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Please complete the 3 questions (labeled 1-3) below regarding COVID-19 (coronavirus):

Note: <u>in the case of donors for thymus transplant, or pediatric donors</u>, each question should be addressed as "have you or your child"

1.	In the past 28 days, have you cared for, lived with, or other diagnosed with or suspected of having COVID-19 infection			□ Yes
2.	In the past 28 days, have you been diagnosed with or susp	pected of having COVID-19 infection	า? No	□ Yes
3.	In The past 28 days, have you had a positive test result from or authorized by FDA for SARS-CoV-2 but never developed			□ Yes
Th	is section below is for Staff only:			
	signate the program through which the donor is associ CCBB □ ABMT □ PTCT □ Thymus □ Other (s			_
	ALL questions above, a "yes" response must be reviewed proval or exclusion for donation must be provided.	by the medical director, or program-	-specific designee	e, and
Pro	ogram Staff Review			
	(Print Name)	(Signature)	(Date)	

Signature Manifest

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Document Release

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