







COROA ROMÂNTICA

Versátil e composta por duas tranças, ela cala no gosto das famosas e pode ser usada em diferentes ocasiões. Para um look casual, deixe algumas mechas soltas em volta do rosto.

Vestido, Miroa, R\$ 80









Please choose a pseudonym for your profile: Jess Karli

Date of Birth:04/10/1990

Height: 1.70m

Weight (lbs):54

Hair Color: light brown

Eye Color: blue/green

Ethnic Origin: POrtuguese

Maternal Heritage:

Paternal Heritage:

Blood Type: O positive

Highest Level of education

College Major

What was your college GPA? Graduated

What college(s) or university(ies) have you attended? School of arts Celia Helena

Do you have any artistic abilities? Please List: Yes. I'm a Actress

Do you have any athletic abilities? Please list: yes. Muay thai Basic

What is you current occupation? Model and actress

Please describe your personality: Calm, persistent, idealist

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? Because I want halp woman who can't for some reason have baby.

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 Of course

If they request it, are you willing to meet your intended parents? no

Are you open to meeting the child in the future if that is requested? no

Are you open to exchanging future contact information with your intended Parents(s)? no

Where did you grow up? brazil

Do you have any siblings? If so, tell us about each of them: yes. I have one. He is my best friend.

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? Yes. Social. Wekeend. Oce or twoce.

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

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

| Disease/Medical Condition | Check one | To Whom | Passed away? | Age of onset/ Medication | Age at the time of passing |
|--|------------------|----------------|---------------------|---------------------------------|-----------------------------------|
| Bipolar Disorder | No | | - | | |
| ADD or ADHD | No | | - | | |
| Age-related issues | No | | - | | |
| Kidney problems / diseases | No | | - | | |
| Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc. | No | | - | | |
| Vision/Sight/Eye Problems | No | | - | | |