



# NAMIBIAN BREAST MILK BANK

(NON-PROFIT ASSOCIATION INCORPORATED UNDER SECTION 21)

Reg no 2017/0323

## Screening Questionnaire

### Donor's Detail

Donor No.	
Full Name	
Telephone Number	
Residential Address	
Email Address	
Baby's Name	
Baby's Birth Date	

### QUESTIONNAIRE

Please note that the information on this form will be kept confidential and will only be viewed by the screening officer of NBMB Breastmilk Bank, for the sole purposes of safeguarding the milk supply to the transition homes.		Yes	No
1	Have you received a blood transfusion or blood products in the last 12 months?		
2	Do you regularly have more than 50ml of hard liquor or its equivalent in a 24-hour period?		
3	Regular use of medications or use of radio-active drugs or cytotoxins?		
4	Are you a total vegetarian?		
5	If yes, do you supplement your diet with B12 vitamins?		
6	Do you use habit-forming drugs? Do you use marijuana?		
7	Do you smoke / use tobacco products (snuff, chewing tobacco)		
8	Have you ever had hepatitis B, HIV, or TB?		
9	Have you ever had a sexual partner who is at risk for HIV, takes habit-forming drugs or is a hemophiliac?		
10	Do you have a copy of the results of your ante-natal HIV tests?		
11	The rapid test is negative? (Name of Doctor/counsellor (printed) and Signature: .....)		

I/We .....

confirm that the abovementioned information provided is true and correct; undertake to inform immediately in writing, the South African Breast Milk Reserve of any changes to the abovementioned information.

Date: ..... Donor Signature: ..... Doctor/Counsellor: .....