

**INTERNATIONAL INSTITUTE FOR THE ADVANCEMENT OF MEDICINE: PRE-SCREENING WORKSHEET**

Corporate office Jessup, PA 888-496-7033 / AZ, NV, Western region 800-806-IIAM (4426)

This document is a pre-screening worksheet used to prepare for potential donation to the Gift of Body Program. Final acceptance of donation will be determined at the time of death. Use this worksheet to keep track of current and past medical/social history. Provide a copy to your next-of-kin in order to assist them with completing official donation paperwork at the time of death. You may also wish to provide a copy to your doctor/hospital, hospice, and/or nursing home medical records as applicable.

Donor Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_ Height/Weight: \_\_\_\_\_  
Address & Phone: \_\_\_\_\_

Next of Kin / Authorizing Party Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address & Phone: \_\_\_\_\_

Alternate Next of Kin / Authorizing Party: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address & Phone: \_\_\_\_\_

MEDICAL CONDITION	NO	YES	ADDITIONAL INFORMATION – INCLUDE DIAGNOSIS DATE, TYPE, LOCATION, TREATMENT, ETC.
Surgeries (lifetime)			
Infections (lifetime)			
Hepatitis / Exposure To			
HIV / Exposure To			
Infections			
Travel outside the US			Where/When?
Unable to donate blood			Why?
Heart Disease			
Liver Disease			
Kidney Disease			
Digestive/Intestinal Problems			
Diabetes			
Lung Disease			
Cancer			
Neurological / Brain Disease			
Bone / Joint Disease			
Eye Disease or Surgery			
Sexually Transmitted Disease			
Vaccinations/Immunizations			
Medications			

Additional Information/Comments:

**FOR PERSONAL USE ONLY - DO NOT MAIL BACK**