Solvita™
Blood Center

349 S. Main Street
Dayton, Ohio 45402

Physician's Release for Voluntary Blood Donation

Individuals with certain medical histories are requested to obtain written approval from a physician prior to being accepted as a voluntary blood donor by Solvita Blood Center.

Please evaluate the following information and advise us whether or not you approve blood donation for the person listed below. Thank you for taking the time to assist us with this matter.

Date Requested _____ By whom _____

Donor's Name _____ D.O.B. _____

Medical clearance requested for _____

_____

Please check one:

_____ Can donate blood _____ Should not donate blood

Specific Diagnosis/Comment _____

_____

Physician's Signature _____ Phys. Printed Name _____

Physician Office Phone Number _____ Date _____

Final acceptance of any individual as a blood donor is the decision of Solvita Blood Center.

CS-311-F-07
Ver 2

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