

GUARANTOR'S UNDERTAKING FOR FOREIGN DONOR

Health Sciences Authority (HSA) has reviewed its policy on blood donation for foreign donors with effect from 19th Aug 2014, all foreign donor who do not have a fixed Singapore address will be allowed to give blood if they are able to provide a Singapore address of a Singapore citizen or permanent resident who is willing to act as point of contact for the blood donor and undertake the signing of this consent form.

SECTION A: DONOR'S PARTICULARS

Name _____

Work Permit/S Pass/E Pass/ Passport _____

SECTION B: GUARANTOR'S PARTICULARS

Name (Singapore citizen or PR) _____ NRIC _____

Contact Number & Email _____ (HP) _____ (Home) _____ (Email)

Address _____ Postal Code (_____)

Relations to Donor (Circle one): Family / Friend / Colleague / Employer / Others: _____

SECTION C: GUARANTOR'S UNDERTAKING

I agree to undertake the responsibility to forward all correspondence between HSA and Donor (mentioned in Section A) for the blood donation on _____ (Donation Date).

I certify that all the information contained herein is true and correct to the best of my knowledge and belief. I agree that I must notify Health Sciences Authority of any changes in the information contained on this form with regard to Donor's corresponding address.

**The Donor will be held liable to fulfil the stated responsibility in the Donor Health Assessment Questionnaire and Declaration Form of being truthful; failing which action may be taken against him/her.

Guarantor's Signature & Date _____

SECTION D: DONOR'S APPROVAL OF AUTHORISED REPRESENTATION

I authorised Guarantor to perform the following actions checked below:

- Receive all information on my behalf
- Receive all letters from Health Sciences Authority that are addressed to me
- Change my address and telephone number

I, therefore request Health Sciences Authority to deliver letters addressed to myself to the Guarantor until you receive further intimation from me in writing.

I hereby waive all claims against Health Sciences Authority arising from information released pursuant to this form.

Donor's Signature & Date _____