







FRAME



Please choose a pseudonym for your profile: **JennY**

Date of Birth: August 3, 1990

Height: 1.70m

Weight (lbs): 63 kilos

Hair Color: brunette

Eye Color: green

Ethnic Origin: hispanic/ caucasian

Maternal Heritage: all hispanic  
french/italian

Paternal Heritage: hispanic/

Blood Type: O positive

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:

Draw very well, many close family members draw very well.

Do you have any athletic abilities? Please list:

I did track back I middle school, still run everyday.

What is you current occupation?

model

Please describe your personality:

Extrovert, charismatic.

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

Yes, when I was about 9, had laser surgery two years ago.

Have you worn braces?

Yes

Why do you want to become a donor?

I want to help out someone who really wants to be a parent

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**

**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?**

Born and raised in Fremont, California.

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

I have one younger sister. Introvert, amazing artist, athletic.

Looks like me.

**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:**

had liposuccion about 4 Years ago

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

Social drinker, a couple on the weekends

**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?**

Yes, my treatment starts next week.

**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?**

Yes

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



<b>Disease/Medical Condition</b>	<b>Check one</b>	<b>To Whom</b>	<b>Passed away?</b>	<b>Age of onset/ Medication</b>	<b>Age at the time of passing</b>
<b>Cancer</b>	Yes No		Yes No		
<b>Mental Retardation</b>	Yes No		Yes No		
<b>Autism / Asperger's</b>	Yes No		Yes No		
<b>Physical Malformation</b>	Yes No		Yes No		
<b>Paralysis or crippling disorders</b>	Yes No		Yes No		
<b>Alcohol or Drug Addiction</b>	Yes		Yes		
<b>Cystic Fibrosis</b>	Yes No		Yes No		
<b>Sickle Cell Anemia</b>	Yes No		Yes No		
<b>Lupus</b>	Yes No		Yes No		
<b>Miscarriages, still births, neonatal deaths</b>	Yes No		Yes No		
<b>High blood pressure, heart attacks or strokes</b>	Yes No		Yes No		
<b>Memory loss or dementia</b>	Yes No		Yes No		
<b>Osteoporosis</b>	Yes No		Yes No		
<b>Arthritis</b>	Yes No		Yes No		
<b>Allergies</b>	Yes No		Yes No		
<b>Blood diseases</b>	Yes 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)	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	no		No no		
Age-related issues	Yes No		Yes No		
Kidney problems / diseases	Yes	Paternal grandmother	Yes No	Not sure	Not sure
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	Yes No		Yes No		
Vision/Sight/Eye Problems	Yes	My sister and I	No		