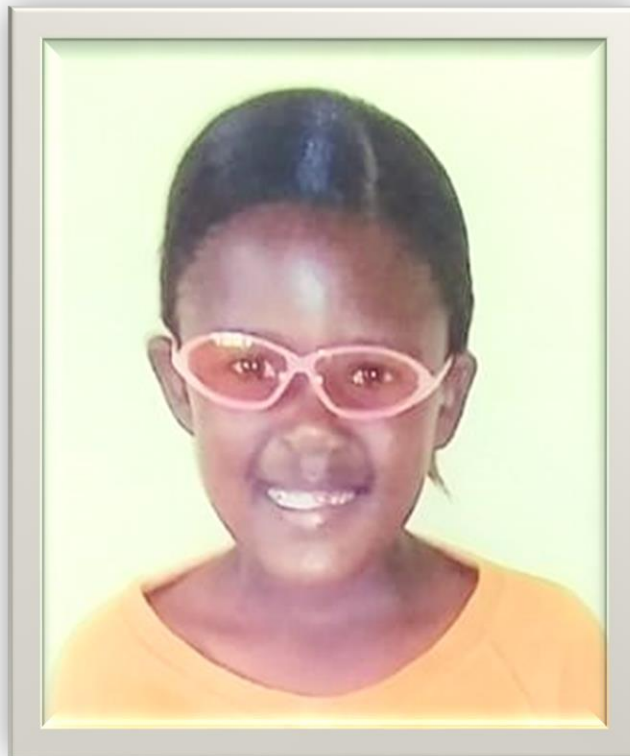


Donor #: NV -0010221



SHORT SUMMARY PROFILE

Race	Black
Region	Port Elizabeth
Will travel to Donate	Yes
Date of Birth	13/03/1999
Nationality	South African
Are you adopted	No
Do you have any biological children	No
Is there a history of twins in your family	No
Have you ever donated before	No

PHYSICAL CHARACTERISTICS

Height	1,61
Weight	66
BMI	25,46
Eye Colour	Brown
Natural Hair Colour	Dark Brown
Natural Hair Texture	Thick
Complexion if Caucasian	-
Complexion if Black or Indian	Medium to Dark
Prominent Hand	Right

CELEBRITY LOOK

This donor best resembles the following celebrity:

Nomzamo Mbatha

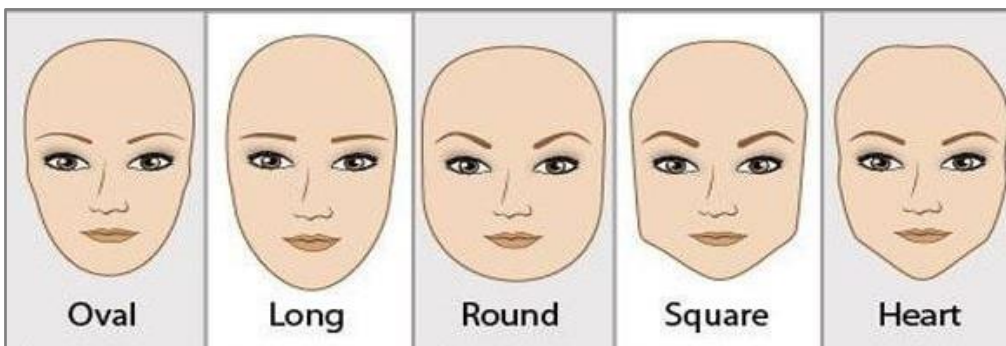


FACE & BODY SHAPE

FACE SHAPE:

