



























Please choose a pseudonym for your profile: **Isadora Viera Silva**

Date of Birth: **09/11/1995**

Height: **178cm**

Weight (lbs): **63kg**

Hair Color: **Blonde**

Eye Color: **blues/Green**

Ethnic Origin: **Portuguese/German**

Maternal Heritage: **German**

Paternal Heritage: **Portuguese**

Blood Type: **?**

Highest Level of education

Graduate from College and start to modeling very young, she traveled to work as a model in china with 17 years old

Do you have any artistic abilities? Please List:

Dance and sing

Do you have any athletic abilities? Please list:

I Love to go to the gym, I practice muay thai and handball

What is your current occupation?

Model

Please describe your personality:

I am very kind, helpful. I love the adventure, adrenaline and to learn new things every moment and 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, when I was 10 years old

Why do you want to become a donor?

Because I would like to help other people

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'm ready

**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 agree

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?

Passos - Minas gerais - 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?

only on special occasions

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	Occupation
Father	M	48	190cm	Hazel	Black	Prison Guard
Mother	F	43	175cm	Hazel	Black	Secretary
Paternal Grandmother	F	84 * decease	170cm	Blues	Blonde	Dont know
Paternal Grandfather	M	79	188	Hazel	Hazel	Fisherman
Maternal Grandmother	F	76	172cm	Green	Blonde	Housewife
Maternal Grandfather	M	77	177cm	Hazel	Hazel	housewife
Sibling	F					
Sibling	M					
Sibling	F					
Sibling Sibling						

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Cancer	No		No		
Mental Retardation	No		No		
Autism / Asperger's	No		No		
Physical Malformation	No		No		
Paralysis or crippling disorders	No		No		
Alcohol or Drug Addiction	No		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		
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		