

MALU





















Age: 22 years old

Blood group: B

Height: 170

Weight (lbs): 48 kg

Hair Color: Light brown

Eye Color: Hazel

Highest Level of education: Bachelor Degree

College Major:

Tourism

What was your college GPA? A+

Ethnicity: Indian

Business Administration Technological College Do you have any artistic abilities? Please List: Singing and Trombone

Do you have any athletic abilities? Please list: Swimming

Occupation? Model/student

Please describe your personality:

I am a fun girl. I like nature and animals. I like to spend time with my friends and family.

Do you wear or have you worn eyeglasses? If yes, at what age did you start wearing them? No

Have you worn braces? No

Why do you want to become a donor? To help women become mothers.

Do you feel prepared to commit to this process? Yes

Are you open to being matched with all types of families regardless of sexual preference, marital status, ethnicity or sex of the egg recipient? If no, please explain. Yes

If they request it, are you willing to meet your intended parents? Yes

Are you open to meeting the child in the future if that is requested? Yes

Are you open to exchanging future contact information with your intended Parents(s)? No

Do you have any siblings? If so, tell us about each of them: No

Do you have any children? If so, tell us about each of them: No

Personal Health History

Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list: No

Do you drink alcohol? If yes, how many drinks per week? No

Have you ever been pregnant? If yes, how many times and what was the out-come? I have never been pregnant.

Have you ever been a donor before? If yes, did a pregnancy occur? Yes

Are you currently taking any medication (for physical or mental health)? If yes, what medications are you on and why? No

Are you taking any recreational drugs? If yes, what are you taking? No

Do you smoke? No

Are your menstrual cycles regular? If no, please explain: Yes

Disease/Medical Condition	CheckTo Whom one	Passed Age of away? onset/Medication	Age at the time of passing
Cancer	No	No	
Mental Retardation	No	No	
Autism / Asperger's	No	No	
Physical Malformation	No	No	
Paralysis or crippling disorders	No	No	
Alcohol or Drug Addiction	No	No	
Cystic Fibrosis	No	No	
Sickle Cell Anemia	No	No	
Lupus	No	No	
Miscarriages, still births, neonatal deaths <input type="checkbox"/>	No	No	
High blood pressure, heart attacks or strokes <input type="checkbox"/>	No	No	
Memory loss or dementia	No	No	
Osteoporosis	No	No	
Arthritis	No	No	
Allergies	No	No	
Blood diseases	No	No	
Diabetes (Specifically Type 1 or Type 2) <input type="checkbox"/>	No	No	
Thyroid issues	No	No	
Learning disabilities	No	No	
Seizure or epilepsy	No	No	

Disease/Medical Condition	Check one	Passed away?	Age of onset/Medication	Age at the time of passing
Depression	No	No		
Panic attacks	No	No		
Schizophrenia	No	No		
Bipolar Disorder	No	No		
ADD or ADHD	No	No		
Age-related issues	No	No		
Kidney problems / diseases	No	No		
Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.	No	No		
Vision/Sight/Eye Problems	No	No		
