

Repeat Blood Donation Consent Form

The **repeat blood donation consent form** sample ensures donors understand and agree to the donation process each time they give blood. It highlights donor eligibility, risks, and the importance of voluntary participation. This form streamlines the process for regular contributors while maintaining safety and transparency.

Full Name:

Date of Birth:

Donor ID (if applicable):

Eligibility Checklist:

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I am in good health and meet the age and weight requirements.

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I have reviewed my recent travel, medical history, and lifestyle criteria.

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I have not donated blood within the last 56 days.

Risks & Information:

- I understand the possible risks involved with blood donation, such as lightheadedness, bruising, and rare allergic reactions.
- I have read and understood the donor information provided to me today.
- My participation is voluntary, and I may withdraw consent at any time.

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I have read and understood the above statement regarding donation risks and information.

Questions or Comments (optional):

Consent to Donate:

By signing below, I confirm that I have read and understood all information provided, meet the donor eligibility criteria, and consent to donate blood voluntarily.

Donor's Signature:

Date:

Submit Consent Form

