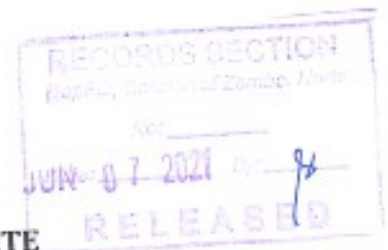




Republic of the Philippines  
Department of Education  
Region IX, Zamboanga Peninsula  
**SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE**



Division Advisory  
No. 80 s.2021

To: Public Schools District Supervisors  
Principal In-Charge of the Districts  
School Heads  
All Others Concerned

From: **MA. LIZA R. TABILON EdD, CESO V**  
Schools Division Superintendent

Subject: **CALL FOR VOLUNTARY BLOOD DONATION IN SUPPORT TO  
THE BLOOD SERVICE PROGRAM OF DR. JOSE RIZAL  
MEMORIAL HOSPITAL**

Date: June 07, 2021

1. This Office encourages qualified DepEd Zamboanga del Norte Personnel for a voluntary blood donation at Dr. Jose Rizal Memorial Hospital, Dapitan City blood collection unit in order to help those in need and will give hope to patients who constantly needs regular blood transfusion such as those suffering from leukemia, anemia and other blood disorders.
2. Attached hereto are the Basic Criteria for Blood Donation and Donors History Questionnaire for your reference.
3. For further inquiries, please contact Ajilyn L. Duron, Donor Recruitment Officer for scheduling and information at 0936 522 5861.
4. Immediate dissemination is hereby enjoined.

SGODSHNSgo/BloodDonationCampaign/DA02-2021/06072021

Navigating  
O-pportunities to  
R-engineer for  
T-ransformation &  
E-mpowerment



Capitol Drive, Estaka, Dipolog City, 7100  
Tel No.: (065) 212-5843  
e-mail address: zn.division@deped.gov.ph



"Be and Do Much Better Each Day  
with a  
Sense of Urgency"



DEPARTMENT OF HEALTH  
DR. JOSE RIZAL MEMORIAL HOSPITAL  
LAWAAN, DAPITAN CITY  
TELEFAX: (065) 213-6421  
Website: [www.djrmh.doh.gov.ph](http://www.djrmh.doh.gov.ph)  
Email: [dohdjrmh@gmail.com](mailto:dohdjrmh@gmail.com)



# Basic Criteria for Blood Donation

## Age Requirement:

- New donors – 16 to 60 years old (with parents' consent for below 18 years old)
- Regular donors – up to 70 years subject to evaluation by a Physician.
- Lapsed donors – lapsed donors (donation are not regularly) >60 years old subject to evaluation by a physician.

## Weight Requirement:

- More than 50 kg.
- If only 50kg, subject to evaluation by a physician.

## Potential Blood Donors Preparation

- 6 or more hours of night sleep
- Drink plenty of water
- No fatty meal 2-4 hours before donation
- No smoking for 3-4 hours prior to donation
- No alcohol intake in the past 24 hours.



Republic of the Philippines  
 Department of Health  
**DR. JOSE RIZAL MEMORIAL HOSPITAL**  
 Lawaan, Dapitan City  
**BLOOD DONOR HISTORY QUESTIONNAIRE**



9.8.2019

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Barcode sticker

**DONOR'S PROFILE**

Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_  
 Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_  
 (mm/ dd/ yyyy)

Contact number (s): \_\_\_\_\_ Nationality: \_\_\_\_\_  
 Preferred Contact Address: \_\_\_\_\_

Willing to be a blood donor in case of emergencies/ future donor?  Yes  No

Type of Donor:  Volunteer  Replacement Premises:  MBD  Donor's Room

Frequency of donation:  First time  Repeat donor Occupation: \_\_\_\_\_

**INSTRUCTIONS:** Donors must read the donor educational materials provided by the Blood Service Facility staff before answering.

