















Please choose a pseudonym for your profile:

Date of Birth: 22 / 08 / 1993

Height: 1.77 cm

Weight (lbs): 49 kilos

HairColor: Brown

Eye Color: Brown

Ethnic Origin: Spanish , Italian

Maternal Heritage: Italian

Paternal Heritage: Spanish

Blood Type: A+

Highest Level of education High school

College Major

What was your college GPA?

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

Do you have any artistic abilities? Please List:

Painting

Craft

DIY

Do you have any athletic abilities? Please list:

Very flexible, loved yoga and pilates

What is your current occupation?

Full time international model

Please describe your personality:

Determined, strong temperament, very tolerant, loving person, animal lover and i care a lot about environment

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

No I don't

Have you worn braces?

Yes I did

Why do you want to become a donor?

Everyone deserves be able to have a family , I like to help people to fulfill their dream

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 do

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.

Completely open about it

If they request it, are you willing to meet your intended parents?

I prefer to stay anonymous

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

I prefer stay anonymous

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

I prefer stay anonymous

Where did you grow up?

Colombia

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

I'm a only child and come from a very loving family raised by a single mother

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

No I don't

Personal Health History

Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list:

No i don't have

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

I do, not often once in a while for special occasions

Have you ever been pregnant? If yes, how many times and what was the outcome?

No, i havent

Have you ever been a donor before? If yes, did a pregnancy occur?

No, i havent

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

No, I am not taking any

Are you taking any recreational drugs? If yes, what are you taking?

Do you smoke?

No, i dont

Are your menstrual cycles regular? If no, please explain:

Yes they are

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	Sex	Age	Height	Eye Color	Hair Color	Education Level	Deceased	Occupation

**Family
Genetic
History**

Member								
Father		1.86						
Mother	58							
Paternal Grandmother								
Paternal Grandfather								
Maternal Grandmother								
Maternal Grandfather								
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		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 attacks or strokes	Yes No		Yes No		
Memory loss or dementia	Yes No		Yes No		
Osteoporosis	Yes No		Yes No		

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

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/Medication	Age at the time of passing
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	Yes No		Yes No		
Vision/Sight/Eye Problems	Yes No		Yes No		