yes No

A vaccination in the last 3 months, eg. whooping cough, influenza, rubella? Yes No

Have you travelled to other places in the world recently? Yes No

Are you taking

Any long term prescribed medication tablets, creams, injections (except for oral progesterone-only contraceptive pill, thyroxine or asthma inhaler) and/or antibiotics? Yes No
If yes, *please state:*

Any herbal medication preparations? eg. fenugreek, dietary supplements
If yes, *details* Yes No

If you had a caesarean delivery did you require Clexane injections? How many days? Yes No

Growth hormones – including in the past (eg. as a child)? Yes No

Do you

Drink more than 3 cups of coffee or caffeinated drinks per day (eg. 'V', Demon)? Yes No

Alcohol (*please tick box that best describes your weekly alcohol consumption*)
Currently consume no alcohol Yes
Occasionally drink 1 standard unit of alcohol per day eg. 1 glass of wine Yes

Tobacco usage: Non-smoker Smoker Nicotine replacement patches or gum
 Other people smoking in the home, if yes *details*

Consume illegal or recreational drugs? Yes No

Do you follow a vegan diet? Yes No
If yes, is your diet supplemented with Vitamin B12? Yes No

I am aware that all information collected in relation to the use of my donated milk could be shared with Health NZ Waitaha staff and access holders and will be placed on my medical records Yes No

DONOR NAME

DONOR SIGNATURE

DATE

