















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

**Date of Birth:03/05/1993**

**Height: 1.80 cm**

**Weight (lbs): 130 (60kg)**

**Hair Color: Blonde**

**Eye Color: Honey**

**Ethnic Origin: Hispanic or latino**

**Maternal Heritage:Venezuela**

**Paternal Heritage: Spain,Italy, England**

**Blood Type: O+**

**Highest Level of education**

**College Major: College**

**What was your college GPA? 3.60**

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

IESA and Janneth Klein

**Do you have any artistic abilities? Please List:**

I dance, sing, brainstorming, production in visual areas, creating content, taking photos, imagination for creating things, cooking.

**Do you have any athletic abilities? Please list:**

When I was in school and college I did baseball, kickingball, volleyball, and swimming.

Currently, I do boxing and swimming.

**What is you current occupation?**

I am a community manager of a Mexican makeup company.

Additional I work in my personal project as a blogger and youtuber, and I do modeling and TV commercials

**Please describe your personality:**

I am melancholic / colerica, I consider myself a humble person, simple and sweet, but at the same time very disciplined and organized, when I want something I draw a goal and I go for it always with humility and perseverance that for me is the key to success. The happiness of others makes me happy, that's why I like to help people a lot. I am a woman with strong character but a very big heart. Determined, focused, fighter, respectful, and positive, everything in this life can be achieved with dedication or the sky is a limit.

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

No, I don't use Eyeglasses.

**Have you worn braces?**

Yes.

**Why do you want to become a donor?**

As I said before, the happiness of others makes me happy. If God gave me the blessing of being able to procreate I would like to be able to help others to have a family and to be able to form a home with their babies.

**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, Of course.

**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?**

Only if the parents request it, if no, no.

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

No.

**Where did you grow up?**

Venezuela

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

I am the oldest, I have a brother of 22 years, his married as me he loves business and currently has his own company, my mom always said that he would be the son of the number and the money. Follow my younger brother, they are 17 years old and he is the musician of the family, he currently knows how to play three instruments but he is dedicated to drums

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

No, but I dream to have two girls in a few years with my husband.

### 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, I don't like alcohol

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

Never.

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

No, never.

**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, I don't like that.

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

Yes, every 28 days.

### 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	M	50	1.85	Blue	Blonde	College Master	x	Arquitect
Mother	F	46	1.70	Light brown	Reddish	College Master	x	Chef / Arquitect



Family Genetic History								
Paternal Grandmother	M	80	1.80	Honey	Brown	Collage	diabetes	Housewife
Paternal Grandfather	M	83	1.85	Dark brown	Brown	Collage Master	x	Dentist / pathologist
Maternal Grandmother	F	79	1.65	Brown	Brown	School	x	Housewife
Maternal Grandfather	F	85	1.75	Honey	Brown	Collage	x	Politic
Sibling	M	22	1.80	Brown	Light brown	Collage	x	Business
Sibling	M	17	1.75	Brown	Reddish	School	x	Student
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		

Disease/Medical Condition	Check one	To Whom	Passed away?	Age of onset/ Medication	Age at the time of passing
Cystic Fibrosis	Yes <b>No</b>		Yes No		
Sickle Cell Anemia	Yes <b>No</b>		Yes No		
Lupus	Yes <b>No</b>		Yes No		
Miscarriages, still births, neonatal deaths	Yes <b>No</b>		Yes No		
High blood pressure, heart attacks or strokes	Yes <b>No</b>		Yes No		
Memory loss or dementia	Yes <b>No</b>		Yes No		
Osteoporosis	Yes <b>No</b>		Yes No		
Arthritis	Yes <b>No</b>		Yes No		
Allergies	Yes <b>No</b>		Yes No		
Blood diseases	Yes <b>No</b>		Yes No		
Diabetes (Specifically Type 1 or Type 2)	<b>Yes</b> No	Paternal Grandmother	<b>Yes</b> No	Type 2	80
Thyroid issues	Yes <b>No</b>		Yes No		
Learning disabilities	Yes <b>No</b>		Yes No		
Seizure or epilepsy	Yes <b>No</b>		Yes No		
Depression	Yes <b>No</b>		Yes No		
Panic attacks	Yes <b>No</b>		Yes No		
Schizophrenia	Yes <b>No</b>		Yes No		
Bipolar Disorder	Yes <b>No</b>		Yes No		

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