

Registration Card

<i>Katakana</i> Name	Family Name	Given Name	
Name			Male/Female
Birth Date	<i>Showa</i> Year /Month /Date		Age
Address	Zip Code - TEL - -		
Occupation	1.Public Official 2.Employee 3.Student(High School) 4. College Student 5. Student 7.Housewife 8. Self-Employed 9.etc.		
Height	cm	Weight	kg
Do you want your blood type and biochemical test results (liver function, cholesterol etc.)?			Yes / No
Do you want test results of your blood for Hepatitis B and C, Syphilis or antibody to HTLV-I, if positive?			Yes / No
May we ask your blood donation in case of blood shortage by mail or phone call?			Yes / No

※1feet≒30.5cm 1pound≒2.2kg

200・400 初回

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