

Australian Capital Territory Gazette
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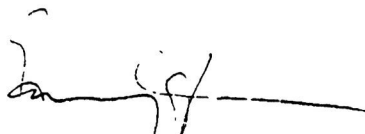
AUSTRALIAN CAPITAL TERRITORY

BLOOD DONATION (ACQUIRED IMMUNE DEFICIENCY SYNDROME) ACT 1985

APPROVAL

In pursuance of the powers conferred on the Minister for Health, Education and the Arts and in pursuance of Section 5(a) of the Blood Donation (Acquired Immune Deficiency Syndrome) Act 1985 I, GARY JOHN JOSEPH HUMPHRIES, Minister for Health, Education and the Arts, HEREBY REVOKE the approval dated the 1st day of August 1986 and APPROVE the form of declaration set out in the attached schedule to this approval for the purposes of Section 5(a) of the Blood Donation (Acquired Immune Deficiency Syndrome) Act 1985.

Dated this 22 day of March 1991.



Gary John Joseph Humphries
Minister for Health,
Education and the Arts.

SCHEDULE

BLOOD DONATION (ACQUIRED IMMUNE DEFICIENCY SYNDROME) DECLARATION FORM
AN IMPORTANT NOTICE TO ALL BLOOD DONORS

In order to ensure maximum safety for the recipients of a blood transfusion there are some people in the community who MUST NOT donate blood because their blood may transmit infections to patients who receive it.

THIS DECLARATION IS A LEGAL REQUIREMENT AND MUST BE READ AND SIGNED EVERY TIME ANY PERSON WISHES TO DONATE BLOOD. PLEASE READ IT CAREFULLY AS IT IS AN OFFENCE UNDER THE BLOOD DONATION (ACQUIRED IMMUNE DEFICIENCY SYNDROME) ACT 1985 TO SUPPLY FALSE OR MISLEADING INFORMATION IN RELATION TO THE DONATION OF BLOOD, AND ANY PERSON WHO DOES SO IS LIABLE TO A PENALTY OF UP TO \$5,000 OR IMPRISONMENT OF UP TO TWO YEARS OR BOTH (SECTION 7 BLOOD DONATION (ACQUIRED IMMUNE DEFICIENCY SYNDROME) ACT 1985).

IF YOU ARE IN ANY DOUBT ABOUT THE DECLARATION, PLEASE CONSULT THE MEDICAL STAFF BEFORE YOU SIGN.

DECLARATION BY PERSON INTENDING TO DONATE BLOOD

I HEREBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE, NEITHER I NOR ANY SEXUAL PARTNER WHETHER MY SPOUSE OR OTHERWISE:

1. suffer from Acquired Immune Deficiency Syndrome (AIDS) or carry the AIDS virus or believe that there is possibility that this might be so;
2. have at any time since 1 January 1980 injected myself or been injected with any drug which has not been prescribed by a registered medical or dental practitioner;
3. have at any time since 1 January 1980 been a male or female prostitute or their client;
4. have at any time since 1 January 1980 engaged in male-to-male sexual activity;
5. have at any time since 1 January 1980 engaged in sexual activity with a bisexual male;
6. have at any time since 1 January 1980 received regular infusions of blood products, e.g. for haemophilia;
7. have at any time in the past six (6) months had unintentional weight loss or night sweats or diarrhoea or persistent fever or swollen glands;
8. have at any time in the past six (6) months had any sexually transmitted disease;

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9. have at any time in the past six (6) months received a blood transfusion or infusion with human blood products;
10. have at any time in the past six (6) months received a transplanted organ or human tissue, including organ cornea or bone marrow transplant or artificial insemination;
11. have at any time in the past six (6) months been tattooed;
12. have at any time in the past six (6) months been in custody or an inmate of a prison or in a mental institution;
13. have at any time in the past six (6) months had jaundice or hepatitis, or been in close contact with a case of those illnesses;

I am signing this declaration in the presence of a staff member of the Blood Transfusion Service.

DO NOT SIGN THIS DECLARATION UNLESS ALL OF THE ABOVE STATEMENTS ARE TRUE.

Full name of donor:.....

Address of donor:.....

.....

Signature of donor:.....

Date:.....

Signature of Witness:.....

