























Please choose a pseudonym for your profile:

Date of Birth: 12/01/1993

Height: 1.70

Weight (lbs): 55 kg

Hair Color: light brown

Eye Color: greenish brown

Ethnic Origin: Spanish

Maternal Heritage: Spanish

Paternal Heritage: Italian

Blood Type: O+

Highest Level of education

College Major

What was your college GPA?

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

Public College and private university

Do you have any artistic abilities? Please List:

Draw, act, play musical instruments, Writs movie scripts

Do you have any athletic abilities? Please list:

Former volleyball player

What is your current occupation? Student of the Environment, model and action

Please describe your personality:

I'm an active person, I do not like to do nothing, I work very hard and I study music, I write some scripts, I have a very strong personality

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them? No

Have you worn braces? Yes, a year to perfect my smile

Why do you want to become a donor?

Helping others has always been one of my priorities

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? Yes, if they want

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? I grew up in the capital of São Paulo with my parents and brothers

Do you have any siblings? If so, tell us about each of them: I have brothers, everyone in charge, each with a gift, a lawyer, another chef, another administrator

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: An Orthognatic Surgery (I just did this surgery for aesthetics, to align my teeth not to use the device)

Do you drink alcohol? If yes, how many drinks per week? Rarity once or 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

| Disease/Medical Condition | Check one | To Whom | Passed away? | Age of onset/ Medication | Age at the time of passing |
|--|------------------|----------------|---------------------|---------------------------------|-----------------------------------|
| 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 | | |
| Arthritis | No | | Yes No | | |
| Allergies | No | | Yes No | | |
| Blood diseases | No | | Yes No | | |

| Disease/Medical Condition | Check one | To Whom | Passed away? | Age of onset/ Medication | Age at the time of passing |
|--|------------------|----------------|---------------------|---------------------------------|-----------------------------------|
| 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 | | |