NOV 17 2025

DIVISION MEMORANDUM
No. 519 ,s. 2025

CONDUCT OF MASS BLOOD DONATION DRIVE

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Education Program Supervisors
Public Schools District Supervisors
Public Elementary and Secondary School Heads
Division Unit Heads
All Others Concerned

1. In support of the National Blood Services Act (RA no. 7719) and in coordination with the Bataan General Hospital and Medical Center, this Office shall conduct a **MASS BLOOD DONATION DRIVE** to promote voluntary blood donation and ensure a safe and sufficient blood supply.

2. The activity aims to encourage all teaching, non-teaching, and SDO personnel to participate as voluntary blood donors as part of the Division Office's advocacy on health promotion and community service.

3. The Mass Blood Donation Drive is scheduled on December 12, 2025, from 8:00 am to 3:00 pm, to be held at Bulwagan ng mga Bayani at Banal, SDO Bataan, Kabukiran, Calaylayan, Abucay Bataan.

4. To ensure the success of the activity, each district is encouraged to mobilize twenty (20) or more volunteers, composed of teaching and non-teaching personnel. In addition, SDO personnel are likewise enjoined to participate in this activity.

5. Coordination for the list of prospective donors shall be made through their respective District Nurses or SHN-OIC Dr. Jennifer M. Alip (09171150413 or 09684628012).

6. Moreover, provisions of *DepEd Order No. 9, s. 2005 titled* ***"Instituting Measures to Increase Engaged Time-on-Task and Ensuring Compliance Therewith"***, shall be observed.

7. Furthermore, all activities must be in accordance with ***DepEd Memorandum No. 41, s. 2024***, or the ***"Reiteration of the No***

Collection Policy in Schools," which prohibits the solicitation or collection of any form of contribution or fee.

8. Attached are the Schedule of the Mass Blood Donation Drive and the Blood Donor History Questionnaire, which shall be submitted on the day of the blood donation.

9. Immediate and wide dissemination of this Memorandum is directed.

CAROLINA S. VIOLETA, EdD, CESO V
Schools Division Superintendent

Encl: as stated
Reference: as stated
To be indicated in the Perpetual Index
Under the following subjects:
BLOOD DONATION

SOS/JMA
November 11, 2025

SCHEDULE OF MASS BLOOD DONATION DRIVE

December 12, 2025
8:00 am – 3:00 pm

1. All SDO Personnel

December 12, 2025
8:00 am – 11:00 pm

1. Abucay District
2. Limay District
3. Orani District
4. Orion District
5. Pilar District
6. Samal District

December 12, 2025
11:00 am – 3:00 pm

1. Mariveles District
2. Morong District
3. Hermosa District
4. Dinalupihan East / West District
5. Bagac District

BATAAN GENERAL HOSPITAL AND MEDICAL CENTER
Balanga City, Bataan
ISO-QMS 9001:2015 Certified
NATIONAL VOLUNTARY BLOOD SERVICES PROGRAM

BLOOD DONOR HISTORY QUESTIONNAIRE

DATE:_____ DONOR NO. _____ BLOOD/ Rh TYPE _____
Time assessed: _____

PERSONAL DATA:

Name:_____
(Surname) (First Name) (Middle Name)
Date of Birth:____/____/_____ Age:____ Gender: ( ) Male ( ) Female Civil Status:_____
Contact Number:_____
Nationality:_____ Occupation:_____
Home Address:_____
TYPE OF DONOR: ☐ VOLUNTEER ☐ Others_____
METHOD OF COLLECTION: ☐ Whole Blood (Conventional) ☐ Apheresis

Instructions: All donors must read the donor educational materials provided by the Blood Service Facility staff before answering. Please check √ YES or NO.

