

Donor History & Statement of Health

First Name: MI: Last Name:

Phone: Email:

Address: Your Date of Birth:

Infant's Date of Birth: Infant's Gestational Age at Birth:

How Did You Learn About MADMA?

On behalf of infants in our community, Madison Area Donor Milk Alliance, Inc. is deeply grateful for your generous gift of milk. We appreciate your answers to the questions below. They may offer opportunities for clarification or discussion.

All information provided on this form is strictly confidential.

Yes No

Many milk recipients ask to send the donor a "thank you." Are you comfortable sharing your contact information with recipients?

Are you comfortable sharing your pumped milk directly with a recipient (having it picked up from your home or dropping it off at the recipient's home)?

Do you or any member of your family now have (or did have at time of pumping) HIV, Hepatitis B, Hepatitis C, Syphilis, Lyme Disease, or any other serious illness? If yes, please explain.

Do you now have (or did you have at time of pumping) any known or suspected infection such as active genital or oral herpes, breast yeast, mastitis, skin sores, shingles, or any other infection? If yes, please explain.

Do you consume more than 24oz of caffeinated drinks per day?

Do you now or did you at time of pumping smoke cigarettes or chew tobacco?

Do you now or did you at time of pumping use alcohol, marijuana, cocaine, ecstasy, LSD, or other recreational or social substances?

Are you now or were you at time of pumping taking any nutritional supplements or herbs, such as prenatal vitamins, iron, vitamin D, fish oil, herbal teas, fenugreek, etc.? If yes, please give names and doses of supplements and herbs you were taking.

Are you now or were you at time of pumping taking any medications, such as hormonal contraception, an anti-depressant, anti-anxiety medication, antibiotic, anti-fungal, thyroid medication, laxatives, allergy medicine, etc? If yes, please give names, doses, and dates of your medications.

In the past 12 months, have you had any vaccinations, inoculations, or shots? If yes, please explain.

In the past 12 months, have you had a sexual partner who is at high risk for HIV/AIDS, HTLV, or hepatitis (including anyone with hemophilia, anyone who has used a needle for the injection of illegal or non-prescription drugs, or anyone who has multiple sexual partners)?

In the past 12 months, have you had a sexual partner who has had tattoos, permanent makeup supplied with needles, ear or other body part pierced, or been accidentally stuck with a contaminated needle?

In the past 12 months, have you received a blood transfusion, blood products, an organ or tissue transplant, ear or body part piercing, tattooing, permanent make-up applied with needles, or an accidental stick with a contaminated needle?

Have you ever had a positive TB test?

Have you ever had acupuncture or electrolysis with non-sterile needles?

Have you ever injected drugs, or had an intimate relationship with someone who has injected drugs?

By my signature below, I confirm my understanding of and agreement with all of the following:

All information reported on this form is true and correct to the best of my knowledge.

The sharing of human breast milk carries inherent risks and maintaining optimal health practices, including safe handling and storage of pumped milk, is paramount. I agree to notify Madison Area Donor Milk Alliance in the event that my health status changes, or that I discover exposure to substances, medications and/or illnesses that may make my milk unsuitable for donation or that may have affected donated milk in the past. In the event of health status changes, I agree to refrain from donating unless cleared to do so by MADMA. I have read and fully understand the MADMA document, "Donor Guidelines for Pumping and Handling". I have also read the MADMA document, "Recipient Waiver and Release".

I agree to avoid alcohol for at least 12 hours prior to pumping milk for donation. I agree to use no illegal drugs and no tobacco or nicotine for the duration of time I am collecting milk for donation.

I hereby freely and voluntarily donate my milk to Madison Area Donor Milk Alliance, Inc.

Signature

Date

OFFICE USE ONLY	Check one:	<input type="checkbox"/> One-time Donation	<input type="checkbox"/> On-going Donation	<input type="checkbox"/> Unsure
Lab results obtained/verified:				
Special donor circumstances or milk qualities:				
Other notes:				