

University of Rowan

Degree in Health and Exercise Science

Professional Equestrian



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Date of Birth

11/03/1992

Height (Feet)

5.70

Weight (lbs)

125.00

Hair Color

Brown

Eye Color

Blue

Ethnic Origin

White

Maternal Heritage

Polish Swedish

Paternal Heritage

Native American dutch

Blood Type

A Positive

Highest Level of Education

Bachelor of science

University Name

Rowan university

Name of your Degree

Health and exercise science

Do you have any artistic abilities?

No

Do you have any athletic abilities?

Yes

List of athletic abilities?

Equestrian

What is your current occupation?

Fitness coach and equestrian

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Please describe your personality

Loving, positive, relaxed, fun, sweet, kind,

Do you wear or have you worn eyeglasses?

No

Have you worn braces?

Yes

At what age did you start wearing them?

10

Why do you want to become a donor?

Happy to help :)

Being a donor is a big responsibility. It requires going to several doctor's appointments, taking injections and having minor out-patient surgery. 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?

Yes

Please explain why

Doesn't matter to me! Open and understanding

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)?

Yes

Where did you grow up?

New Jersey

Do you have any siblings?

Yes

Tell us about them

1 sister

1 half sister

1 half brother

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Do you have any children?

No

Personal Health History

Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)?

No

Do you drink alcohol?

No

Have you ever been pregnant?

No

Have you ever been a donor before?

No

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: Medical history will be verified. Anything purposefully omitted may result in being dropped from the program.

The following members need to be in your list.

Biological Family Member

Dad

Sex

Male

Age

68

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Height (Feet)

6'3

Eye Color

Blue

Hair Color

Brown

Education Level

High school

Deceased

No

Occupation

Owns his own trucking business

Biological Family Member

Mom

Sex

Female

Age

64

Height (Feet)

5'8

Eye Color

Brown

Hair Color

Brown

Education Level

College

Deceased: No

Occupation

Retired

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Biological Family Member
Grandmother

Sex
Female

Age
102

Height (Feet)
5'6

Eye Color
Blue

Hair Color
White lol (brown)

Education Level
College

Deceased
No

Occupation
Retired

Biological Family Member
Grandfather

Sex
Male

Age
79

Height (Feet)
6'4

Eye Color
Blue

Hair Color
Brown

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Education Level

High school

Deceased

Yes

Occupation

Don't know

Biological Family Member

Grandmother

Sex

Female

Age

30

Height (Feet)

5'7

Eye Color

Brown

Hair Color

Brown

Education Level

Don't know

Deceased

Yes

Occupation

Don't know never knew her

Biological Family Member

Grandfather

Sex

Male

Age

30

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Height (Feet)

6'1

Eye Color

Brown

Hair Color

Brown

Education Level

Don't know

Deceased

Yes

Occupation

Don't know

Diseases & Medical Conditions

1. **Cancer**
No
2. **Mental Retardation**
No
3. **Autism / Asperger's**
No
4. **Physical Malformation**
No
5. **Paralysis or crippling disorders**
No
6. **Alcohol or Drug Addiction**
No
7. **Cystic Fibrosis**
No
8. **Sickle Cell Anemia**
No
9. **Lupus**
No
10. **Miscarriages, still births, neonatal deaths**
No

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11. **High blood pressure, heart attacks or strokes**
No
12. **Memory loss or dementia**
No
13. **Osteoporosis**
No
14. **Arthritis**
No
15. **Allergies**
No
16. **Blood diseases**
No
17. **Diabetes (Specifically Type 1 or Type 2)**
No
18. **Thyroid issues**
No
19. **Learning disabilities**
No
20. **Seizure or epilepsy**
No
21. **Depression**
No
22. **Panic attacks**
No
23. **Schizophrenia**
No
24. **Bipolar Disorder**
No
25. **ADD or ADHD**
No
26. **Age-related issues**
No
27. **Kidney problems / diseases**
No
28. **Reproductive problems: i.e. endometriosis, hysterectomies, late-term miscarriages, etc**
No
29. **Vision/Sight/Eye Problems**
No