	YES	NO
1. Are you feeling healthy today? *(Malusog ba ang iyong pakiramdam ngayon?)*		
2. For the past 2 weeks, did you have...(*Sa nakalipas na 2 linggo, ikaw ba ay nakaranas ng..*) Cough *(ubo)* Colds *(sipon)* Fever *(Lagnat)* Sore throat *(masakit na lalamunan)*		
3. Previously diagnosed by RT-PCR as COVID-19 Positive? *(Nagkaroon ka na ba ng COVID-19?)*		
4. Currently taking medication? (*Mayroon ka bang iniinom na gamot?)*		
Have you taken any medication from the deferral list? If YES, indicate name of medicine/drug.		
5. Have you received any vaccination? (*Nakatanggap ka ba ng kahit anong klaseng bakuna? Kung oo, pakisulat ang bakunang natanggap at petsa)*		
In the past three days (Sa nakalipas na tatlong (3) araw.....)		
6. Have you taken aspirin or anything that has aspirin in it? *(Uminom ka ba ng aspirin o kahit na anong pampa-labnaw ng dugo?)*		
QUESTION No. 7, FOR FEMALE DONORS: In the past 1 and 1/2 months (6 weeks)		
7. Have you been pregnant or are you pregnant now? *(Ikaw ba ay nagbuntis o nanganak na?)*		
Last Menstrual Period (*Petsa ng huling araw ng regla*):		
In the past 12 weeks have you (Sa loob ng tatlong (3) buwan, ikay ba ay...)		
8. Donated blood, platelet or plasma? *(Nakapagbigay na ng dugo? Pakisulat ang petsa.)*		
In the past 12 months have you (Sa loob ng isang taon, ikaw ba ay..)		
9. Had a blood transfusion? *(Nasalinan ka na ba ng dugo?)*		
10. Had surgical operation, dental extraction? *(Naoperahan ka na ba o nagpabunot ng ngipin?)*		
11. Had tattoo, ear or body piercing, accidental contact with blood,needle-stick,or acupuncture? *(Nagpa-tattoo, butas sa tenga o ibang parte ng katawan, o natusok ng karayom?)*		
12. Had sexual contact with high risk individuals? (*Nakipagtalik sa taong may mataas na posibilidad na magkaroon ng sakit na pwedeng makahawa?)*		
13. Had sexual contact with anyone in exchange for materials or monetary gain? *(Nagkaroon ng karanasang makipagtalik kapalit ng materyal na bagay o pera?)*		
14. Had sexual contact with a person who has worked abroad? *(Nakipagtalik sa taong nagtrabaho sa ibang bansa o OFW?)*		
15. Engaged in casual sex? (*Ikaw ba ay nakipagtalik sa iba't-ibang tao?*)		
16. Lived with a person who has Hepatitis? *(Madalas na nakakahalubilo ang isang tao na may paninilaw ng mata, sakit sa atay o Hepatitis?)*		
17. Have you been imprisoned? *(Nakulong o nabilanggo?)*		
18. Lived outside your place of residence? *(Nanirahan sa ibang lugar maliban sa iyong pirmihang tirahan? Kailan at saan?*		
19. Lived or worked outside the Philippines? *(Nanirahan o nagtrabaho sa labas ng Pilipinas? Kailan at saan?)*		

20. In the past 28 days, have you ever had close contact (lived with, worked with, travelled with,or cared for) a confirmed COVID-19 patient, or of a person who travelled to countries with COVID-19 local transmission? *(Sa nakalipas na 28 araw, ikaw ba ay nakahalubilo ng isang taong may COVID-19 o ng taong nanggaling sa mga bansang may lokal na transmisyon ng COVID-19?)*		
21. Have you ever had close contact with a person exhibiting symptoms of acute respiratory illness? *(Nakahalubilo ang taong nagpapakita ng sintomas ng sakit sa baga at paghinga?)*		
22. Used needles to take drugs, steroids, or anything not prescribed by your doctor? *(Nakagamit ng itinuturok na drogs, steroids o anumang gamot na hindi reseta ng doktor?)*		
23. Had a positive test for the HIV/AIDS virus, Hepatitis virus, Syphilis or Malaria? *(Nagpositibo na sa HIV, Hepatitis o Malaria?)*		
24. Been told by a medical practitioner to have or treated for genital wart, syphilis, gonorrhea, or other Sexually Transmissible Infections? *(Nasabihan ka na ba ng doktor na mayroon kang sakit na nakakahawa sa pamamagitan ng pakikipagtalik?)*		
25. Had any type of cancer, for example Leukemia? *(Nagkaroon ka na ba ng kanser?)*		
26. Had any problem with your heart and lungs? *(Nagkaroon ka na ba ng sakit sa puso o sa baga?)*		
27. Had a bleeding condition or a blood disease? *(Nagkaroon ka na ba ng problema sa pagdurugo?)*		
28. Are you giving blood because you wanted to be tested for HIV or Hepatitis virus? *(Ikaw ba ay magbibigay ng dugo dahil sa gusto mo lamang magpasuri sa HIV o Hepatitis virus?)*		
29. Are you aware that if you have the AIDS/Hepatitis virus, you can give it to someone else though you may feel well and have a negative HIV/Hepatitis test? *(Alam mo ba na kung ikaw ay mayroong AIDS/Hepatitis ay maaari kang makahawa sa ibang tao kahit na ikaw ay walang sintomas o kaya ay negatibo sa test ng HIV o Hepatitis?)*		

