

**Donor #: MG - 0010219**

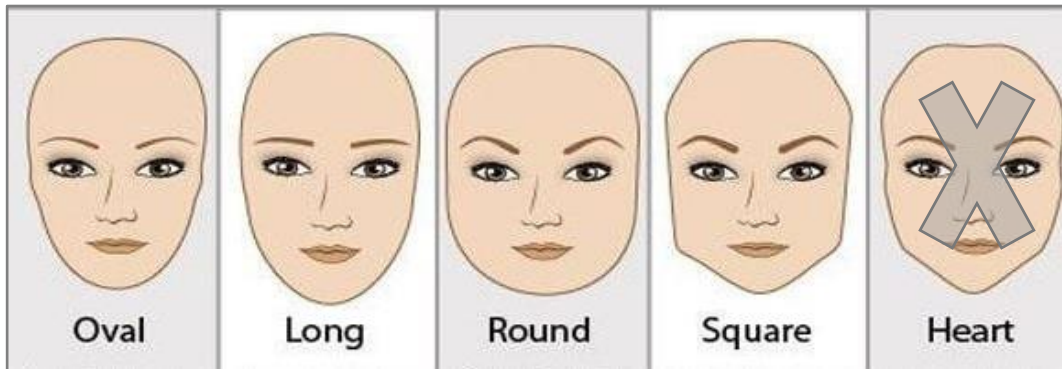


**SHORT PROFILE INFORMATION**

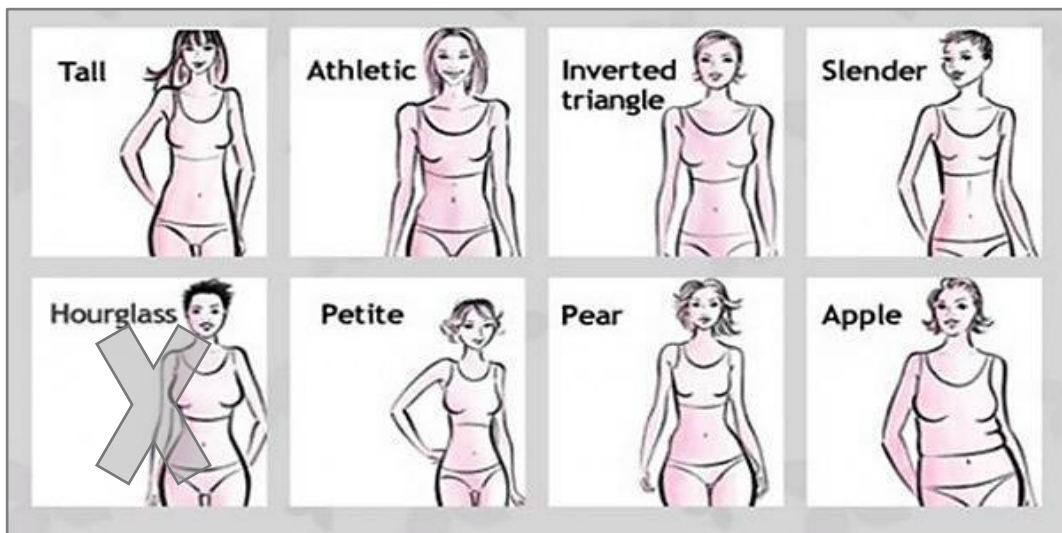
Ethnic Group/Race	White
In which country were you raised	South Africa
Where do you live	Port Elizabeth
Will travel for donation if not in Cape Town	Yes
Date of Birth	28 April 1994
Are you adopted	No
Complexion	Fair
Weight	82
Height	1.78
Eye Colour	Blue
Natural Hair Colour	Light Brown
Natural Hair Texture	Thick

## FURTHER DETAILS ON PHYSICAL CHARACTERISTICS & FEATURES

Prominent Hand	Right Handed
Blood Group if known	O+
BMI	25.88
What is your most attractive feature?	My eyes
Do you have any dominant features?	Dimples
Please choose the option below which best resembles your shape face?	Heart



Please choose the option below which best resembles your natural body type?	Hourglass
---	-----------



This donor best resembles this celebrity:	Cameron Diaz
---	--------------



## 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	50	Blue	Dark Brown	180
Father	51	Blue	Dark Brown	181
Sibling 1	29	Blue	Dark Brown	185
Sibling 2	27	Blue	Dark Brown	190
Maternal Grandmother	72	Brown	Dark Brown	165
Maternal Grandfather				
Paternal Grandmother	78	Green	Dark Brown	170
Paternal Grandfather	Unsure	Blue	Light Brown	175

## PERSONALITY & CHARACTER

Do you have any special interest in sports, hobbies or organizations?	I am very artistic and love the out doors
What excites and motivate you in life?	To move forward in life
What saddens you in life?	Seeing mothers through their children away
What character/personality do you have that you are most proud of	I am a very motivative person, I love a challenge
What dreams do you have for yourself?	Live life to the fullest
How would your best friend describe you?	Very happy and energetic person. I talk allot
Who do you look up to in life and why?	My mother as she was a single parent most of my youth
If you had more money than you needed, what would you do with it?	I would help feed children in orphan children
If you could spend a day with anyone in the world (living or deceased) who would it be and why?	I would stay where I am at the moment and help orphan children
Why would you like to become an egg donor?	I would like to give woman that cannot have children on there own a chance to have a baby
What message would you like to send the prospective parents?	Enjoy every moment of your child's youth life as they grow up to quickly
Have you donated before?	Yes, June 2019

## FAMILY HERITAGE

Detail your Heritage in the table below:

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

## EDUCATION & EMPLOYMENT

Did you enjoy school and why?	Yes, I loved my high school
How would you describe your performance at school?	I did well in school
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?	I received a reward for maths
Which were your favourite subjects?	Maths
Do you have current or future education goals?	I would like to study marketing but at the moment finances is my only block
Please detail any post school diplomas/degrees/certificates that you embarked on or graduated from?	No
What would be your ideal job/way in which to spend your working days, if money was not an issue?	I enjoy my job that I have at the moment. I am a client care manager and if I had all the money in the world I would still do this job. I enjoy working for people
Are you currently employed? Please provide details.	Yes, for a telecommunication company
Do you have any long term career/work orientated goals? Please elaborate.	I would like to move upwards in the company I work for now. Become a manager

## 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.	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?	No
Do you exercise and if so how many times per week?	Yes twice 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	50		-
Father	51		-
Sibling 1	29		-
Sibling 2	27		-
Maternal Grandmother	72		-
Maternal Grandfather			Deceased - Car crash before I was born
Paternal Grandmother	78		-
Paternal Grandfather		Unsure	Deceased - Liver Cancer

## 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	Yes	Paternal Grandfather had cancer
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)**

