

Blood Donation Consent Form for Employees

The **blood donation consent form** sample for employees ensures clear authorization and understanding before participation. It outlines essential details, risks, and employee rights to promote informed decision-making. Using this form helps organizations maintain compliance and prioritize donor safety.

Employee Name:

Department:

Consent

I hereby consent to voluntarily donate blood through the employee blood donation program. I confirm that I have read and understood the information provided regarding the blood donation process, associated risks, and my rights as a donor.

Health Declaration

Please answer the following:

- Have you donated blood in the past 3 months?
☐ Yes ☐ No
- Are you currently feeling unwell or experiencing any symptoms of illness?
☐ Yes ☐ No
- Are you taking any medication that might affect blood donation?
☐ Yes ☐ No

Risks and Benefits Acknowledgment

I acknowledge that blood donation is generally safe, but I am aware of possible side effects including dizziness, bruising, or fainting. I agree to follow all safety procedures given by the medical staff.

Employee Rights

- Participation is voluntary and I may withdraw at any time without penalty.
- My health and personal information will remain confidential.
- I may ask questions at any time regarding this process.

Employee Signature: _____ **Date:** _____

For Office Use Only:

Reviewed by: _____ **Date:** _____