DONOR'S INFORMED CONSENT:

"I, _____, certify that I am the person referred to in all the entries, which were read and well understood by me. It has been my free and voluntary act to donate my blood, aware of its risks during and after extraction. The same have been explained to me in understandable language and dialect that I speak."

"I am voluntary giving my blood through NVBSP-BataanGHMC. I understand that my blood will be tested for Blood type, Hemoglobin, Antibody screen,Malaria, Syphilis, Hepatitis B, Hepatitis C and HIV" and no official result will be released to me. If found reactive, I agree to have my blood submitted to National Reference Laboratory for Confirmatory Testing and be referred to the appropriate facility (Bataan HAVEN) for counselling and further management.

I certify that I have, to the best of my knowledge, truthfully answered the above questions.

Ako ay nagpapatunay na ako ang taong itinutukoy sa nakasulat dito at ang lahat ng ito ay aking binasa, naintindihan at sinagutan nang tama. Ako ay kusang loob na nagbibigay ng dugo sa NVBSP-BataanGHMC. Alam ko ang mga panganib at maaaring mangyari habang ako ay kinukuhanan ng dugo at pagkatapos ng donasyon. Naintindihan ko na ang aking dugo ay isasailalim sa pagsusuri para sa Blood type, Hemoglobin Antibody screen, Malaria, Syphilis, Hepatitis B/C, at HIV at walang opisyal na resulta ang ibibigay sa akin. Kapag positibo ako sa mga naturang sakit ay pumapayag ako na maipadala ang aking dugo sa TTI-NRL at sasangguni ako sa Bataan HAVEN para sa counselling at lunas.

_____

Donor's signature

FOR BLOOD BANK USE ONLY

PHYSICAL EXAMINATION:

Body weight: _____ (kg) Blood Pressure: ____/____ Pulse Rate:_____ Temp:_____

General Appearance:_____ Skin:_____

HEENT:_____ Heart and Lungs_____

REMARKS:

( ) Accepted Volume_____ml.
( ) Temporarily Deferred
( ) Permanently Deferred

REASONS FOR DEFERRAL:

_____

Place Barcode Sticker Or **Donation ID No.**

For Phlebotomist use only:
Blood Bag: (S) Single / (D) Double / (T) Triple
Segment Number:
Time Started:
Time Ended:
Phlebotomist:

_____ Blood Bank Officer

_____ MEDICAL OFFICER

Test:	Result:	Screened by:
Blood Type		
Hemoglobin		

DPL-F-36-06

BATAAN-GHMC-NATIONAL VOLUNTARY BLOOD SERVICES PROGRAM CONFIDENTIAL UNIT EXCLUSION (CUE):

If any point during or after your blood donation your blood is not suitable for transfusion, please inform the Blood Service Facility Staff, Please use your Blood Donation ID Number and the Segment Number written below in identifying your blood donation.

Segment Number:

Place your Donation Sticker or Donation ID Number here

Date of collection:_____

Next donation: _____