RACER WELLNESS

Blood Donation Form

Name: _____

M Number: _____

Date of Blood Donation: _____

Donation Site: _____

Name of Blood Donation Organization: _____

I certify that above individual donated blood on the aforementioned date.

_____

Name: Organization Representative

_____

Date

Please submit this form to Racer Wellness.

Email: msu.racerwellness@murraystate.edu

Campus Mail: 412 Sparks Hall