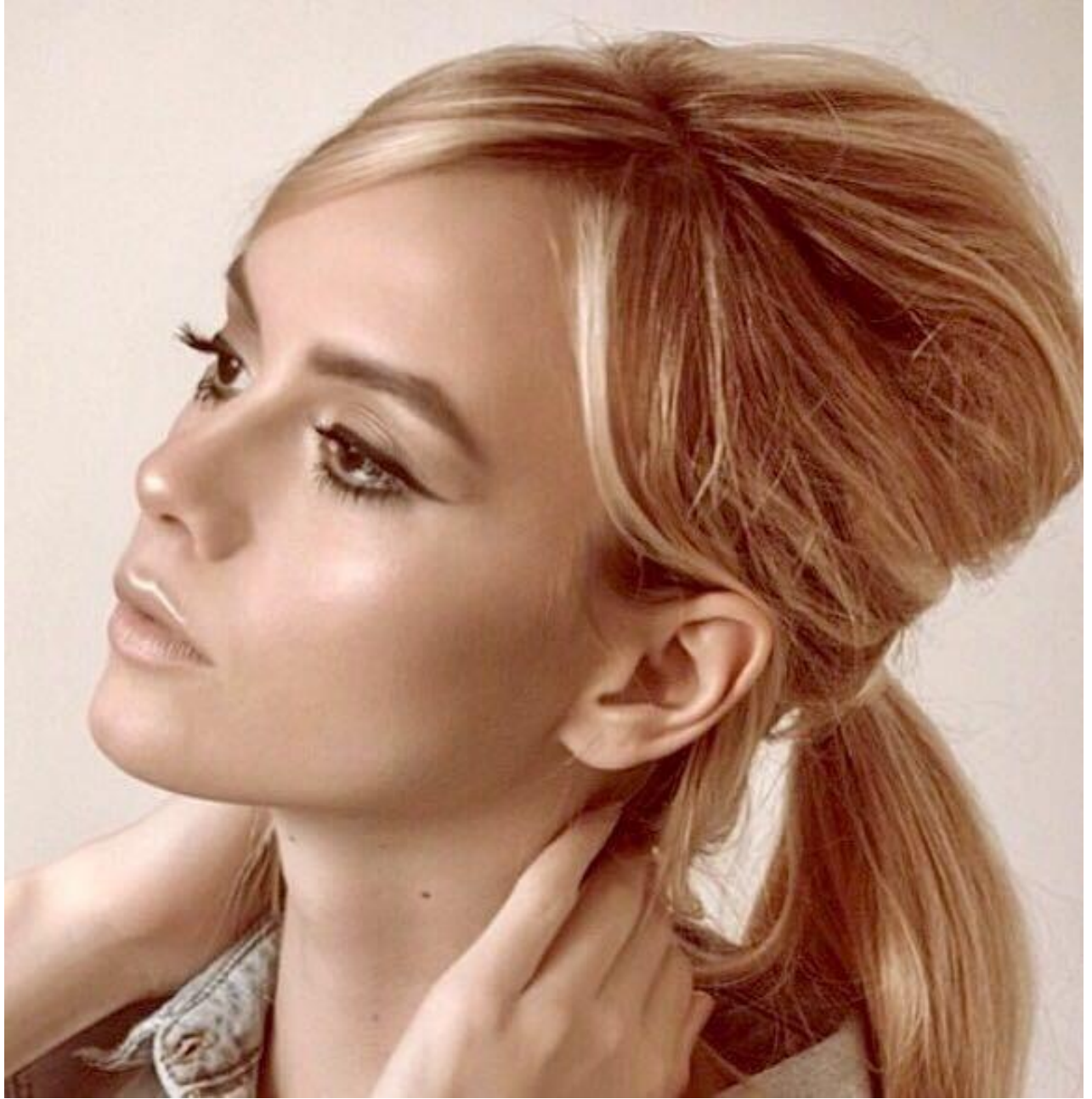