Health Assessment		Yes	No
Are you...	feeling well and healthy today?		
	currently taking in any medications?		
Have you...	received any vaccinations?		
In the past 3 days,	have you taken aspirin or anything that has aspirin in it?		
In the past 6 weeks,	have you been pregnant or are you pregnant/ breastfeeding? Last Menstrual Period: _____		
In the past 12 weeks, have you	donated blood, platelets or plasma?		
<b>Risk Assessment: In the past 12 months, have you...</b>			
	had a blood transfusion of any sort, a surgical procedure or medical treatment?		
	had an accidental needle- stick injury, tattoo, ear/ body piercing, acupuncture?		
	had sexual contact (oral, anal, vaginal sex) with:		
	- high risk individuals (IDUs, MSM, casual sex, someone with hepatitis, etc)		
	- anyone in exchange for material or money or multiple sex partners		
	- someone who worked abroad		
	- anyone who used needles to take illicit drugs not prescribed by the doctor		
	- someone tested positive for HIV, Hepatitis, syphilis or malaria?		
	been in prison?		
	had any relatives with Creutzfeldt- jacob (Mad Cow) disease?		
	lived/ travel outside your place of residence?		
	lived outside the country (been abroad)?		
	ever used needles to take drugs, steroids, or anything not prescribed by your doctor?		
	ever had a positive test for the HIV virus, Hepatitis virus, syphilis or malaria?		
	had hepatitis? Malaria?		
	lived with a person who has hepatitis		
	been treated for syphilis, gonorrhoea, genital warts or other Sexually Transmissible Infections?		
	had any type of cancer, including leukemia?		
	had problems with your heart, lungs, blood, kidneys and the like?		
	had an abnormal bleeding disorder, diabetes or any other chronic disease?		
Are you...	giving blood because you want to be tested for HIV virus or for hepatitis virus?		
	aware that if you have the HIV or Hepatitis virus, you can give it to someone else though you may feel well and have negative HIV or Hepatitis test?		
	thirsty? Hungry?		
Have you...	come in contact with someone else's blood?		
	had enough sleep last night?		
	eaten peanuts?		
When was the last time	you smoked?		
In the past 24 hours,	have you taken any alcohol drink?		

I certify that I have to the best of my knowledge, truthfully answered the above questionnaire

Donor's name and signature

DJRMH-MA-LAB-F-007

## DONOR'S INFORMED CONSENT

I certify that I am the person referred to in all the entries, which were read and well understood by me. It is my free and voluntary act to donate my blood. I'm aware of its risks during and after extraction. The same have been explained to me in understandable language and dialect that I speak.

I am voluntarily giving my blood through **Dr. Jose Rizal Memorial Hospital**. I understand that my blood will be tested for Blood type, Hemoglobin, Malaria, Syphilis, Hepatitis B, Hepatitis C and HIV and no official result will be released to me. If I am found reactive, I agree to have my blood submitted to the National Reference laboratory for confirmatory testing. When found reactive or confirmed, I agree to be referred to the appropriate facility for counseling and further management.

I am willing to participate in a research study that no information will identify me in any way and that such study is anonymous and records be kept confidential. I am aware that such study will be used as reference in strategizing activities for the blood service. I am aware that I have the right to ask questions and report any concern and withdraw from the study anytime I wish.

\_\_\_\_\_  
Donor's name and signature

### FOR BLOOD BANK USE

#### Physical Examination

Body weight: \_\_\_\_\_ kg      Blood pressure: \_\_\_\_\_ mmHg      Temperature: \_\_\_\_\_ °C  
Pulse rate: \_\_\_\_\_ /min      Respiratory rate: \_\_\_\_\_ /min

General appearance:	
Skin:	HEENT:
Respiratory system:	CVS:
GUT:	

Remarks:     Accepted  
                   Temporarily deferred  
                   Permanently deferred

#### Reasons for deferral

\_\_\_\_\_  
Physician's name and signature

for Blood Bank use.

Blood bag: Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/>
Segment number:
Expiry date:
Time started:
Time ended:
Phlebotomist:

Test	Result
Blood type	
Hemoglobin	
Hematocrit	

\_\_\_\_\_  
Blood Bank Officer's name and signature