

## Illness, Medication, and Travel Update

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 the milk was expressed \_\_\_\_\_

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

I plan to continue to donate milk.                      OR                       This is my final milk donation.

**There are no changes in medication, illness or travel since my initial screening or last milk donation.**

**AGREE - You are all done!**

**DISAGREE - Please update us below.**



I, or another household member was ill. The date of the illness was \_\_\_\_\_.

Symptoms included nausea, vomiting and/or diarrhea. Tell us more \_\_\_\_\_

\_\_\_\_\_.

I am taking a new medication(s). Type of medication or supplement \_\_\_\_\_

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

I have traveled outside the US or Canada.

Location \_\_\_\_\_ Dates of travel \_\_\_\_\_

Thank you! We will be in touch if we have any questions.

Notice of Privacy Practices can be found at our website at [www.donatemilk.org/privacypractices](http://www.donatemilk.org/privacypractices).