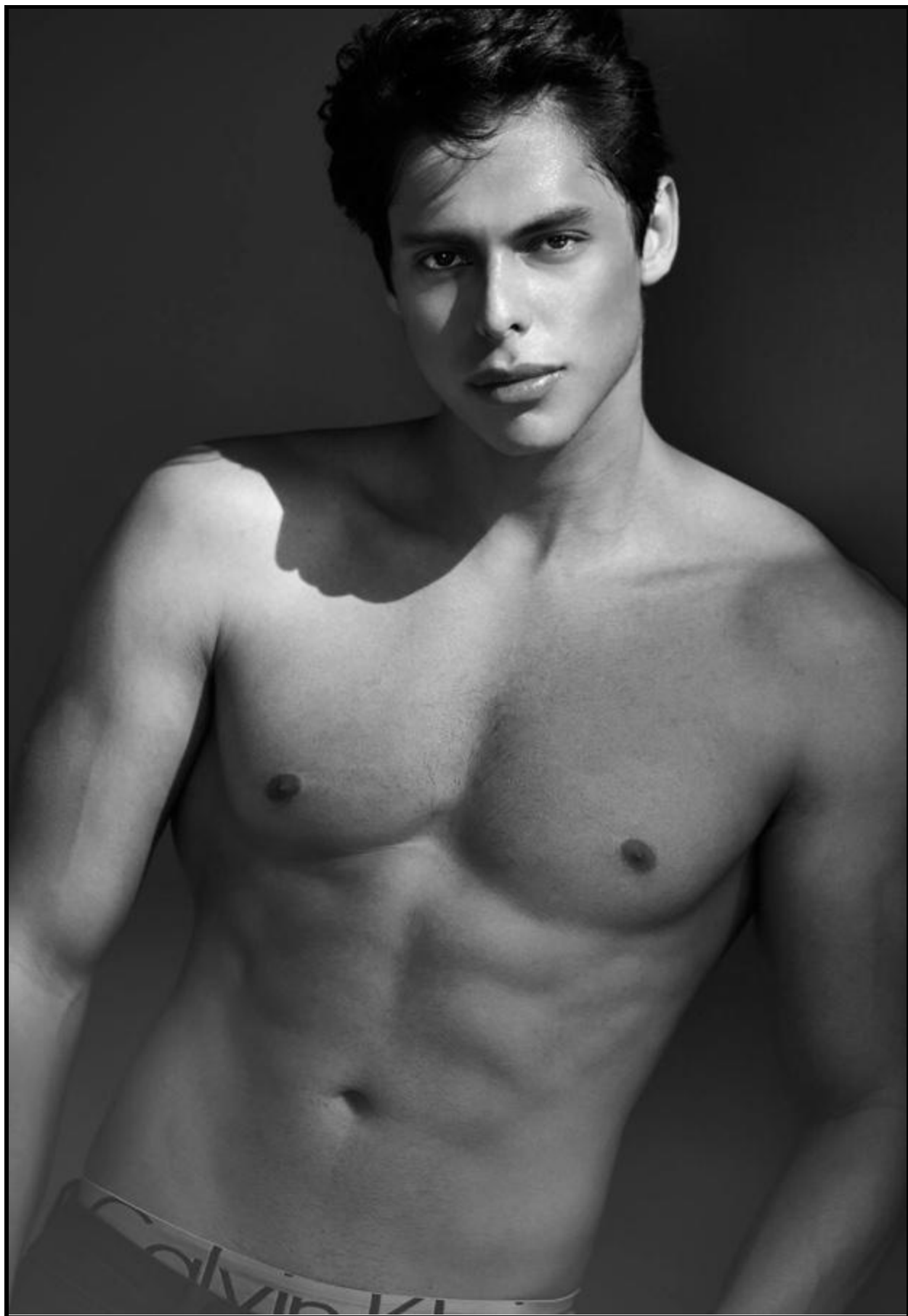








Date of Birth: 25 January 1991

Height: 1.85

Hair Color: black

Eye Color: brown

Ethnic Origin: French/Indian

Highest Level of education: Studied Law

Do you have any artistic abilities?

Piano

Do you have any athletic abilities? Tennis

What is your current occupation? Model

Please describe your personality: Intellectual

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

Have you worn braces? Yes

Why do you want to become a donor? It helps both families.

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? No

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

Where did you grow up? France

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? Yes, rare

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

Do you smoke? No

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

<i>Depression</i>	<i>no</i>				
<i>Panic attacks</i>	<i>no</i>				
<i>Schizophrenia</i>	<i>no</i>				
<i>Bipolar Disorder</i>	<i>no</i>				
<i>ADD or ADHD</i>	<i>no</i>				
<i>Age-related issues</i>	<i>no</i>				
<i>Kidney problems / diseases</i>	<i>no</i>				
<i>Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.</i>	<i>no</i>				
<i>Vision/Sight/Eye Problems</i>	<i>no</i>				