













Please choose a pseudonym for your profile:

Date of Birth: 30.05.1992

Height: 1.72

Weight (lbs): 56kg

Hair Color: Red

Eye Color: green

Ethnic Origin: Dutch/Polish

Maternal Heritage: Dutch

Paternal Heritage: Polish

Blood Type: B+

Highest Level of education

College Major

What was your college GPA? Biochemistry

What college(s) or university(ies) have you attended?

Universidade Paulista UNIP

Do you have any artistic abilities? Please List:

Painting

Drawing

Do you have any athletic abilities? Please list:

Swim

Run

Ride a bike

What is your current occupation?

Model

Please describe your personality:

Im creative, my personality makes me sensitive and cordial, with strong sense o practical life skills and shine by learning from experience.

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them?

No

Have you worn braces?

No

Why do you want to become a donor?

Its a beautiful life experience, amazing symbolic connection to your fellow human beings. Learn more about my body, my menstrual cycle and human reproduction in general.

Being a donor is a big responsibility. It requires going to several doctor's appointments, taking injections and having minor out-patient surgery. Do you feel prepared to commit to this process?

Yes

**Are you open to being matched with all types of families regardless of sexual preference, marital status, ethnicity or sex of the egg recipient?
If no, please explain.**

Yes

If they request it, are you willing to meet your intended parents?

Yes

Are you open to meeting the child in the future if that is requested?

Yes

Are you open to exchanging future contact information with your intended Parents(s)?

Yes

Where did you grow up?

Im my parents house

Do you have any siblings? If so, tell us about each of them:

Me and my brother get along very well, friendship and companionship.

Do you have any children? If so, tell us about each of them:

No

Personal Health History

Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list:

No

Do you drink alcohol? If yes, how many drinks per week?

No

Have you ever been pregnant? If yes, how many times and what was the outcome?

No

Have you ever been a donor before? If yes, did a pregnancy occur?

Yes the two questions

Are you currently taking any medication (for physical or mental health)? If yes, what medications are you on and why?

No

Are you taking any recreational drugs? If yes, what are you taking?

No

Do you smoke?

No

Are your menstrual cycles regular? If no, please explain:

Ye

Family Medical History

Note: Medical history will be verified. Anything purposefully omitted may result in being dropped from the program. If any of the following has occurred in your family, please list which family member and explain:

Family Genetic History							
Biological Family Member	Sex	Age	Height	Eye Color	Hair Color	Deceased	Occupation
Father	M	59	181	Green	Light brown	No	Businessmen
Mother	F	58	170	Light brown	Light brown	No	Housewife
Paternal Grandmother	F	79	167	Blue	Blonde	Yes	
Paternal Grandfather	M	81	180	Blue	Black	Yes	
Maternal Grandmother	F	82	168	Brown	brown	Yes	
Maternal Grandfather	M	84	181	Brown	brown	Yes	
Sibling							
Sibling							
Sibling							
Sibling							

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
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Cancer	Yes No	NO	Yes No		
Mental Retardation	Yes No	NO	Yes No		
Autism / Asperger's	Yes No	NO	Yes No		
Physical Malformation	Yes No	NO	Yes No		
Paralysis or crippling disorders	Yes No	NO	Yes No		
Alcohol or Drug Addiction	Yes No	NO	Yes No		
Cystic Fibrosis	Yes No	NO	Yes No		
Sickle Cell Anemia	Yes No	NO	Yes No		
Lupus	Yes No	NO	Yes No		
Miscarriages, still births, neonatal deaths	Yes No	NO	Yes No		
High blood pressure, heart attacks or strokes	Yes No	NO	Yes No		
Memory loss or dementia	Yes No	NO	Yes No		
Osteoporosis	Yes No	NO	Yes No		
Arthritis	Yes No	NO	Yes No		
Allergies	Yes No	NO	Yes No		
Blood diseases	Yes No	NO	Yes No		
Diabetes (Specifically Type 1 or Type 2)	Yes No	NO	Yes No		
Thyroid issues	Yes No	NO	Yes No		
Learning disabilities	Yes No	NO	Yes No		

Seizure or epilepsy	Yes No	NO	Yes No		
Depression	Yes No	NO	Yes No		
Panic attacks	Yes No	NO	Yes No		
Schizophrenia	Yes No	NO	Yes No		
Bipolar Disorder	Yes No	NO	Yes No		
ADD or ADHD	Yes No	NO	Yes No		
Age-related issues	Yes No	NO	Yes No		
Kidney problems / diseases	Yes No	NO	Yes No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	Yes No	NO	Yes No		
Vision/Sight/Eye Problems	Yes No	NO	Yes No		