

Donor #: CJ - 0010219

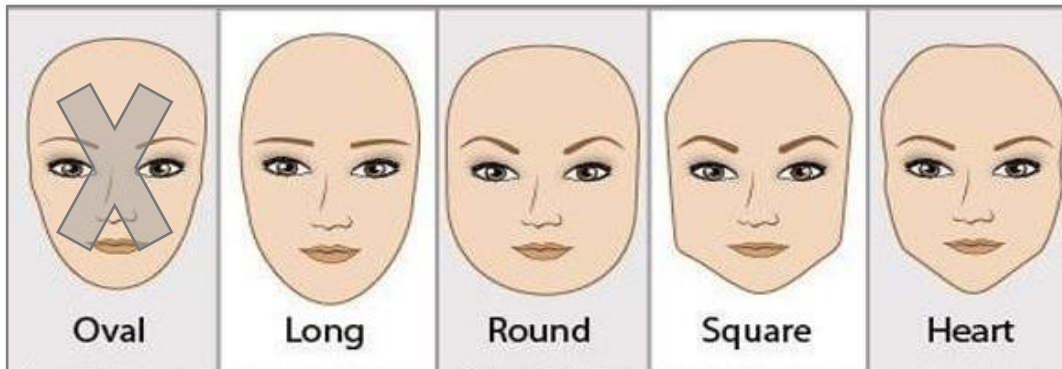


**SHORT PROFILE INFORMATION**

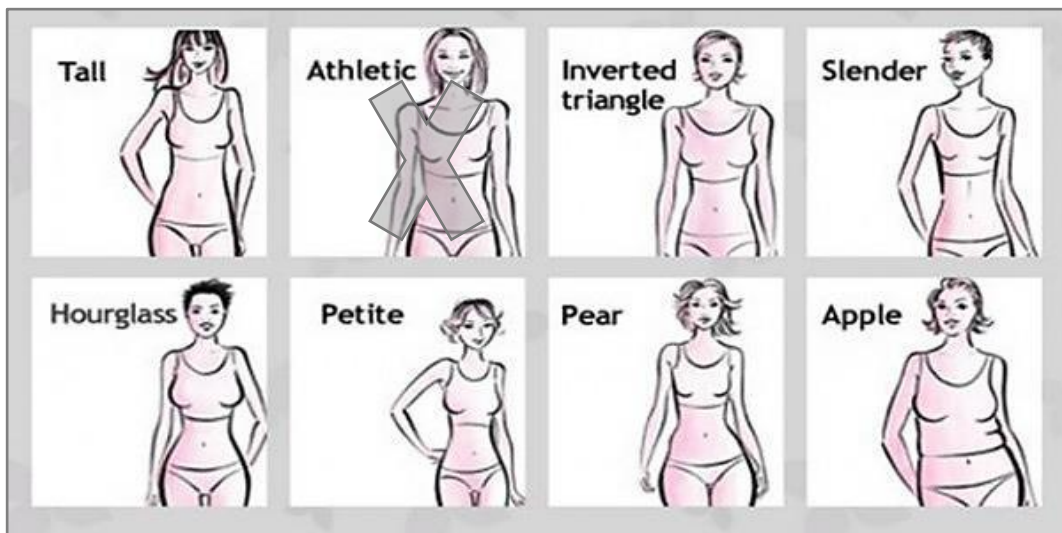
Ethnic Group/Race	White
In which country were you raised	South Africa
Where do you live	Port Elizabeth
Will travel for donation if not in Cape Town	Yes
Date of Birth	10 January 1993
Are you adopted	No
Complexion	Medium
Weight	61
Height	1.68
Eye Colour	Blue/Green
Natural Hair Colour	Blonde
Natural Hair Texture	Thick

## FURTHER DETAILS ON PHYSICAL CHARACTERISTICS & FEATURES

Prominent Hand	Right Handed
Blood Group if known	Unsure
BMI	21.61
What is your most attractive feature?	Eyes
Do you have any dominant features?	Sharp Features
Please choose the option below which best resembles your shape face?	Oval



Please choose the option below which best resembles your natural body type?	Athletic
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This donor best resembles this celebrity:	AnnaLynne McCord
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## FAMILY CHARACTERISTICS

Please complete the table below: *Only include blood relatives and not step/half relatives.*

Family Member	Age	Eye Colour	Hair Colour	Height
Mother	49	Brown	Dark Brown	166
Father	35	Blue/green	Light Brown	171
Sibling 1	28	Brown	Dark Brown	167
Sibling 2				
Maternal Grandmother	69	Blue/green	Blonde	168
Maternal Grandfather	75	Blue/green	Dark Brown	169
Paternal Grandmother	75	Blue/green	Blonde	166
Paternal Grandfather	69	Blue/green	Light Brown	172

