Please include this DONOR CARD with each donation.



Name: Drop-off date:				
Donor ID:				
Has any of the following cho *If you answer "yes" to any of t	-		ast do	nation?
	Any changes to your diet o	or lifestyle?	Υ	N
Any changes to your health status?				N
Any change in complying with the waiting period after consuming alcohol?			Υ	N
Has anyone in your household be	een sick or exposed to an infection	ous disease?	Υ	N
	nedication (prescription, over-tl and/or herbal sup	plements?)	Υ	N
s this your FINAL donation Do you need milk bags?		Every mira	ounce cle - th	contains a hank you!
Please include this DON	OR CARD with	a m		s'milk bar

Please include this DONOR CARD with each donation.



las any of the following changed since yo If you answer "yes" to any of the below, please		ast do	natio
Any changes	to your diet or lifestyle?	Υ	N
Any changes to your health status?			
Any change in complying with the waiting period	after consuming alcohol?	Υ	N
Has anyone in your household been sick or exposed	d to an infectious disease?	Υ	N
Have you changed or added medication (prescr and, If yes, please list:	or herbal supplements?)	Y	N

each donation.

Donor ID: _____



Has any of the following changed since your donor interview/last donation?
*If you answer "yes" to any of the below, please call us at 817-810-0071.

Name: _____ Drop-off date: _____

Any changes to your diet or lifestyle?	Y	N
Any changes to your health status?	Y	N
Any change in complying with the waiting period after consuming alcohol?	Υ	N
Has anyone in your household been sick or exposed to an infectious disease?	Υ	N
Have you changed or added medication (prescription, over-the-counter, and/or herbal supplements?) If yes, please list:		N

Is this your FINAL donation?	Yes	No	Every ounce contains a
Do you need milk bags?	Yes	No	miracle - thank you!

Please include this DONOR CARD with each donation.



Donor ID:			
Has any of the following	g changed <mark>since your don</mark>	or interview/last	donation?

*If you answer "yes" to any of the below, please call us at 817-810-0071.

Name: _____ Drop-off date: _____

Any changes to your diet or lifestyle?	Y	N
Any changes to your health status?	Υ	N
Any change in complying with the waiting period after consuming alcohol?	Y	N
Has anyone in your household been sick or exposed to an infectious disease?	Y	N
Have you changed or added medication (prescription, over-the-counter, and/or herbal supplements?) If yes, please list:		N

Is this your FINAL donation?	Yes	_ No	Every ounce contains a
Do you need milk bags?	Yes	No	miracle - thank you!