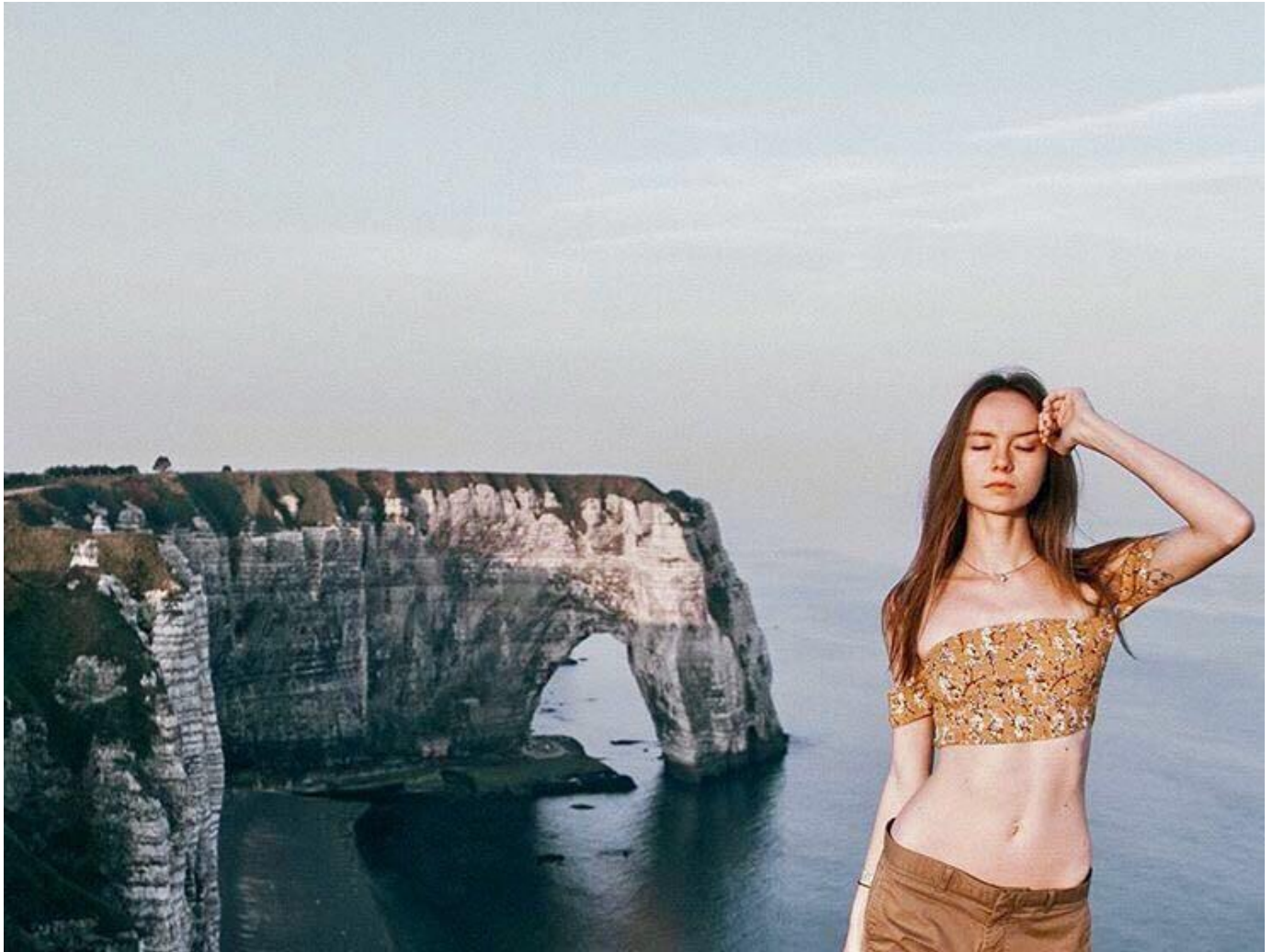


