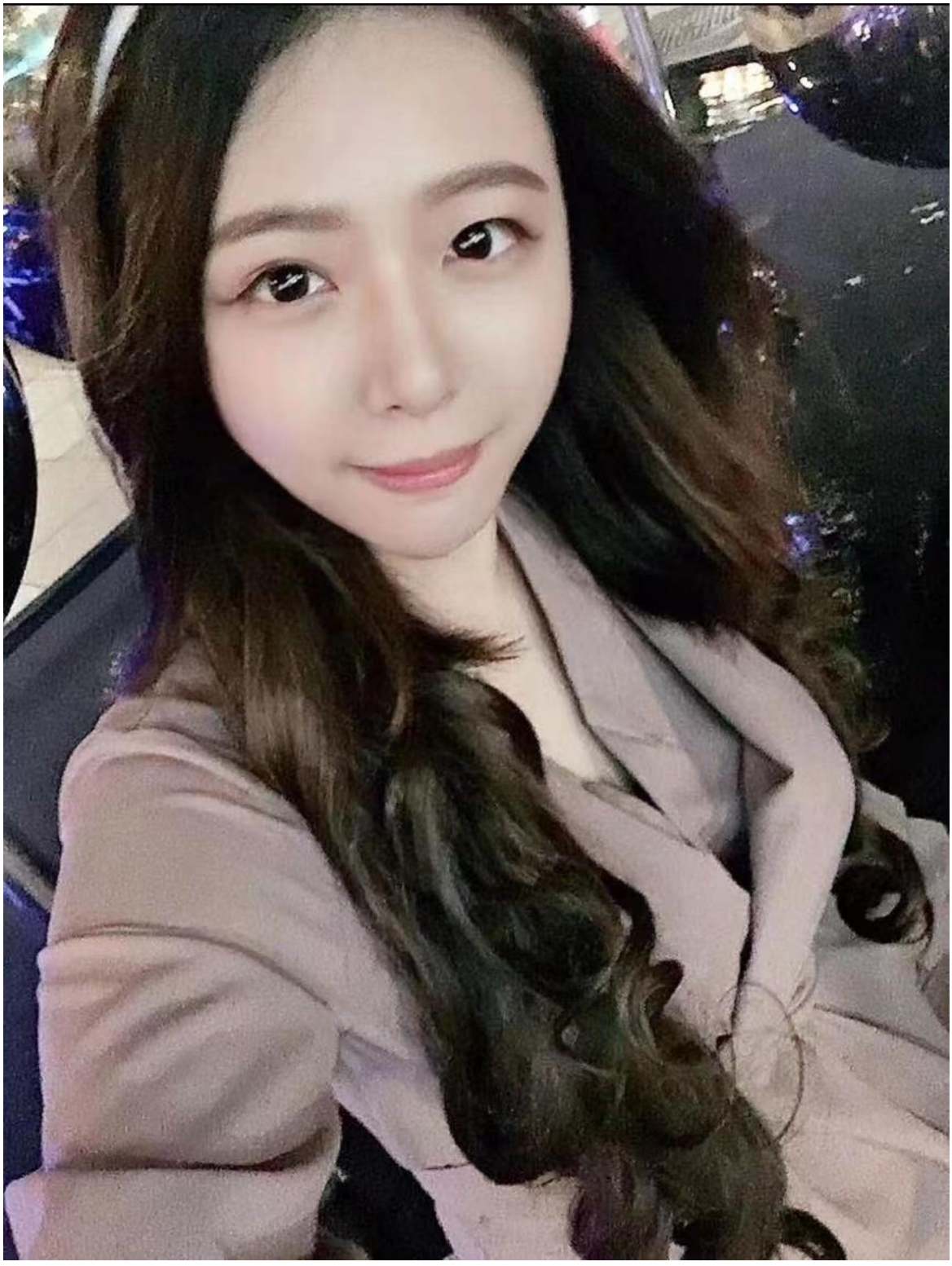

Date of Birth
01/02/1994

Height (Feet)
5.50

Weight (lbs)
127.00

Hair Color
black

Eye Color
black

Ethnic Origin
Asia

Maternal Heritage
Asia

Paternal Heritage
Asia

Blood Type
O Positive

Highest Level of Education
University

University Name
Hong Kong University of Science and Technology

Name of your Degree
Bachelor's degree

Do you have any artistic abilities?
Yes

List of abilities
Painting/Handicrafts

Do you have any athletic abilities?
Yes

List of athletic abilities?
Swimming/playing badminton/jogging

What is your current occupation?
community secretary

Please describe your personality
Lively/Cheerful/Kind/Optimistic/Caring/Responsible/Independent/Frank/Brave/Helpful/Honest

Do you wear or have you worn eyeglasses?
No

Have you worn braces?
No

Why do you want to become a donor?
For me, being able to help my parents is a very happy thing. People are small. Although I only have a small body, I have great energy. I hope to do my best to help my parents. I also hope to save more money and buy a house of my own.

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
Help all those in need.

If they request it, are you willing to meet your intended parents?
No

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?
Yes

Tell us about them
A sister and a brother

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.

- Father
- Mother
- Paternal Grandmother
- Paternal Grandfater
- Maternal Grandmother
- Maternal Grandfather
- Siblings

List family medical history

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1. **Biological Family Member**
   Mother
2. **Sex**
   Female
3. **Age**
   55
4. **Height (Feet)**
   5.4
5. **Eye Color**
   black

6. **Hair Color**
   black
7. **Education Level**
   high school
8. **Deceased**
   No
9. **Occupation**
   real estate agent

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10. **Biological Family Member**
    Father
11. **Sex**
    Male
12. **Age**
    57
13. **Height (Feet)**
    5.11
14. **Eye Color**
    black
15. **Hair Color**
    black
16. **Education Level**
