



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 of milk in this donation _____

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: