

Donor #: JK - 0010119

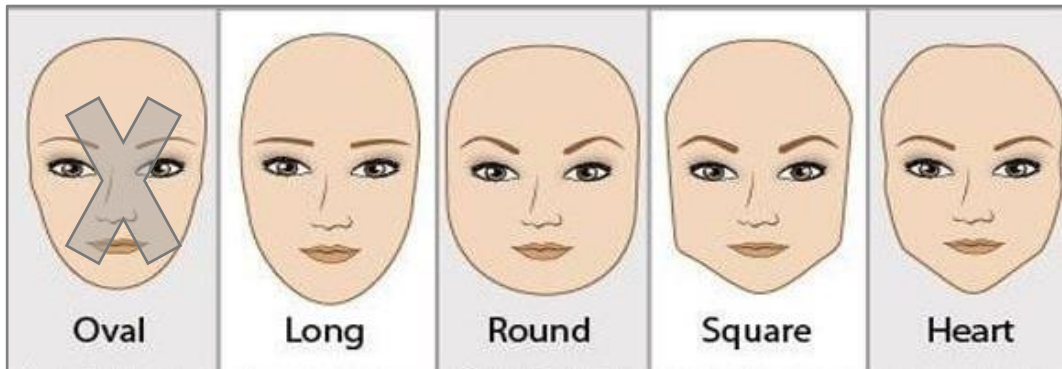


SHORT PROFILE INFORMATION

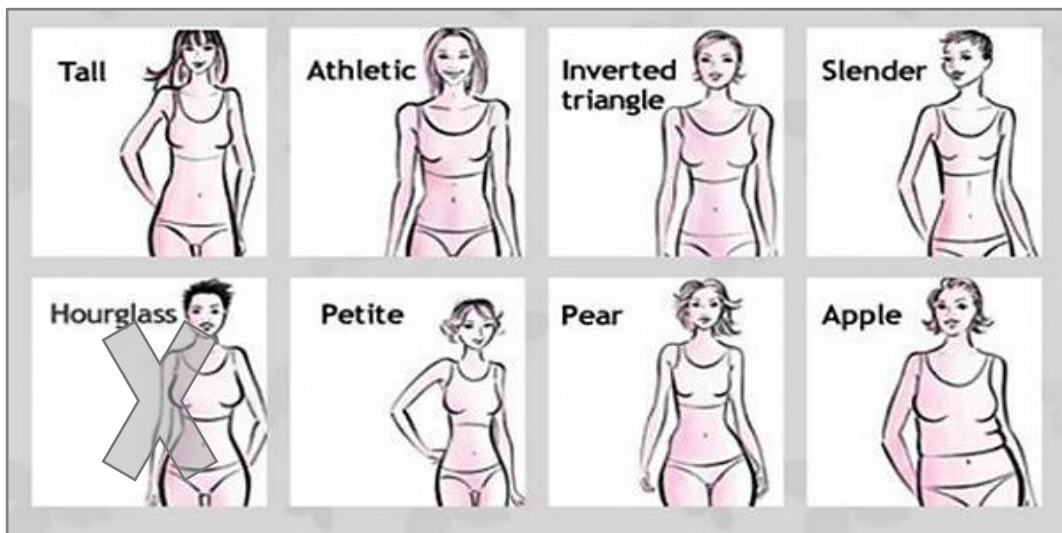
Ethnic Group/Race	White
In which country were you raised	South Africa
Where do you live	Cape Town
Will travel for donation if not in Cape Town	Yes
Date of Birth	12 June 1997
Are you adopted	No
Complexion	Fair
Weight	58
Height	1.62
Eye Colour	Blue
Natural Hair Colour	Blonde
Natural Hair Texture	Straight

FURTHER DETAILS ON PHYSICAL CHARACTERISTICS & FEATURES

Prominent Hand	Right Handed
Blood Group if known	AB+
BMI	22.10
What is your most attractive feature?	My eyes
Do you have any dominant features?	No
Please choose the option below which best resembles your shape face?	Oval



Please choose the option below which best resembles your natural body type?	Hourglass
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This donor best resembles this celebrity:	Drew Barrymore
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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	40	Brown	Light Brown	1.7
Father	41	Brown	Light Brown	1.9
Sibling 1	8	Blue	Blonde	1.43
Sibling 2	17	Brown	Blonde	1.7
Maternal Grandmother	60	Brown	Light Brown	1.65
Maternal Grandfather	62	Brown	Light Brown	1.75
Paternal Grandmother	75	Blue	Blonde	1.6
Paternal Grandfather	60	Brown	Light Brown	1.9

PERSONALITY & CHARACTER

Do you have any special interest in sports, hobbies or organizations?	Yes
What excites and motivate you in life?	That I am healthy
What saddens you in life?	That there are so many people that doesn't have food and a warm bed to sleep in
What character/personality do you have that you are most proud of	I'm energetic and bubbly
What dreams do you have for yourself?	I want to be successful in everything I do and I want to travel around the world.
How would your best friend describe you?	A loving, funny and beautiful individual who always try to make people happy
Who do you look up to in life and why?	My father because he is a good father and go out his way to help people without hesitating about it.
If you had more money than you needed, what would you do with it?	I would travel around the world with the love of my life.
If you could spend a day with anyone in the world (living or deceased) who would it be and why?	My grandfather because time with him in life was too short. I would love to get advise from him about life or just listen to his stories
Why would you like to become an egg donor?	To help people who struggle to get pregnant, who deserves to have a family of their own and to be happy.
What message would you like to send the prospective parents?	Never give up even though times are tough - there is always a happy story for everyone. Chosing me to be your donor would mean the world to me... to give you the children you deserve to have
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?	Yes, because I loved my friends and I loved learning new things
How would you describe your performance at school?	Good, I am a hard working person.
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?	No
Which were your favourite subjects?	Tourism
Do you have current or future education goals?	Yes
Please detail any post school diplomas/degrees/certificates that you embarked on or graduated from?	None
What would be your ideal job/way in which to spend your working days, if money was not an issue?	Teacher or Beautician
Are you currently employed? Please provide details.	Yes
Do you have any long term career/work orientated goals? Please elaborate.	Yes I want to reach my goals to be a teacher or a beautician

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 prescribed by a Doctor? If so please detail for what condition and for how long you have been taking the medication.	No

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?	Yes, but only weekends. 2 to 5 drinks (white wine)
Do you exercise and if so how many times per week?	Yes, now and then I would go to the gym for 2 hours but I do walk to work everyday

REPRODUCTIVE HISTORY

Have you ever been pregnant?	No
How many children (excluding any adopted children) have you birthed?	None
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	40		-
Father	41		-
Sibling 1	8		-
Sibling 2	17		-
Maternal Grandmother		60	Unsure
Maternal Grandfather		62	Unsure
Paternal Grandmother	75		-
Paternal Grandfather		60	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
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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	No	
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	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	
Psychological Disorders	No	
Senility before age 50	No	
Spina Bifida	No	
Tuberculosis	No	
Thyroid Disease	No	
Ulcers	No	
Other	No	

ADDITIONAL DONOR PHOTOS (IF ANY)

