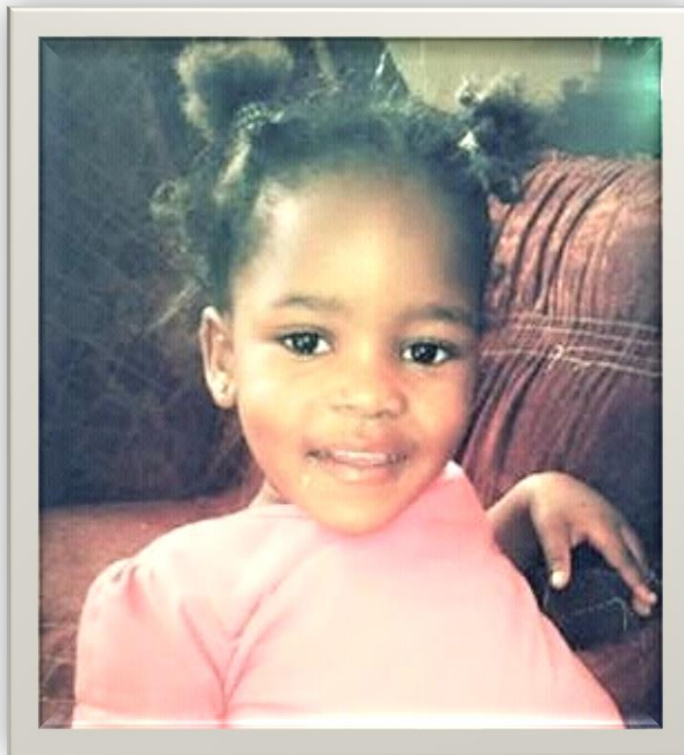


**Donor #: LB -0020319**



**SHORT SUMMARY PROFILE**

Race	Black
Region	Cape Town
Will travel to Donate	Yes
Date of Birth	19 October 1993
Nationality	South African
Are you adopted	No
Do you have any biological children	Yes
Is there a history of twins in your family	No
Have you ever donated before	No

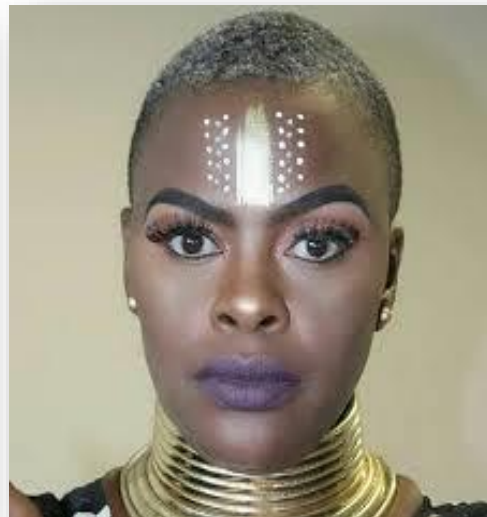
### PHYSICAL CHARACTERISTICS

Height	1.62
Weight	74
BMI	28.20
Eye Colour	Brown
Natural Hair Colour	Black
Natural Hair Texture	Thick
Complexion if Caucasian	-
Complexion if Black or Indian	Fair
Prominent Hand	Right

### CELEBRITY LOOK

This donor best resembles the following celebrity:

