

# Voluntary Blood Donation Consent Form

This **voluntary blood donation consent form** ensures donors acknowledge and agree to the terms of blood donation. It provides clear information about the procedure, risks, and donor rights. Using this form helps maintain ethical standards and donor safety.

## Donor Information

Full Name:

Date of Birth:

Address:

Contact Number:

Email Address:

## Health Declaration

Have you donated blood in the past 3 months? ☐ Yes ☐ No

Are you currently taking any medications? If yes, please specify:

Do you have any current or past illnesses/conditions we should know about?

## Consent and Agreement

Please read and confirm each of the following by checking the box:

- ☐ I confirm that I am voluntarily donating blood and have not been coerced or paid.
- ☐ I have been informed about the donation procedure, potential risks, and benefits.
- ☐ I understand that I have the right to withdraw consent or discontinue the donation at any time.
- ☐ I confirm that my personal and medical information provided is true and accurate to the best of my knowledge.

Donor Signature:

Date:

Submit Consent