

Height and Weight Requirements



Height and weight requirements* for 16-23 year old blood donors...

MALE:

HEIGHT	MINIMUM WEIGHT
4'10"	118 lbs.
4'11"	114 lbs.
5' or taller	110 lbs.

*NOTE: Values are approximate and do not guarantee eligibility for all donation types. The information provided here covers general guidelines established by the Food and Drug Administration. Conditions and restrictions governing blood safety and blood donation may change at any time. Please contact ARUP Blood Services at 801-584-5272 to verify eligibility.

ARUP[®] BLOOD SERVICES
(801)584-5272 | www.utahblood.org

FEMALE OR ANOTHER GENDER:

HEIGHT	MINIMUM WEIGHT
4'7" and shorter	157 lbs.
4'8"	153 lbs.
4'9"	149 lbs.
4'10"	146 lbs.
4'11"	142 lbs.
5'	138 lbs.
5'1"	133 lbs.
5'2"	129 lbs.
5'3"	124 lbs.
5'4"	120 lbs.
5'5"	115 lbs.
5'6" and taller	110 lbs.

Dear Donor Parent,

This document provides essential information regarding your child's blood donation. Please read and sign below to indicate that you understand the information we ask of your child. Thank you for allowing your child to participate in this life-saving program.

I understand that if my child has a good meal and drinks plenty of fluids the day before and the day of the donation, chances of a reaction are reduced.

- All donors **MUST be age 16 or older** on the date of donation and will be asked to show picture identification with date of birth.
- I understand that the words "sexual contact" and "sex" are defined in an informational pamphlet and that my child will be asked about any pregnancy and transfusion history during the donor-eligibility screening process.
- I understand that the Food and Drug Administration (FDA) regulates donor eligibility and collection policies and that ARUP Blood Services follows those regulations.
- I understand that my child's blood will be tested to comply with FDA requirement for testing of infectious diseases (including HIV and hepatitis, among others). I understand that Utah State laws protect the disclosure of certain test results and that ARUP Blood Services will require a signed authorization from my child to release test results to someone other than my child unless required by state or federal law. A patient authorization form is available upon request.
- I understand that the procedures used to collect blood are safe, but that blood donation is not entirely without risk. I understand a very small percentage of people experience donation reactions, which can include: lightheadedness, nausea, bruising of the arm, injury to the nerves of the forearm, or fainting. If my child experiences a blood donation reaction, I give permission for ARUP Blood Services staff to treat my child and I understand the typical treatment usually includes ice packs and elevating the legs; however, intravenous infusion of fluids may be necessary.
- Signed parental permission is valid for one donation only.
- ARUP Blood Services may provide my child with a voucher for iron supplementation if they fall below the acceptable hemoglobin range. Please consult with your child's provider before beginning iron supplementation.
- The total blood volume will be assessed on all donors who are younger than 24 years old to ensure that they meet the minimum blood volume requirement to be eligible to donate.
- If you would like to obtain more information regarding the donation process, donor information packets can be obtained from your child's school or on the FDA website (www.fda.gov)
- If you have any questions or concerns, please contact ARUP Blood Services at (801) 584-5272.

This section to be completed by Parent/Guardian:

_____/_____/_____
Parent/Guardian Signature **Date**

Telephone Number
(Number where Parent/Guardian can be reached on donation day)

I, _____,
(Print Parent/Guardian's name)

give permission for my child

(Print donor's LEGAL name)

_____/_____/_____
Donor's date of birth

to donate blood with ARUP Blood Services.

This section to be completed by the Donor Center Staff:

Ensure that the following fields are completed and match the donor record.

- | | | |
|--|---|---|
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Date | <input type="checkbox"/> Printed Parent/Guardian's Name |
| <input type="checkbox"/> Parent/Guardian Signature | <input type="checkbox"/> Telephone Number | <input type="checkbox"/> Printed Donor's LEGAL Name |