YASMINE



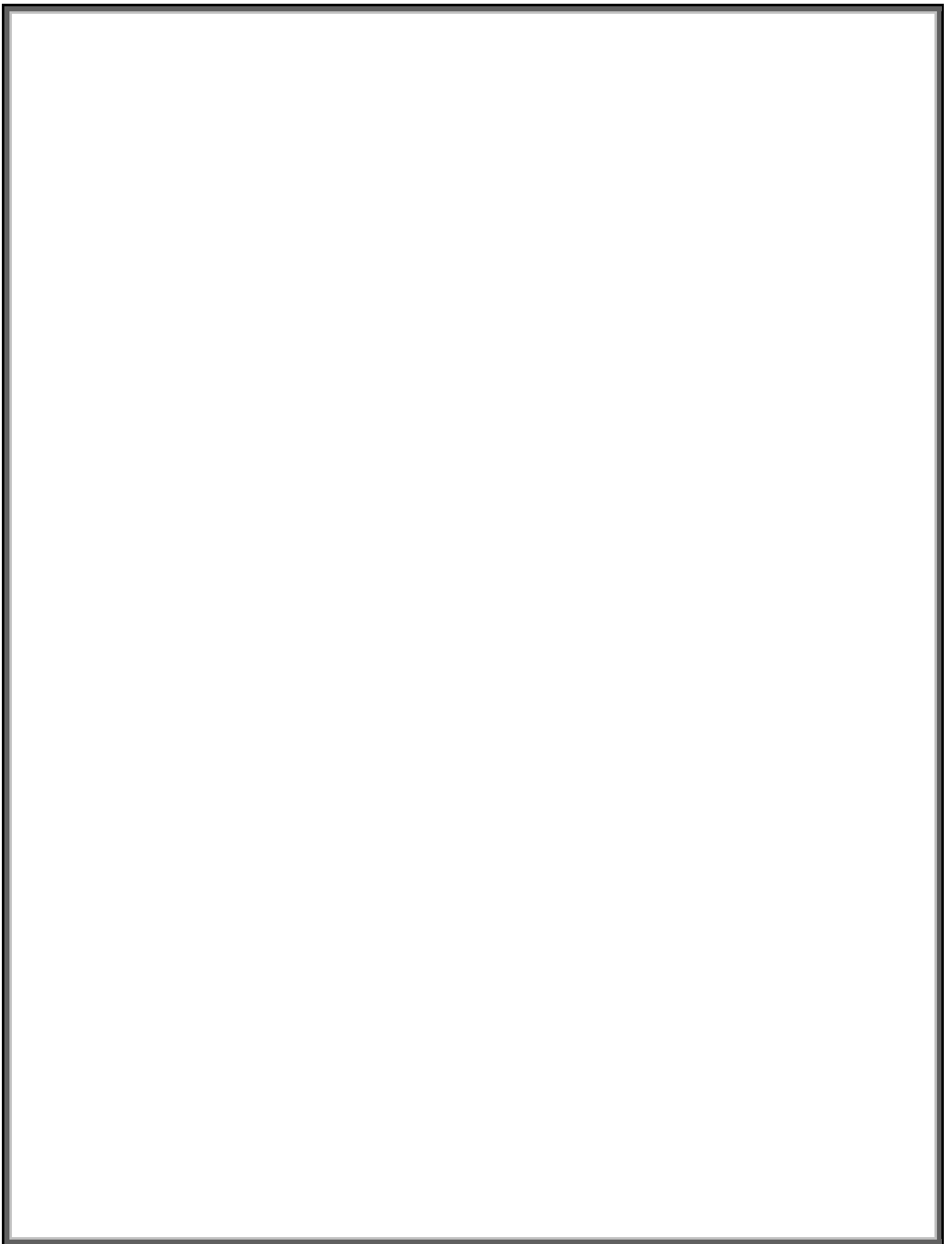














Please choose a pseudonym for your profile:

Date of Birth: **09/09/1994**

Height: **1,76**

Weight (lbs): **54**

Hair Color: **Dark blonde**

Eye Color: **Brown**

Ethnic Origin: **Brazilian & Brazilian**

Maternal Heritage: **Brazilian**

Paternal Heritage: **Brazilian**

Blood Type: **O+**

Visa:

Highest Level of education

Technical school

College Major

What was your college GPA?

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

I attended a Technical school in Brazil and in France

Do you have any artistic abilities? Please List:

Yes, I love art in general. I am very artistic and creative

Do you have any athletic abilities? Please list:

Yes, when I used to be in school, I always enjoyed practicing sports. My favorites are running, basketball, volleyball and handball

What is your current occupation?

I am a model and a student

Please describe your personality:

People call me grace, because of my kindness. My goals in life to make the world a better place to live in. I believe in the power of love and I generally like to help other people. I am an animal lover. My mother and I have a project that we run to save animals from the streets of Brazil, this fills me with joy. I am a very happy and energetic person, I like to eat healthy food and believe in the balance of the body. I truly believe in the quote; "you are what you eat"

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

Yes, I started wearing them at the age of seven years old.

Have you worn braces?

Yes, I have

Why do you want to become a donor?

I would like to help families to achieve their dreams

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, I am

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?

In Rio de Janeiro

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

No, I am the only child

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?

Yes, about 2 – 3 drinks per week

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

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

Yes, but only complements alimentaires Ex: Maca

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

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				

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Learning disabilities	No				
Seizure or epilepsy	No				
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				