

Donor #: SB - 0011118

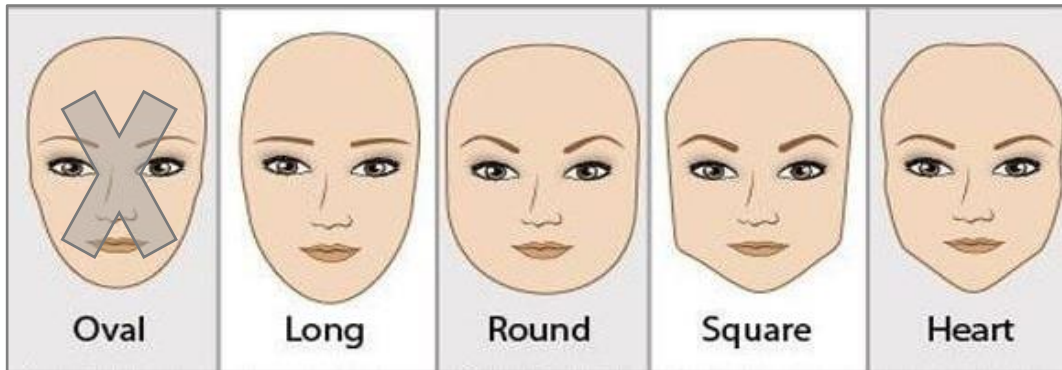


SHORT PROFILE INFORMATION

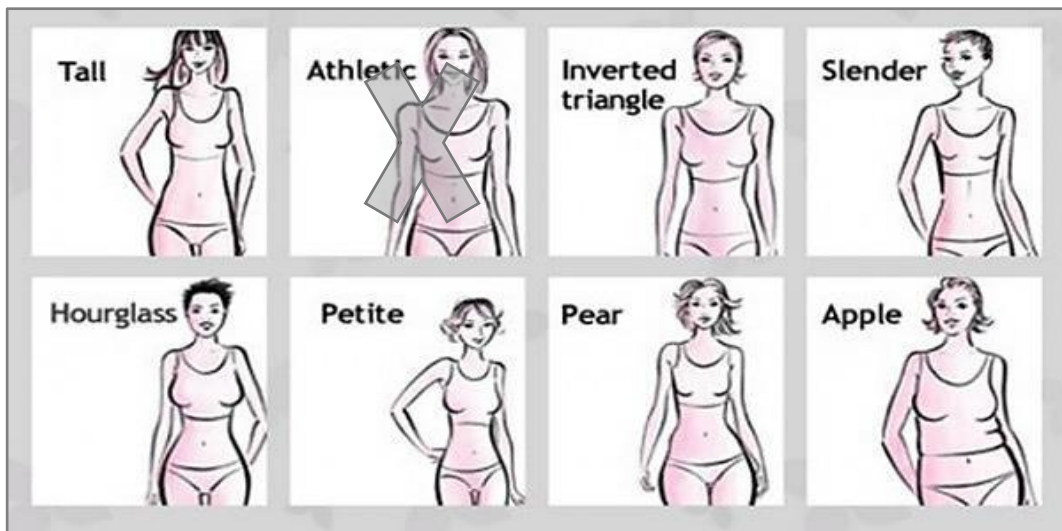
Ethnic Group/Race	Black
In which country were you raised	South Africa
Where do you live	Gordon's Bay
Will travel for donation if not in Cape Town	Yes
Date of Birth	06 June 1994
Are you adopted	No
Complexion	Dark
Weight	70
Height	1.64
Eye Colour	Brown
Natural Hair Colour	Black
Natural Hair Texture	Thick

FURTHER DETAILS ON PHYSICAL CHARACTERISTICS & FEATURES

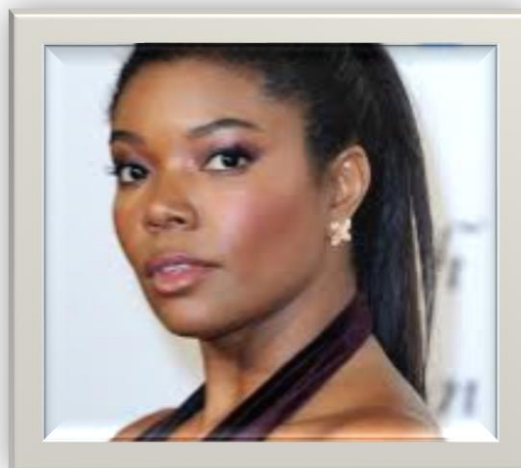
Prominent Hand	Right Handed
Blood Group if known	O
BMI	26.03
What is your most attractive feature?	Facial
Do you have any dominant features?	Dimples, plump lips and birth marks
Please choose the option below which best resembles your shape face?	Oval



Please choose the option below which best resembles your natural body type?	Athletic
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This donor best resembles this celebrity:	Gabrielle Union
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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	Black	1.66
Father	52	Brown	Black	1.7
Sibling 1				
Sibling 2				
Maternal Grandmother				
Maternal Grandfather				
Paternal Grandmother				
Paternal Grandfather				

PERSONALITY & CHARACTER

Do you have any special interest in sports, hobbies or organizations?	Singing , dancing, netball and cross country/ founder of NPo helping refugees
What excites and motivate you in life?	Achieving goals
What saddens you in life?	Failing
What character/personality do you have that you are most proud of	Ambitious
What dreams do you have for yourself?	To help as many people reach their goals , financially, health
How would your best friend describe you?	Always happy, laid back, funny and talkative
Who do you look up to in life and why?	I look up to goals it benefits not only myself or family but others
If you had more money than you needed, what would you do with it?	Help people in need
If you could spend a day with anyone in the world (living or deceased) who would it be and why?	Princess Diana because I feel like she could have done a lot more of her good deeds together with myself around the world
Why would you like to become an egg donor?	Again I love helping people in need , making people happy is very important to me
What message would you like to send the prospective parents?	I am not better than you , you're not less of a human . I hope you do good to others and teach your children the same
Have you donated before?	Yes, Feb 19 & Jun 19

FAMILY HERITAGE

Detail your Heritage in the table below:

Family Member	Country of Birth	Origin / Race
Mother	DRC	Black
Father	DRC	Black
Maternal Grandmother		
Maternal Grandfather		
Paternal Grandmother		
Paternal Grandfather		

EDUCATION & EMPLOYMENT

Did you enjoy school and why?	Yes I've always looked forward to a brighter future
How would you describe your performance at school?	It was good , too pressurized by parents and activities
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?	Biology and chemistry
Which were your favourite subjects?	I didn't have a favorite subject
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?	Working with people and bringing hope to their lives
Are you currently employed? Please provide details.	No
Do you have any long term career/work orientated goals? Please elaborate.	No, I'd work for myself so it will be more than just work

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?	On special occasions only
Do you exercise and if so how many times per week?	3 times a week

REPRODUCTIVE HISTORY

Have you ever been pregnant?	Yes
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	49		-
Father	52		-
Sibling 1			
Sibling 2			
Maternal Grandmother			
Maternal Grandfather			
Paternal Grandmother			
Paternal Grandfather			

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	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)

