Please choose a pseudonym for your profile:
Date of Birth: **30-07-1995**
Height: **1.74**
Weight (lbs): **56k-123lbd**
Hair Color: **natural brown**
Eye Color: **green**
Ethnic Origin: **venezuelan**
Maternal Heritage: **Venezuelan/italian**
Paternal Heritage: **Venezuelan**
Blood Type: **OrH+**

Highest Level of education
High school / College Major

What was your college GPA?
3rd year of medicine school

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

University of Carabobo in valencia venezuela

Do you have any artistic abilities? Please List:

Dance, acting, modeling,

Do you have any athletic abilities? Please list:

Crossfitter , Tennis

What is you current occupation?

Model

Please describe your personality:

Kind, funny, care for others, responsable, good studies attitude, I'm always laughing, friendly,happy and proactive

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 couples that can’t have babies

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?

If requested

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

If requested

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

No

Where did you grow up?

Venezuela

Do you have any siblings? If so, tell us about each of them:
Yes, two, both are very kind funny proscribes responsible, they love children and are very lovely persons

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:

I had an accident in my index finger

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

Yes, social on weekends 3 drinks

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:

Normally yes, sometimes it can be late like a month

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	Education Level	Deceased	Occupation
Father	M	50	1.78	Green	Yellow	University	Hipertensión	Pharmacist
Mother	F	50	1.60	Brown	Brown	University	Insomnio	Pharmacist
Paternal Grandmother	F	75	1.62	Green	Yellow	High school	Hipotension	Saleswoman
Paternal Grandfather	M	78	1.75	Brown	Brown	High school	Hipertensión	Seller
Maternal Grandmother	F	78	1.60	Brown	Brown	University	Hipotiroidismo	Teacher
Maternal Grandfather	M	-	-	-				
Sibling	F	19	1.67	Brown	Brown	High school right now at university	Healthy	Student
Sibling	F	31	1.61	Brown	Brown	University	Healthy	Licensed in marketing
Sibling								
Sibling								

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

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of on-set/Medi-cation	Age at the time of passing
Seizure or epilepsy	Yes No✔		Yes No		
Depression	Yes No✔		Yes No		
Panic attacks	Yes No✔		Yes No		
Schizophrenia	Yes No✔		Yes No		
Bipolar Disorder	Yes No✔		Yes No		
ADD or ADHD	Yes No✔		Yes No		
Age-related issues	Yes No✔		Yes No		
Kidney problems / diseases	Yes No✔		Yes No		
Reproductive problems: i.e. en-dometriosis, hysterectomies, late-term miscarriages, etc.	Yes No✔		Yes No		
Vision/Sight/Eye Problems	Yes No ✔		Yes No		