Thandeka Dawn

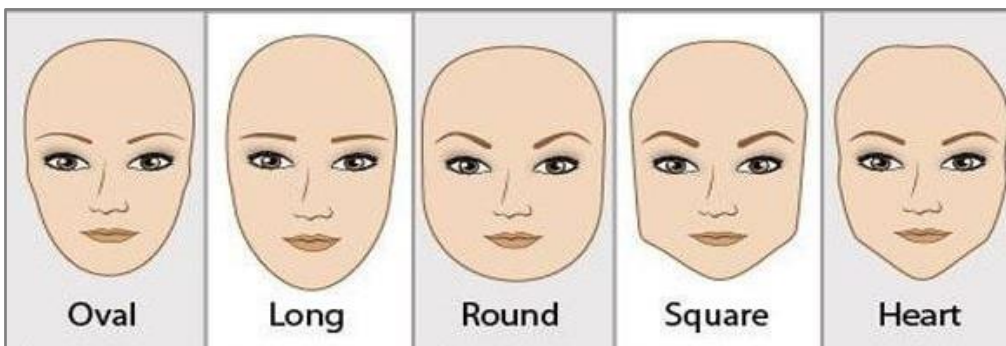


### FACE & BODY SHAPE

#### FACE SHAPE:

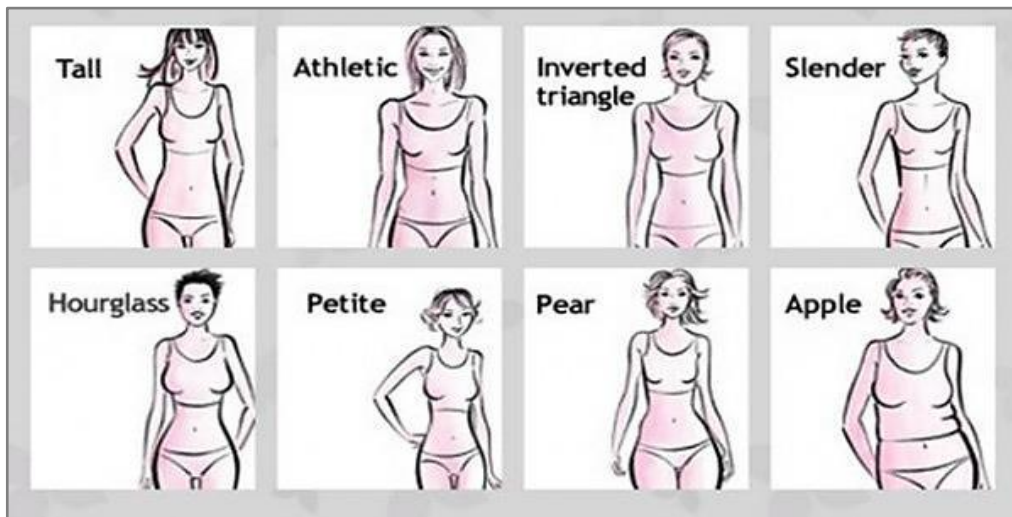
Which shape below best represents your shaped face

Round



**BODY TYPE:**

Which body type below best represents your body	Petite
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**PERSONALITY & CHARACTER**

Describe your personality	Humble, entertaining and respectful
Describe how you think others see you	People see me as a very interesting person
What excites and motivate you in life	To have my own things. Independancy
What saddens you in life	Death
What is most important to you in life	To be able to provide
What character/personality trait do you have that you are most proud of	Im a Go getter
What personal dreams and goals do you have for yourself	I want to have my own Events company and own a orphanage home for the unprivileged
Who do you look up to in life and why	I look up to myself because I'm all about changing people's lives to the better
If you had more money than you needed, what would you do with it	Build a home for street kids
If you could spend a day with anyone in the world (living or deceased) who would it be and why	My late grandmom because she taught me so much
Do you have any hobbies or special interests	Reading books

**DONATION INSIGHTS**

Why have you decided to become an egg donor	I know how frustrating it can get not to have a baby and i believe that every home deserves a child
What special message would you like to send the prospective parents	To pray about every situation

## LIFESTYLE

Describe your general health	Perfect
Do you smoke cigarettes? If so how many per days	No
Do you consume alcohol? If so how many units per week	Occasionally
How would you describe your diet	I eat everything
Do you exercise? If so how many times per week	I jog once a day
Have you excelled in any sports and/or do you play any competitive sports	I used to play netball in high school

## EDUCATION & EMPLOYMENT

How would you describe your performance at school/marks achieved	Im an average student
What is your highest completed High School Grade	I'm varsity 2nd year
Which were your favourite subjects	Tourism and Theory
Did you achieve any special awards or merits at school or thereafter	In high school I got 4 awards
Please detail any post school diplomas/degrees/certificates that you achieved	Senior certificate
How would you describe your level of intelligence	Quick learner
Are you currently studying or planning to study. Please elaborate	Studying
Are you currently employed? Please provide details.	No
Do you have any long term career/work orientated goals? Please elaborate	Yes
What would be your ideal job/way in which to spend your working days, if money was not an issue	Making sure that I visit old age homes and orphanages every now and then

## DONORS PARENTS

Detail	Mother	Father
Race	Black	Black
Origin/Heritage	Xhosa	Xhosa
Eye Colour	Brown	Black
Natural Hair Colour	Black	Black
Height	1.6	1.7

## FAMILY MEDICAL HEALTH HISTORY

### FAMILY HEALTH STATUS:

FAMILY MEMBER	Health Status (excellent/ good, poor)	If deceased, age and cause
Mother	Excellent	-
Father	Excellent	-
Sibling 1	Excellent	-
Sibling 2	Excellent	-
Sibling 3		-
Sibling 4		-
Maternal Grandmother	Excellent	-
Maternal Grandfather	Excellent	-
Paternal Grandmother	Good	-
Paternal Grandfather	Good	-

### GENETIC TESTING:

Condition	Yes/No
TaySachs disease	No
Sickle Cell disease	No
Thalessemia	No
Cystic Fibrosis	No

### MEDICAL HISTORY:

Condition	Who Suffers	Details/ Outcome
Acne	No	
ADHD	No	
Alcoholism	No	
Anaemia	No	
Arthritis	No	
Asthma	No	
Allergies	No	
Blindness	No	
Blood Transfusion	No	
Cancer (type & age of onset)	No	
Cataracts	No	
Cerebral Palsy	No	
Cleft Palate	No	
Deafness	No	
Depression/Mental Illness	No	
Diabetes (if insulin dependent at what age)	No	
Downs Syndrome	No	
Dwarfism	No	
Eczema	No	

Condition	Who Suffers	Details/ Outcome
Emphysema	No	
Endometriosis	No	
Epilepsy	No	
Fertility Issues	No	
Glaucoma	No	
Genetic/Hereditary Diseases	No	
Haemophilia/bleeding disorder	No	
Heart problems	No	
High Blood Pressure	No	
High Cholesterol	No	
HIV/Aids	No	
Kidney Disease	No	
Learning Disability	No	
Leukaemia	No	
Liver Disease	No	
Migraines	No	
Multiple Sclerosis	No	
Muscular Dystrophy	No	
Osteoporosis	No	
Ovarian Cysts	No	
Senility before age 50	No	
Spina Bifida	No	
Substance Abuse	No	
Tuberculosis	No	
Thyroid Disease	No	
Ulcers	No	
Other	No	

**ADDITIONAL DONOR PHOTOS (IF ANY)**

