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Basketball

Personal Information

1. **Date of Birth:** 10/17/1994
2. **Height (cm):** 170
3. **Weight (kg):** 55
4. **Hair Color:** Brown
5. **Eye Color:** Light Brown
6. **Ethnic Origin:** Mixed
7. **Maternal Heritage:** Brazilian
8. **Paternal Heritage:** Brazilian
9. **Blood Type:** O Negative
10. **Highest Level of Education:** High School
11. **University Name:** N/A
12. **Name of Your Degree:** N/A

Talents & Abilities

13. **Artistic Abilities:** No
14. **Athletic Abilities:** Yes
15. **List of Athletic Abilities:** I go to the gym and ride a bike

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Current Life

16. **Current Occupation:** Model and Influencer
17. **Describe Your Personality:** I'm calm, attentive, friendly, and charismatic
18. **Do You Wear or Have You Worn Eyeglasses?:** No
19. **Have You Worn Braces?:** No

Donation-Related Questions

20. **Why Do You Want to Become a Donor?:**

    I want to help families who are unable to conceive on their own and make a positive impact in their lives.

21. **Are You Prepared for the Responsibilities of Being a Donor (appointments, injections, minor surgery)?:** Yes
22. **Are You Open to Being Matched With All Types of Families (regardless of sexual preference, marital status, ethnicity, or sex)?:** No
23. **Are You Willing to Meet the Intended Parents If Requested?:** No
24. **Are You Open to Meeting the Child in the Future If Requested?:** No
25. **Are You Open to Exchanging Future Contact Information with the Intended Parents?:** No

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Background Information

26. **Where Did You Grow Up?:** São Paulo
27. **Do You Have Any Siblings?:** Yes
28. **Tell Us About Them:** I have one older brother
29. **Do You Have Any Children?:** No

Personal Health History

1. **Any Past or Current Medical Problems (surgeries, accidents, birth defects, depression, etc.)?:** No
2. **Do You Drink Alcohol?:** No
3. **Have You Ever Been Pregnant?:** No
4. **Have You Ever Been a Donor Before?:** No
5. **Are You Currently Taking Any Medication (physical or mental health)?:** No
6. **Are You Taking Any Recreational Drugs?:** No
7. **Do You Smoke?:** No
8. **Are Your Menstrual Cycles Regular?:** Yes

Family Medical History

Note: Medical history will be verified. Any information that is intentionally omitted may result in being dropped from the program.

Family Member: Norma Ruth Botelho Rocha

- **Sex:** Female
- **Age:** 53
- **Height (cm):** 156
- **Eye Color:** Brown
- **Hair Color:** Brown
- **Education Level:** High School
- **Deceased:** No
- **Occupation:** Retired

Known Family Medical Conditions:

- Cancer: No
- Mental Retardation: No
- Autism / Asperger's: No
- Physical Malformations: No
- Paralysis or Crippling Disorders: No
- Alcohol or Drug Addiction: No
- Cystic Fibrosis: No
- Sickle Cell Anemia: No
- Lupus: No
- Miscarriages, Stillbirths, Neonatal Deaths: No
- High Blood Pressure, Heart Attacks, or Strokes: No
- Memory Loss or Dementia: No
- Osteoporosis: No
- Arthritis: No
- Allergies: No
- Blood Diseases: No
- Diabetes (Type 1 or Type 2): No
- Thyroid Issues: No
- Learning Disabilities: No
- Seizures or Epilepsy: No
- Depression: No
- Panic Attacks: No
- Schizophrenia: No
- Bipolar Disorder: No
- ADD or ADHD: No
- Age-Related Issues: No
- Kidney Problems or Diseases: No
- Reproductive Problems: No
