



## ILLNESS, MEDICATION, AND TRAVEL UPDATE

**Important:** Please complete this form for every milk donation. We rely on the accuracy of the information provided to maintain the quality and safety of our donor milk supply.

Donor name \_\_\_\_\_ Donor # \_\_\_\_\_

Today's date \_\_\_\_\_ Earliest date milk was expressed \_\_\_\_\_

Milk drop-off location (if applicable) \_\_\_\_\_

### REQUIRED INFORMATION

☐ I was ill during the period that my milk donation was pumped

☐ Another family member was ill

Date illness began \_\_\_\_\_ Date illness ended \_\_\_\_\_

Fever? ☐ Yes ☐ No Dates of fever \_\_\_\_\_

Description of symptoms \_\_\_\_\_

☐ I took new medications or supplements since my screening interview

Type of medication(s) \_\_\_\_\_

Date started \_\_\_\_\_ Date ended \_\_\_\_\_

☐ I traveled outside of the US or Canada since my screening blood test

Location \_\_\_\_\_ Dates \_\_\_\_\_

☐ None of the above apply to this milk donation

☐ I plan to continue to donate milk

☐ This is my final milk donation

*On behalf of the hospitals and infants we serve, thank you for your generous donation.*

Space below for official use only:

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