WakeMed
MOTHERS' MILK BANK
3000 New Bern Ave.
Raleigh, NC 27610
919 350-8599
Fax 919 350-8923

ILLNESS and MEDICATION FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION AND INCLUDE THIS FORM WITH YOUR SHIPMENT OR DELIVERY OF MILK. PLEASE DATE AND SIGN THE FORM.

DONOR # __________ Dates this milk was pumped ___/___/___ - ___/___/___

Please do not send milk pumped before ___/___/___ or between ___/___/___ and ___/___/___ (your previously stated medication or illness exclusion)

Have you or any member of your family had any of the following illnesses during the time you pumped this milk?

Common Cold	Y___	N___
Any respiratory infection	Y___	N___
Mastitis	Y___	N___
Yeast Infection(nipple, thrush)	Y___	N___
Rubella	Y___	N___
Chicken Pox	Y___	N___
Fever above 100 degrees	Y___	N___

If yes, please complete the following questions.

Who was sick? ____

Date illness began: ____/____/____ Date illness ended: ____/____/____

Brief description of symptoms: ____

Fever: *(circle one)* **YES NO** *If so, what was the temperature?* __________°F

(*Continued on next page)*

Dates of temperature: ____/____/____ ____/____/____ ____/____/____

Have you taken any medication during the time you pumped this milk?
YES ________ NO ________

Name of medication: ____

Dosage: ____

Date started: ____/____/____ Date ended: ____/____/____

During the time you pumped this milk:

Have you or anyone in your household received a smallpox vaccination?

YES ______ NO ______ Date: _____/_____/_____

Have you received the flu vaccine?

YES ______ NO ______ Date: _____/_____/_____

If yes, Shot______ Nasal ______

Have you consumed any over-the-counter or prescription medications, including vitamins, homeopathic remedies or herbs? YES ______ NO _______

If yes, please list: ____

Have you consumed alcohol? YES ______ NO _______

If yes, did you wait 12 hrs. before pumping milk for the milk bank?

YES_____ NO_____

Have you or your partner received a tattoo? YES ______ NO _______

Is your baby growing well? YES ______ NO _______

______________________________ ________________

Donor Signature **Date**

____

Print Name