    high school
17. **Deceased**
    No
18. **Occupation**
    architect

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19. **Biological Family Member**
    Paternal Grandmother
20. **Sex**
    Female
21. **Age**
    74

22. **Height (Feet)**
    5.4
23. **Eye Color**
    black
24. **Hair Color**
    black
25. **Education Level**
    high school
26. **Deceased**
    No
27. **Occupation**
    Retailer

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28. **Biological Family Member**
    Paternal Grandfater
29. **Sex**
    Male
30. **Age**
    78
31. **Height (Feet)**
    5.9
32. **Eye Color**
    black
33. **Hair Color**
    black
34. **Education Level**
    high school
35. **Deceased**
    No
36. **Occupation**
    Retailer

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37. **Biological Family Member**
    Maternal Grandmother

38. **Sex**
    Female
39. **Age**
    82
40. **Height (Feet)**
    5.4
41. **Eye Color**
    black
42. **Hair Color**
    black
43. **Education Level**
    junior high school
44. **Deceased**
    No
45. **Occupation**
    catering industry

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46. **Biological Family Member**
    Maternal Grandfather
47. **Sex**
    Male
48. **Age**
    88
49. **Height (Feet)**
    5.9
50. **Eye Color**
    black
51. **Hair Color**
    black
52. **Education Level**
    high school
53. **Deceased**
    No
54. **Occupation**
    tea merchant

55. **Biological Family Member**
    sister
56. **Sex**
    Female
57. **Age**
    26
58. **Height (Feet)**
    5.5
59. **Eye Color**
    black
60. **Hair Color**
    black
61. **Education Level**
    master
62. **Deceased**
    No
63. **Occupation**
    bank staff

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64. **Biological Family Member**
    brother
65. **Sex**
    Male
66. **Age**
    18
67. **Height (Feet)**
    5.8
68. **Eye Color**
    black
69. **Hair Color**
    black
70. **Education Level**
    cadet

71. **Deceased**
No

72. **Occupation**
cadet

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
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