

## CHECKLIST

### Blood donor's "entry health questionnaire" to reduce the risk of COVID-19 infection

Surname and name: ..... Date of birth:.....

Residence: .....

Tel. number: ..... e-mail:.....@.....

Temperature: ..... ° C Measured by (signature):

(circle the correct answer)

T > 37.0 ° C YES NO

During the last 14 days I have been abroad  
(does not include commuters from abroad) YES NO

During the last 14 days I have been in contact with a person who has been quarantined or has had a symptoms of respiratory disease or COVID-19

YES NO

I have or during the last 14 days I have had any of the following symptoms of respiratory disease: sore throat, dry cough, shortness of breath, fever, chills, headache, muscle aches, diarrhea or vomiting

YES NO

I was infected with COVID-19 YES NO

If yes, date of positive test for COVID-19 (RT PCR or antigen test) .....

Date: .....

Donor's signature: .....

**Donor who had been vaccinated against COVID-19**, is eligible for blood donation:

1. at the earliest **14 days after each mRNA vaccine dose administration** (Pfizer/BioNTech, Moderna) or **protein vaccine** (Novavax, Sanofi)
2. at the earliest **28 days after each vector vaccine dose administration** (AstraZeneca, Johnson&Johnson, Sputnik V)

Please find the information on personal data processing on our website

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