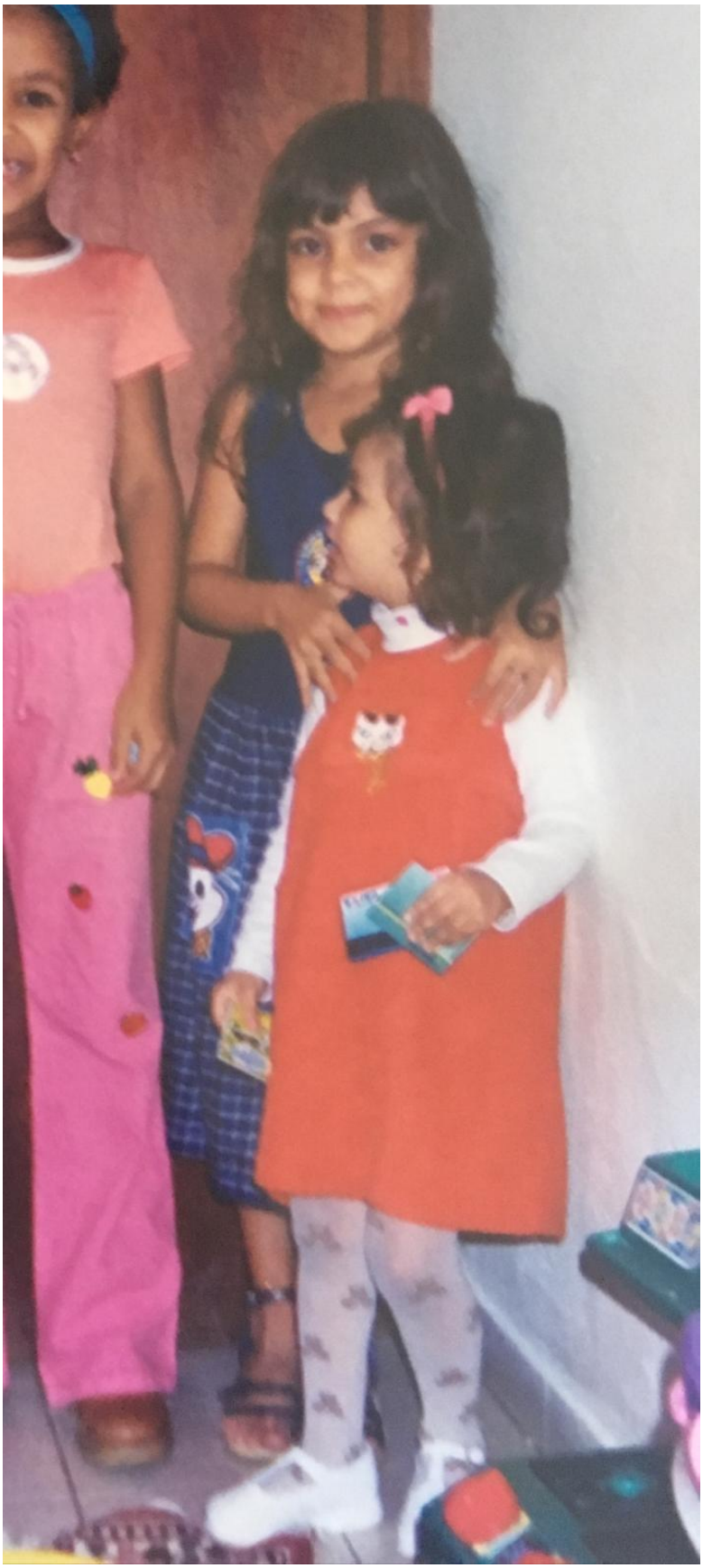

Date of Birth: 04/27/1996

Height: 5’4

Weight (lbs): 116

Hair Color: brown

Eye Color: light brown

Ethnic Origin: Brazilian

Maternal Heritage: Brazilian

Paternal Heritage: Brazilian

Blood Type: 0+

Highest Level of education College Major: Bachelor degree

What was your college GPA? 3.85

What college(s) or university(ies) have you attended? Do you have any artistic abilities? Please List. Anhembi Morimbi

Do you have any athletic abilities? Please list:Belly dancer, jazz dance

What is your current occupation? Digital influencer

Please describe your personality: outgoing, friendly, calm.

Do you wear or have you worn eyeglasses? No

Have you worn braces? Yes

Why do you want to become a donor? I would love to help a family

Being a donor is a big responsibility. 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? 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)?

Where did you grow up? yes

Do you have any siblings? Yes one sister

Do you have any children? 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? No

Have you ever been a donor before? Yes, once 22 eggs

Are you currently taking any medication (for physical or mental health)? no

Are you taking any recreational drugs? no

Do you smoke? No

Are your menstrual cycles regular? yes

Family Medical History Note:

Family Genetic History

Father:

Age: 58

Height: 5’7

Eye color: light brown

Hair color: Black

Occupation: company manager

Mother:

Age: 57

Height:5’3

Hair: light brown

Occupation: Physiotherapist

Disease/Medical Condition Check one To Whom Passed away? NONE

Age of onset/Medication

Age at the time of passing

Cancer

Mental Retardation

Autism / Asperger's

Physical Malformation

Paralysis or crippling disorders

Alcohol or Drug Addiction

Cystic Fibrosis

Sickle Cell Anemia

Lupus

Miscarriages, stillbirths, neonatal deaths:

High blood pressure, heart attacks or strokes:

Memory loss or dementia

Osteoporosis

Arthritis

Allergies

Blood diseases

Diabetes (Specifically Type 1 or Type 2)

Thyroid issues

Learning disabilities

Seizure or epilepsy

Depression

Panic attacks

Schizophrenia

Bipolar Disorder

ADD or ADHD

Age-related issues

Kidney problems / diseases

Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc.

Vision/Sight/Eye Problems