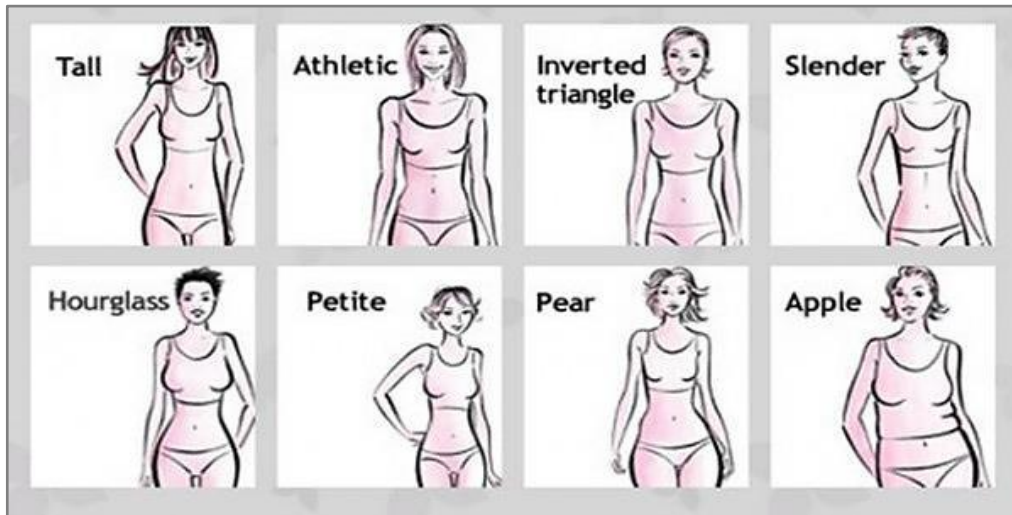
Which shape below best represents your shaped face

Oval



BODY TYPE:

Which body type below best represents your body	Petite
-------------------------------------------------	--------



PERSONALITY & CHARACTER

Describe your personality	Bubbly and it accomodate all personalities
Describe how you think others see you	As the best person to be around with and beautiful
What excites and motivate you in life	The goals I am working towards
What saddens you in life	Passing of a person
What is most important to you in life	My mental health
What character/personality trait do you have that you are most proud of	Always being positive about life
What personal dreams and goals do you have for yourself	To invest in property
Who do you look up to in life and why	Nomzamo Mbatha because of her kindness towards people
If you had more money than you needed, what would you do with it	Invest and help the less fortunate
If you could spend a day with anyone in the world (living or deceased) who would it be and why	My late Best friend because she brings life and light into the room
Do you have any hobbies or special interests	I love reading

DONATION INSIGHTS

Why have you decided to become an egg donor	I want to help people who cannot have children get a Chance to be parents
What special message would you like to send the prospective parents	May God keep on blessing you with many more of the things you wish you had

LIFESTYLE

Describe your general health	Great
Do you smoke cigarettes? If so how many per days	No
Do you consume alcohol? If so how many units per week	No
How would you describe your diet	Good
Do you exercise? If so how many times per week	Yes 7 times a week
Have you excelled in any sports and/or do you play any competitive sports	Yes

EDUCATION & EMPLOYMENT

How would you describe your performance at school/marks achieved	Great
What is your highest completed High School Grade	12
Which were your favourite subjects	Economics and Business Study
Did you achieve any special awards or merits at school or thereafter	Yes
Please detail any post school diplomas/degrees/certificates that you achieved	N/A
How would you describe your level of intelligence	Good
Are you currently studying or planning to study. Please elaborate	I'm Currently Studying Business Management - level N5
Are you currently employed? Please provide details.	No
Do you have any long term career/work orientated goals? Please elaborate	Yes I would love to open up my own company in the retail industry
What would be your ideal job/way in which to spend your working days, if money was not an issue	Be a manager at a Retail Store

DONORS PARENTS

Detail	Mother	Father
Race	Black	Black
Origin/Heritage	Xhosa	Xhosa
Eye Colour	Dark Brown	Brown
Natural Hair Colour	Dark Brown	Black
Height	165	170

FAMILY MEDICAL HEALTH HISTORY

FAMILY HEALTH STATUS:

FAMILY MEMBER	Health Status (excellent/ good, poor)	If deceased, age and cause
Mother	Good	-
Father		63 natural causes
Sibling 1		-
Sibling 2		-
Sibling 3		-
Sibling 4		-
Maternal Grandmother		-
Maternal Grandfather		-
Paternal Grandmother		-
Paternal Grandfather		-

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	
Emphysema	No	
Endometriosis	No	

Condition	Who Suffers	Details/ Outcome
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)

