



BLUTSPENDE SRK SCHWEIZ  
TRANSFUSION CRS SUISSE  
TRASFUSIONE CRS SVIZZERA

## Anhang Art. 7.9 Medical Questionnaire V2 (E)

1. Do you weigh <b>more than at least</b> 50 kg (or 110 lbs)?
10. f) Have you received a blood transfusions since 1.1.1980?
13. a) Have you had in the last - 6 months: <input type="checkbox"/> toxoplasmosis <input type="checkbox"/> mononucleosis <input type="checkbox"/> amebiasis <input type="checkbox"/> shigellosis <input type="checkbox"/> TBE - 12 months: <input type="checkbox"/> Schistosomiasis <input type="checkbox"/> gonorrhea - 2 years: <input type="checkbox"/> osteomyelitis <input type="checkbox"/> rheumatic fever <input type="checkbox"/> tuberculosis <input type="checkbox"/> relapsing fever <input type="checkbox"/> Guillain-Barré-Syndrome <input type="checkbox"/> <b>Q fever</b>
b) Have you ever had any of the following infectious diseases: <input type="checkbox"/> malaria <input type="checkbox"/> Chagas disease <input type="checkbox"/> brucellosis <input type="checkbox"/> echinococcosis <input type="checkbox"/> leishmaniosis <input type="checkbox"/> lymphogranuloma venereum <input type="checkbox"/> filariasis <input type="checkbox"/> <b>Q fever</b> <input type="checkbox"/> babesiosis <input type="checkbox"/> Ebola <input type="checkbox"/> or other serious infections If yes, which? _____ When? _____
2. a) Do one or more of the following risk situations apply to you? <ul style="list-style-type: none"> <li>• Have you changed your sexual partner in the past 4 months?</li> <li>• Have you had sexual contact (protected or unprotected) with more than two people in the past 4 months?</li> <li>• Have you had sexual contact under the influence of synthetic drugs in the past 12 months?</li> <li>• Have you had sexual contact for which you received money or other benefits (drugs or medication)?</li> <li>• Have you taken any drugs by injection?</li> <li>• Have you ever had a positive test for HIV (AIDS), <b>syphilis</b> or jaundice (hepatitis B or C)?</li> <li>• <b>Have you ever had syphilis?</b></li> <li>• Has your life partner, sex partner or roommate contracted jaundice (hepatitis B or C) in the past 6 months?</li> <li>• Has your sexual partner contracted Zika in the past 3 months?</li> </ul>