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| **MILK BANK AT CHESTER DAILY TEMPERATURE RECORD** |

Name: ....................................................... Date of First Expression: ………………………..

Signature: ................................................. Date of Last Expression: …………………………

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Freezer temp** | | **Week commencing:** | | **Week commencing:** | | | | **Week commencing:** | |
| **MONDAY** | | Time: | | Time: | | | | Time: | |
| Temp: | | Temp: | | | | Temp: | |
| **TUESDAY** | | Time: | | Time: | | | | Time: | |
| Temp: | | Temp: | | | | Temp: | |
| **WEDNESDAY** | | Time: | | Time: | | | | Time: | |
| Temp: | | Temp: | | | | Temp: | |
| **THURSDAY** | | Time: | | Time: | | | | Time: | |
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| **FRIDAY** | | Time: | | Time: | | | | Time: | |
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| **SATURDAY** | | Time: | | Time: | | | | Time: | |
| Temp: | | Temp: | | | | Temp: | |
| **SUNDAY** | | Time: | | Time: | | | | Time: | |
| Temp: | | Temp: | | | | Temp: | |
| **Freezer temp** | | **Week commencing:** | | **Week commencing:** | | | | **Week commencing:** | |
| **MONDAY** | | Time: | | Time: | | | | Time: | |
| Temp: | | Temp: | | | | Temp: | |
| **TUESDAY** | | Time: | | Time: | | | | Time: | |
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| **SATURDAY** | | Time: | | Time: | | | | Time: | |
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| **SUNDAY** | | Time: | | Time: | | | | Time: | |
| Temp: | | Temp: | | | | Temp: | |
| **MILK BANK AT CHESTER ONGOING DONATION CHECKLIST**  **It is really important that you inform the milk bank if any of your circumstances change** | | | | | | | | | | | |
| **About your milk batch** | | | | | | | | | | | |
| Date of first expression: | | Date of last expression: | | All milk has been frozen within 24 hrs YES / NO  All hygiene guidelines have been followed YES / NO  All labelling instructions have been followed YES / NO | | | | | | | |
| **About you *since your last collection*** | | | | | | | | | | | |
|  | | | | | | | **YES / NO** | | | **Comments** | |
| Have you or anyone in your household tested positive for Covid 19 or experienced any symptoms including high temperature, persistent cough or loss of your sense of taste or smell? **PLEASE GIVE DETAILS INCLUDING DATES IF NECESSARY** | | | | | | |  | | |  | |
| Have you been in good health? | | | | | | |  | | |  | |
| Have you had a fever, virus or any breast infections? **PLEASE ALLOW 48 HOURS AFTER SYMPTOMS HAVE CLEARED BEFORE EXPRESSING** | | | | | | |  | | |  | |
| Have you taken any medication or undergone any other medical therapy\*\*\*? **PLEASE GIVE FULL DETAILS INCLUDING DATES** | | | | | | |  | | |  | |
| Have you exceeded 1-2 units of alcohol once or twice a week? | | | | | | |  | | |  | |
| Did any member of your household smoke? | | | | | | |  | | |  | |
| Have you used nicotine replacement therapy including patches, chewing gum or inhalators (vaping)? | | | | | | |  | | |  | |
| **About you *since your enrolment as a milk donor*** | | | | | | | | | | | |
|  | | | | | | **YES / NO** | | **Comments** | | | |
| Have you had a blood transfusion, blood products or any piercings, tattoos or acupuncture? | | | | | |  | |  | | | |
| Have you had any exposure to infection including HIV 1 or 2, hepatitis B or C, syphilis or herpes? | | | | | |  | |  | | | |
| Have you visited an area of the world where you may have been exposed to Ebola or Zika virus or do you have any reason to believe you may have been infected? | | | | | |  | |  | | | |
| Have you had any immunisations? | | | | | |  | |  | | | |
| Have you been exposed to environmental or chemical contaminants, for example contaminated water supply? | | | | | |  | |  | | | |
| Have any of your answers to the milk bank’s Sexual Health History Questionnaire changed? | | | | | |  | |  | | | |
| Has anything else changed since your enrolment? Please give details. | | | | | |  | |  | | | |

**\*\*\*PLEASE NOTE: IF YOU HAVE TAKEN ANTI-BIOTICS PLEASE WAIT 72 HOURS AFTER COMPLETING YOUR COURSE BEFORE EXPRESSING FOR THE MILK BANK\*\*\***

Donor Name:…………………………………….. Donor's signature: .............................................. Date:……………………………