

IMMUNODEFICIENCY QUESTIONNAIRE

Please fax back to IPA at 781-643-2775

Name: _____ DOB: _____

1. Are you susceptible to recurrent, acute, or chronic infections, if so, please explain below: _____

2. Have you ever been informed that you have any type of an immune deficiency, if so, please explain: _____

3. Have you ever had any lab studies completed, if so, what type? _____

4. Have you ever been advised not to donate blood? _____
5. Have you ever accepted blood donation which was not from a blood bank? _____
6. Have you ever tested positive for HIV, if so, when? _____

7. What was the reason for the testing? _____
8. Have you ever been told that you have or had ARC, AIDS or AIDS related condition? _____

9. What is the name of your physician? _____

10. Have you ever been advised to seek advice or treatment regarding any of the above questions? _____

Agent Name: _____

Phone Number: _____ Fax No: _____

Date: _____ E-mail Address: _____

Please circle the associate you work with. Russ, Rhonda, Leo