

Berkshire Hathaway HomeServices Georgia Properties – Forever Together Blood Drive

Full Name:		Date of Birth:
Address/City/State/Zip:		
Phone:	Email:	
Have you lived outside of th	ne US? If so, where, when and h	now long?
Have you traveled outside t	the US in the past 3 months?	If so, when and where?
Do you have medical condit	tions (HEART, LUNG, OR HISTORY C	OF CANCER) that we should be aware of?
Are you taking any medicat	ions regularly including aspirin?	Please list:
Do you weigh at least 110 l	bs? Have you ever be	en pregnant?
Do you have a preferred da	te and/or time?	
Do you have a preferred loc	cation? (Northside or Cobb)	
Berkshire Hathaway locatio	on?	
Comments/Questions:		

PLEASE NOTE: The above screening is NOT intended to be an all-inclusive screening. Final determination of donor eligibility will be made on the day of your appointment and will be made by our professional staff to protect the safety of our donors and patients.

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