









Please choose a pseudonym for your profile: [July](#)

Date of Birth: 08/09/1988

Height: 1,72

Weight (lbs): 60

Hair Color: dark blond

Eye Color: light brown

Ethnic Origin: brazilian

Maternal Heritage:Portuguese

Paternal Heritage: Spanish

Blood Type:

Highest Level of education

Complete University

College Major

[Fashion Designer](#)

What was your college GPA?

9.4

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

[Universidade do Vale do Rio dos Sinos, Campus Porto Alegre](#)

Do you have any artistic abilities? Please List:

[Drawing, painting, sewing and modeling.](#)

Do you have any athletic abilities? Please list:

[Sports with resistance and physical strength.](#)

What is your current occupation?

[Public Relations, Personal stylist](#)

[Extra: comercial model](#)

Please describe your personality:

Curious mind, communicative, ease of problem Solving in a practical way,
Resilient, persevering, sociable and selfless.

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

Never

Have you worn braces?

Never

Why do you want to become a donor?

To realize the Desire of woman who are recipients To be mothers.

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?

Fully prepared.

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.

Open To any receiver.

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

Si

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

Si

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

Si

Where did you grow up?

Brasil

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

I have one young sister, with sweet and kind personality, nutrition's student.

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?

Only on commemorative event grounds.

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?

No, first time.

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

Contraceptive

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	46	1,77	Light brown	Light brown		Bussinesman
Mother	F	47	1,75	Light brown	Light brown		Nurse
Paternal Grandmother	F	77	1,78	Dark blond	Honey	Yes	Housewife
Paternal Grandfather	M	75	1,75	Brown	Brown		Lawyer
Maternal Grandmother	F	69	1,65	Brown	Brown		Teacher
Maternal Grandfather	M	66	1,61	Blue	Blonde		Housewife
Sibling	F	21	1,68	Brown	Brown		Student
Sibling							
Sibling							
Sibling							

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

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Depression			No		
Panic attacks			No		
Schizophrenia			No		
Bipolar Disorder			No		
ADD or ADHD			No		
Age-related issues			No		
Kidney problems / diseases			No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.			No		
Vision/Sight/Eye Problems			No		