









Please choose a pseudonym for your profile: Andressa

Date of Birth: 27/04/1992

Height: 1,65

Weight (lbs): 49 kg

Hair Color: Light Hazel

Eye Color: Hazel

Ethnic Origin: Brasil/japon

Maternal Heritage: Brasil

Paternal Heritage:Brasil/japon

Blood Type:

Highest Level of education

**College Major licenciatura negocios internacionales What was your college GPA?
8.5**

What college(s) or university(ies) have you attended? Universidad tecnologica de Mexico

What is you current occupation? Telemarketing and modeling

Please describe your personality: I consider myself a responsible person, punctual, I have good character as a person, generous, as a negative point what stands out is shyness.

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

no

Have you worn braces? Yes, just for one year when I was younger

Why do you want to become a donor?

The main reason is to help women who for some reason have the dream of starting a family and can not have children.

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 know!

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, since they will give all the love of the world for this child

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?

Depends how I feel in the future.

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

Yes, they all agreed with this

Where did you grow up?

In Brazil

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

No

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?

twice a month

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? 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	58	1,85	Cafes	Negro	No	Proprietario de restaurant
Mother	F	46	1,70	cafes	Cafes	No	Vendedora independiente
Paternal Grandmother	F	77	1,64	Hazel	Hazel	Yes	
Paternal Grandfather	M					si	
Maternal Grandmother	F	68	1, 65	Cafes	Cafes	No	Ama de casa
Maternal Grandfather	M					si	
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	No	Yes No	no	
Mental Retardation	Yes No	no	Yes No	no	
Autism / Asperger's	Yes No	no	Yes No	no	
Physical Malformation	Yes No	No	Yes No	No	
Paralysis or crippling disorders	Yes No	No	Yes No	No	
Alcohol or Drug Addiction	Yes No	No	Yes No	No	
Cystic Fibrosis	Yes No	No	Yes No	No	
Sickle Cell Anemia	Yes No	No	Yes No	No	
Lupus	Yes No	No	Yes No	No	
Miscarriages, still births, neonatal deaths	Yes No	No	Yes No	No	
High blood pressure, heart attacks or strokes	Yes No	No	Yes No	No	
Memory loss or dementia	Yes No	No	Yes No	No	
Osteoporosis	Yes No	No	Yes No	No	
Arthritis	Yes No	No	Yes No	No	
Allergies	Yes No	No	Yes No	No	
Blood diseases	Yes No	No	Yes No	No	
Diabetes (Specifically Type 1 or Type 2)	Yes No	No	Yes No	No	

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