## PERSONALITY & CHARACTER

Do you have any special interest in sports, hobbies or organizations?	Netball, Gym, hiking, shopping, socailising
What excites and motivate you in life?	When I reach my goals
What saddens you in life?	When someone pass away.
What character/personality do you have that you are most proud of	Try to be honest as possible
What dreams do you have for yourself?	To be a successful business woman
How would your best friend describe you?	Honest, fun , energetic
Who do you look up to in life and why?	I don't look up to anyone, I believe that you should be proud of yourself for who you are and achieve your goals in your own way.
If you had more money than you needed, what would you do with it?	Travel the world
If you could spend a day with anyone in the world (living or deceased) who would it be and why?	My dad
Why would you like to become an egg donor?	I want to share the gift of life. Everyone deserves to have that.
What message would you like to send the prospective parents?	Having a child is the most amazing gift of life. Everyone deserves to have that gift.
Have you donated before?	No

## FAMILY HERITAGE

Detail your Heritage in the table below:

Family Member	Country of Birth	Origin / Race
Mother	South Africa	White
Father	South africa	White
Maternal Grandmother	South Africa	White
Maternal Grandfather	South Africa	White
Paternal Grandmother	South Africa	White
Paternal Grandfather	South Africa	White

## EDUCATION & EMPLOYMENT

Did you enjoy school and why?	Being involved in projects, events. For example I was involved in restaurant nights, matric farewell decor ect.
How would you describe your performance at school?	I am a practical person. Had to study really hard.
Did you receive a Grade 12/Matric pass If no state why?	Yes
Did you achieve any special awards or merits at school or thereafter?	Netball national team
Which were your favourite subjects?	Computer studies
Do you have current or future education goals?	Yes, in the next 4 years I want my degree.
Please detail any post school diplomas/degrees/certificates that you embarked on or graduated from?	Certificate in project management
What would be your ideal job/way in which to spend your working days, if money was not an issue?	Coordinating events for a fashion magazine
Are you currently employed? Please provide details.	Yes , Executive personal assistant
Do you have any long term career/work orientated goals? Please elaborate.	Want to finish my degree in public relations, marketing

## MEDICAL HISTORY

Do you have any current or past medical problems? If so please indicate whether current or past and provide details	No
Are you currently taking any medication prescribes by a Doctor? If so please detail for what condition and for how long you have been taking the medication.	Purbac , hormonal pimples after having baby.

## MEDICAL HISTORY (CONTINUED)

Do you have any genetic or hereditary medical conditions?	No
Have you ever taken, or are you currently taking, any mood medication/s. <i>E.g. Anti-depressants, anti-anxiety, mood stabilising medications?</i> If so please detail the medications.	No
Have you ever been under the care of a psychologist/psychiatrist? If so please provide details/reasons, indicating when you last saw the professional	No
Do you have any life threatening allergies? If so please explain.	No
Do You smoke cigarettes?	No
Do you consume alcohol and if so, how many drinks on average per week?	1/2 a week
Do you exercise and if so how many times per week?	6 days a week

## REPRODUCTIVE HISTORY

Have you ever been pregnant?	Yes
How many children (excluding any adopted children) have you birthed?	1
Have you had any miscarriages and if so, please provide details or why and when.	No

## FAMILY HEALTH HISTORY

Family Member	Age (or)	Age of death	Reason for death
Mother	49		-
Father		35	TB
Sibling 1	28		-
Sibling 2			
Maternal Grandmother		69	Lungs collapsed
Maternal Grandfather		75	Not sure , but Deceased
Paternal Grandmother	75		-
Paternal Grandfather		69	Stroke

## FAMILY HEALTH HISTORY (CONTINUED)

If you know that you are a Carrier or Non-Carrier of the conditions below, please indicate below with the date that you were tested, if known.

Condition	Yes/No	Date Tested
TaySachs disease	No	
Sickle Cell disease	No	
Thalassemia	No	
Cystic Fibrosis	No	

Are there any known genetic or hereditary medical conditions which are present in yourself or any family member, or conditions have been passed from one family member to another?

No

Please indicate whether you do or have/suffered from any of the following:

If one of your family members suffer from the condition, please indicate who suffers.

Condition	Yes / No	Who? Details / Outcome
Acne	No	
ADHD	No	
Alcoholism	Yes	My mother after dad passed away
Anaemia	No	
Arthritis	No	
Asthma	No	
Blindness	No	
Blood Transfusion	No	
Cancer	No	
Cataracts	No	
Cerebral Palsy	No	
Cleft Palate	No	
Deafness	No	
Depression	No	
Diabetes	No	
Downs Syndrome	No	
Dwarfism	No	
Eczema	No	
Emphysema	No	
Endometriosis	No	
Epilepsy	No	



Condition	Yes / No	Who? Details / Outcome
Glaucoma	No	
Haemophilia	No	
Heart problems	No	
High Blood Pressure	No	
High Cholesterol	Yes	My mother
Kidney Disease	No	
Learning Disability	No	
Leukaemia	No	
Liver Disease	No	
Migraines	No	
Multiple Sclerosis	No	
Muscular Dystrophy	No	
Osteoporosis	No	
Ovarian Cysts	No	
Psychological Disorders	No	
Senility before age 50	No	
Spina Bifida	No	
Tuberculosis	Yes	My father passed from TB
Thyroid Disease	No	
Ulcers	No	
Other	No	

ADDITIONAL DONOR PHOTOS (IF ANY)

