

MASSACHUSETTS GENERAL HOSPITAL WHOLE BLOOD DONOR ELIGIBILITY GUIDELINES

Weight: At least 110 lbs and Maximum 350 lbs

Age: At least 16 years old (16-year olds need parental permission form).

Last Donation: At least 56 days ago (8 weeks)

Oral Intake: Donors should eat normally and drink plenty of water before presenting to donate blood.

Medical Conditions & Individual History	Can I Donate?	Medical Conditions & Individual History	Can I Donate?
Active allergies (no symptoms today)	Yes	Pregnant	No
AIDS, exposure to AIDS, positive HIV test	No	Sutures/stitches still in	No
Angina	No	Tattoo more than 3 months ago	Yes
Arthritis – Osteo	Yes	Tooth extraction – no drainage	Yes
Arthritis – Rheumatoid	Yes	Traveled/lived in UK for a total of 3 mos. btw 1980 and 1996	Yes
Asthma (no symptoms w/in 48 hours)	Yes	Traveled/lived in France or Ireland for a total of 5 years from 1980-2001	Yes
Blood Transfusion, more than 3 months ago	Yes		
Cancer: 1 year after last treatment	Yes	Medications	
Cold (active)	No	Antibiotics, more than 24 hours ago	Yes
Exposure to a cold but no symptoms, feel well	Yes	Antibiotics for acne	Yes
Diabetes	Yes	Accutane for acne w/in 4 weeks	No
Dental work (routine cleaning, simple filling of cavity)	Yes	Allergy pills	Yes
Dental bone graft – synthetic, site healed	Yes	Anticoagulants (“blood thinners”)	No
Dental surgery, including tooth extraction, site healed	Yes	Aspirin/Advil	Yes
Epilepsy or seizures, on or off medication, no episode w/in 3 mos.	Yes	Birth control pills	Yes
Fainted once from giving blood	Yes	IV street drugs w/in last 3 months	No
Familial prion disease (e.g. fCJD, GSS, FFI)	No	Proscar w/in 4 weeks	No
Fever	No	PrEP or PEP to prevent HIV infection (Oral) w/in last 3 months	No
Flu	No	PrEP or PEP to prevent HIV infection (Injection) w/in last 2 years	No
Gonorrhea within last 3 months	No	Tegison for Psoriasis	No
Heart attack within last 12 months	No		
Hemochromatosis	No	Vaccines	
Hepatitis, Viral (current or prior infection with HCV, HBV)	No	Chicken Pox Vaccine, more than 4 weeks ago	Yes
Household contact/exposure to hepatitis more than 3 months ago	Yes	Measles, Mumps, Polio (oral), Yellow Fever, more than 2 weeks ago	Yes
High blood pressure-controlled w/ medication	Yes	Flu Vaccine	Yes
Malaria: Travel in malarial area more than 3 months ago	Yes	Rubella Vaccine, more than 4 weeks ago	Yes
Residence in malarial area more than 3 years ago	Yes	MMR Vaccine, more than 4 weeks ago	Yes
Lyme Disease 1 year after treatment	Yes	Tetanus Vaccine, more than 3 weeks ago	Yes
Tick bite – no diagnosis – 3 months after treatment	Yes	SARS-CoV-2 (COVID) Vaccine (inactivated or RNA based)	Yes
Mononucleosis, when recovered	Yes	Hepatitis B Vaccine, more than 28 days ago	Yes
Piercing, when healed, if done with sterile equipment	Yes	Monkeypox Vaccine, more than 8 weeks ago	Yes

All DONORS MUST BRING A PHOTO ID WHEN DONATING

For a more comprehensive listing and updates, go to: <https://www.massgeneral.org/blood-donor/eligibility-guidelines>

For answers to medical eligibility questions, call the Blood Donor Center at 617-726-8171