Blood Bank of Alaska
Helping Alaska patients in need

1215 Airport Heights Dr. • Anchorage, AK 99508 • Tel: 907-222-5600 • Fax: 907-563-1371 • www.bloodbankofalaska.org

Medical Clearance Note for Blood Donation

Patient Information	
Date:	Full Name:
DOB:	Phone Number:

Provider Authorization

The FDA requires, for the safety of the blood supply, all donors must be healthy and voluntary.

I have reviewed this patient's medical history and determined that they are medically stable to donate blood. This patient is voluntarily donating and has no conditions for which phlebotomy will promote their own health.

Name of Office:	Office Telephone:
Printed Name of Provider:	
Signature of Provider (MD, DO, PA-C, NP):	Date:

Please fax this form to 907-563-1371 or bring to a Blood Bank of Alaska location.