SUPPLEMENTAL INFORMATION

The students who will be learning from your donation would like to be able to correlate your previous medical history with what they find during their studies. If you would be willing to provide any information on your past medical history, we would use it to help educate future medical professionals. Any information that you provide is COMPLETELY VOLUNTARY. You are also welcome to have this information removed from your donor file at any time.

MEDICAL HISTORY:
1) Do you have any long-term medical issues? (diabetes, high blood pressure, etc.)

2) Have you ever been hospitalized? (please provide the reason)

3) Have you ever had any surgeries? (please provide the type of procedure)

4) Have you ever smoked tobacco? (please circle one) Yes / No
   If yes, how many packs per day, and for how many years?

5) Have you ever drank alcohol? (please circle one) Yes / No
   If yes, how many drinks would you consume per week on average, and for how many years?

6) Is there anything else about your lifestyle or personal habits that may be helpful for the students to know? (exercise, diet, etc.)
If you would like to provide a short biography of your life and / or a photograph that you would like to share with the students, please feel free to add them. We would request that you not use personally identifying information, since we strive to maintain your anonymity with the students. The students do, however, appreciate knowing about your life and your reasons for donating.

Once per year, we hold a memorial service ("Rose Ceremony") for all those individuals who donated their bodies. Your family members are welcome to attend and can contact our office for more information of the ceremony.

Thank you for your willingness to donate your body for the education of future medical professionals. Your altruism, self-sacrifice and generosity are greatly appreciated.