







Please choose a pseudonym for your profile: AliethDate of Birth: 15/01/1989Height: 1.65mts 64.9 inchesWeight (Ibs): 52 k 114 poundsHair Color: brownEthnic Origin: latinMaternal Heritage: colombiaBlood Type:a+

Highest Level of education profesional College Major What was your college GPA? scenic arts

What college(s) or university(ies) have you attended? Universidad distrital Francisco jese de caldas facultad de artes asab finish in 2012

Do you have any artistic abilities? Please List: theater. Dance.music.

Do you have any athletic abilities? Please list: gymnastics. Air dance.

What is you current occupation?actress

Please describe your personality: .

I'm a sober, sensible, passionate, charismatic, disciplined, assertive, and adventurous person.

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them? 10 years ago

Have you worn braces?yes

Why do you want to become a donor? Supporting anyone who needs asistance, specially about essential matters
such as having a kid is extremely important.
If it's up to me to assist anyone who needs it,
I'm glady doing it.
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.

I'd rather not being matched with gay couples due to my personal system beliefs. 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)? no

Where did you grow up?colombia

Do you have any siblings? If so, tell us about each of them: I have 3 sisters. The two older of different parents and one minor, the greatest one in counter and have a son that follos you is a philosopher, and the lesser it is photographer.

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?no

Have you ever been pregnant? If yes, how many times and what was the out-come?no

Have you ever been a donor before? If yes, did a pregnancy occur? I have not been donor before

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

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	Education Level	Deceased	Occupation
Father	М	61	1.75 mts	brow n	black	profetion al	no	accountant
Mother	F	51	1.60 mts	brow n	brown	universit ary	no	Accounting assistant
Paternal Grandmother	F	dece ased	1.60 mts	brow n	black	basic	yes	housewifw
Paternal Grandfather	М	dece ased	1.70 mts	brow n	brown	basic	yes	merchant
Maternal Grandmother	F	72	1.50 mts	brow n	brown	tecnique	no	Fashion designer
Maternal Grandfather	М	80	1.76 mts	brow n	brown	tecnique	no	merchant
Sibling	F	35	1.58 mts	brow n	black	universit ary	no	assistant
Sibling	F	32	1.59	green	brown	profetion al	no	Languish teacher
Sibling	F	21	1.65	brow n	brown	profetion al	no	Photography
Sibling								

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Cancer	Yes	father	No	60	60
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 No		No		
Sickle Cell Anemia	No		No		
Lupus	No		No		
Miscarriages, still births, neonatal deaths	No		No		
High blood pressure, heart attacks or strokes	Yes	Paternal Grandmother	Yes	I don't know	I don't know
Memory loss or dementia	No		No		
Osteoporosis	No		No		
Arthritis	No		No		
Allergies	No		No		
Blood diseases	No		No		
Diabetes (Specifically Type 1 or Type 2)	No		No		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Thyroid issues	No		No		
Learning disabilities	No		Yes No		
Seizure or epilepsy	No		No		
Depression	No		No		
Panic attacks	No		No		
Schizophrenia	No		No		
Bipolar Disorder	No		No		
ADD or ADHD	No		No		
Age-related issues	Yes		No		
Kidney problems / diseases	No		No		
Reproductive problems: i.e. endometriosis, hysterectomies, late- term miscarriages, etc.	No		No		
Vision/Sight/Eye Problems	Yes	Mother father	No	Myopia. astigmatis m	