

CONFIDENTIAL QUESTIONNAIRE

Have you ever had

- 1. Unexplained recurrent and persistent fever or skin disorder? Yes No
- 2. Unexplained persistent night sweat? Yes No
- 3. Unexplained weight loss? Yes No
- 4. Unexplained infections or swollen glands? Yes No
- 5. Chronic or recurrent diarrhea? Yes No
- 6. Persistent cough? Yes No
- 7. Hepatitis B or Sexually Transmitted Disease, including genital discharge or sore? Yes No

If you answered yes to any of the questions above please provide details (date, duration, treatment, test physician consulted and so on)

Condition	Date	Duration	Result of treatment/test	Doctor/Hospital

- 8. Have you ever had or been advised by a doctor to have a blood test for AIDS related condition? Yes No
- 9. Have you ever been refused as a blood donor? Yes No

Give details of 8 & 9 if the answer is yes

Health information

PERSONAL

1a. Name & address of personal doctor

1b. Date on which you joined his panel

1d. Treatment prescribed or advice given at last consultation

1c. Date and reason for last consultation