













Please choose a pseudonym for your profile:

Date of Birth: 08/02/92

Height: 1.73

Hair Color: blonde

Ethnic Origin: católica

Paternal Heritage:

Blood Type: ORH+

Weight (lbs): 57kg

Eye Color: green

Maternal Heritage:

Highest Level of education: university

College Major

What was your college GPA?

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

Do you have any artistic abilities? Please List:

Do you have any athletic abilities? Please list:

What is your current occupation?: student

Please describe your personality: friendly, sweet and responsible

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

yes, I started to use it at 15 years old

Have you worn braces?

Why do you want to become a donor?

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, I do

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, I am

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

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

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

Where did you grow up?

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

Do you have any children? If so, tell us about each of them: No, I do not

Personal Health History

Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list: No, I do not have

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

Have you ever been pregnant? If yes, how many times and what was the outcome? No, I have not

Have you ever been a donor before? If yes, did a pregnancy occur? No

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: yes

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

Mother

F

Paternal Grandmother

F

Paternal Grandfather

M

Maternal Grandmother

F

Maternal Grandfather

M

Family Genetic History

Sibling

Sibling

Sibling

Sibling

Disease/Medical Condition

Check one

To Whom

Passed away?

Age of onset/ Medication

Age at the time of passing

Cancer

Yes No

Mental Retardation

Yes No

Autism / Asperger's

Yes No

Physical Malformation

Yes No

Paralysis or crippling disorders

Yes No

Alcohol or Drug Addiction

Yes No

Cystic Fibrosis

Yes No

Sickle Cell Anemia

Yes No

Lupus

Yes No

Miscarriages, still births, neonatal deaths

Yes No

High blood pressure, heart attacks or strokes

Yes No

Disease/Medical Condition

Check one

To Whom

Passed away?

Age of onset/ Medication

Age at the time of passing

Memory loss or dementia

Yes No

Osteoporosis

Yes No

Arthritis

Yes No

Allergies

Yes No

Blood diseases

Yes No

Diabetes (Specifically Type 1 or Type 2)

Yes No

Thyroid issues

Yes No

Learning disabilities

Yes No

Seizure or epilepsy

Yes No

Depression

Yes No

Panic attacks

Yes No

Schizophrenia

Yes No

Bipolar Disorder

Yes No

ADD or ADHD

Yes No

Age-related issues

Yes No

Kidney problems / diseases

Yes No

Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.

Yes No

Vision/Sight/Eye Problems

Yes No