Pediatric Blood and Marrow Transplant
Adult Blood and Marrow Transplant
Stem Cell Laboratory

DOCUMENT NUMBER: COMM-PAS-020 FRM4

DOCUMENT TITLE:
Donor Risk Questionnaire Addendum- Monkeypox- Spanish FRM4

DOCUMENT NOTES:

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COMM-PAS-020 FRM4
Donor Risk Questionnaire Addendum
Mpox (Spanish)

Place Label Here

Por favor responda a las 3 siguientes preguntas (numeradas 1-3) sobre la viruela del mono:

Nota: en caso de donantes para transplante de timo, o donantes pediátricos, "usted" debe interpretarse como "usted o su hijo/a"

En los últimos 21 días usted ha:

1. ¿cuidado, convivido, o de cualquier otra forma tenido contacto cercano con una persona o animal diagnosticado con o bajo sospecha de tener una infección de la viruela del mono? ……. ☐ No ☐ Si

2. ¿sido diagnosticado con o ha estado bajo sospecha de tener una infección de la viruela del mono? **……..…..** ☐ No ☐ Si

3. ¿desarrollado un sarpullido u otros síntomas que pudieran sugerir una infección de la viruela del mono? …….. ☐ No ☐ Si

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Esta sección es para uso exclusivo del personal del Programa:

This section below is for Staff only:

Designate the program through which the donor is associated:
☐ ATCT ☐ PTCT ☐ Other (specify) _____

For ALL questions above, a "yes" response must be reviewed by the medical director, or program-specific designee, and approval or exclusion for donation must be provided.

Program Staff Review _____ _____ _____

(Print Name) (Signature) (Date)

Signature Manifest

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All dates and times are in Eastern Time.

COMM-PAS-019 FRM3 -- COMM-PAS-021 JA3

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Document Release

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