

Longo

*Desfiado
com tesoura
laser na cor
marrom
amadeirado
e efeito
de luzes
de pontas
no tom
amêndoa.*











Please choose a pseudonym for your profile: **Fernanda**

Date of Birth: **01/25/1991**

Height: **6,1ft** Weight (lbs): **155lb**

Hair Color: **Dark Blonde**

Eye Color: **Green**

Ethnic Origin: **German**

Maternal Heritage: **German**

Paternal Heritage: **German**

Blood Type: **A+**

Highest Level of education

College

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

Business at Puc - Porto Alegre

Do you have any artistic abilities?

Please List:

Painting

Do you have any athletic abilities?

Please list:

Running, boxing, volleyball

What is your current occupation?

Model and Bakery business

Please describe your personality:

Friendly, can easy adapt to any situation, love to be surrounded by people, love to read, travel and cook.

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?

To help people fulfill their dreams of become a parent

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?

I would prefer not.

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

No

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

No

Where did you grow up?

Southern of Brazil

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

One older brother, married with 3 children, owner of his clothing business, lives in northeast Brazil

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?

No

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

Eutirox .50 for Hypothyroidism

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	62	181	Green	Dark Blonde		Businessman
Mother	F	60	172	Hazel	Hazel		Businesswoman
Paternal Grandmother	F	82	185	Green	Dark Blonde		Retired
Paternal Grandfather	M	80	172	Green	Hazel		Retired
Maternal Grandmother	F	85	160	Hazel	Hazel		Retired
Maternal Grandfather	M	88	188	Hazel	Hazel		Retired
Sibling	M	37	190	Green	Dark Blonde		Clothing Business
Sibling							
Sibling							

Family Genetic History						
Sibling						

Disease/Medical Condition	Check one	No	Passed away?		Age of onset/ Medication	Age at the time of passing
			Yes	No		
Cancer	No		Yes	No		
Mental Retardation	No		Yes	No		
Autism / Asperger's	No		Yes	No		
Physical Malformation	No		Yes	No		
Paralysis or crippling disorders	No		Yes	No		
Alcohol or Drug Addiction	No		Yes	No		
Cystic Fibrosis	No		Yes	No		
Sickle Cell Anemia	No		Yes	No		
Lupus	No		Yes	No		
Miscarriages, still births, neonatal deaths	No		Yes	No		
High blood pressure, heart attacks or strokes	No		Yes	No		
Memory loss or dementia	No		Yes	No		
Osteoporosis	No		Yes	No		

Disease/Medical Condition	Check one	No	Passed away?	Age of onset/ Medication	Age at the time of passing
Arthritis	No		Yes No		
Allergies	No		Yes No		
Blood diseases	No		Yes No		
Diabetes (Specifically Type 1 or Type 2)	No		Yes No		
Thyroid issues	No		Yes No		
Learning disabilities	No		Yes No		
Seizure or epilepsy	No		Yes No		
Depression	No		Yes No		
Panic attacks	No		Yes No		
Schizophrenia	No		Yes No		
Bipolar Disorder	No		Yes No		
ADD or ADHD	No		Yes No		
Age-related issues	No		Yes No		
Kidney problems / diseases	No		Yes No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	No		Yes No		
Vision/Sight/Eye Problems	No		Yes No		