

Updated medical information on the donor and his family (if applicable) can be found at fairfaxcryobank.com/prs-donor-updates

DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 6171

Thank you for your interest in becoming a sperm donor. The following three-part questionnaire has been developed to help us and potential recipients gain insight into your personal and family medical and social history.

PART I – DONOR GENERAL AND PSYCHOSOCIAL DESCRIPTION

These are questions about your general description, occupation, education, and personal characteristics.

PART II – DONOR'S FAMILY SOCIAL INFORMATION

This refers to your parents, siblings, and maternal/paternal grandparents. Please complete to the best of your knowledge. You may want to consult with these family members to complete the questions/statements that are unknown to you.

PART III – DONOR'S PERSONAL MEDICAL HISTORY

This refers to you, your immediate family, aunts, uncles and cousins and grandparents. Once again, you may need to consult with these other family members to answer questions that are unknown to you.

PART IV – DONOR AND FAMILY MEDICAL HISTORY

Please sign and date the statement on page 12. This page is a legal document, in which you verify that, to the best of your knowledge, your responses to the questions accurately reflect the past and current state of your personal and family health. It will be detached from the rest of the questionnaire and will remain confidential.

INSTRUCTIONS FOR COMPLETING THIS FORM:

1. DO NOT USE PENCIL: USE BLUE OR BLACK INK
2. FORMS IN PENCIL WILL NOT BE ACCEPTED!
3. Please answer *all* questions to the best of your ability by checking the appropriate boxes, circling the appropriate answer or providing written responses in the spaces provided.
4. Do not put your name anywhere on this form, except your signature on page 12.
5. Do not list the city as place of birth for you or family members. List state only (or country if not US born).

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PART 1A - DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION

Current Age: 30	Today's Date: 7.25.2009	Place of Birth (State or Country only): United States
Mo./Yr of Birth: 4/23/1979	Height: 5'11	Weight: 199
Eye Color: Hazel	Hair Color: Light Brown	
Hair (circle that apply): Balding Thin Average <u>Thick</u> Curly Wavy <u>Straight</u>	Freckles: <u>None</u> Few Numerous	
Skin Color: Fair Medium Dark Olive <u>Light Brn</u> Reddish Brn Med. Brn Dark Brn		
Are you: Left Handed <u>Right Handed</u> Ambidextrous		
Are you a twin? Yes <u>No</u> Are there twins in your family? Yes <u>No</u> If yes are they: Identical Fraternal		
Family Background: Race: <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Latin <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other		
Mother's Ethnicity: 1. Irish 2. ^{Some} Native American 3. (1/8 Cherokee) 4.		
Father's Ethnicity: 1. Irish 2. ^{Some} Turkish 3. 4.		
Circle any group from which you descend: African Mediterranean Middle Eastern French/Canadian Jewish		
If Jewish, please circle one of the following: Asian Ashkenzai Sephardic		

PART 1B - EDUCATION AND CAREER

Occupation: Actor/Writer	2nd Occupation: Door Security
What was your high school GPA? 3.4	Are you currently in college? Yes <u>No</u>
College/University GPA: 3.3	Degree: Bachelors of Arts Major: Theater
Post Graduate GPA:	Degree: Major:
What are your career goals? To make a successful living as an actor and to inspire people with my writing.	

PART 1C - PERSONAL CHARACTERISTICS

Math Skill Ability: Pretty good. Didn't have the interest like my brother. But I'm very positive in that anything can be done with practice and determination.
Mechanical Ability: Novice. I can fix my Nissan for the most part.
Athletic Ability: Very good. I was on the highschool swimming, and tennis team. I workout now 5-6 days a week.
Musical Ability: In college I sang in 2 bands. In highschool I was in choir for 2 years and sang Bass and Baritone.
Foreign Language Ability: I took 3 years of Japanese in highschool.
Artistic Ability: Very Artistic. Have been in more than 30 plays. Have done some TV & film. I love to read and write poetry. Always looking at the beauty in life.
Special hobbies, talents and interests: I like to play chess a lot. I like to read Bukowski and W. Somerset Maugham, my favorite Authors.
Favorite Sport: Tennis & Football
Favorite Food: Italian
Favorite Color: Blue
Favorite Pet: Tough one, A tie Between Cats & Dogs.
Favorite Movie: Lost in Translation
Favorite Book or Author: The Razor's Edge
Favorite Music and/or Group(s): Trance/techno, Rock, & Classical.
Where would you like to travel and why? Amsterdam - Because that place has so many museums, you can walk everywhere, take the pictures I've seen of the mountains, and landscapes are absolutely beautiful, and it's within traveling distance to all the other countries.

Interviewer Comments:

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PART 1C – PERSONAL CHARACTERISTICS Cont'd	
How would you describe your personality? <u>Goofballish, serious, sensitive, and very witty.</u>	
Do you consider yourself to be more: 1. Analytical/Rational or <u>Intuitive/Feeling</u> 2. <u>Extrovert</u> or Introvert	
Why do you want to be a donor? <u>To give a great Family the opportunity of having a child. For that child to grow up in a wonderful environment. Children are the meaning of life.</u>	
Who do you most admire and why? <u>My mother. She's a very strong and courageous person under any circumstance. At the same time she is very loving, sweet, kind & empathetic. I like to think I have many of her qualities. I wouldn't be who I am today without that wonderful woman.</u>	

PART 2 – DONOR'S FAMILY INFORMATION (Please Circle choices and/or complete)	
Do you have any children? Yes <input type="radio"/> No <input checked="" type="radio"/> If Yes, please complete the following below:	
Age: _____ Sex: _____ Health Problems: _____	
Age: _____ Sex: _____ Health Problems: _____	
Age: _____ Sex: _____ Health Problems: _____	
Have you been responsible for any other pregnancies? Y N If yes, what year(s) did they occur? _____	
DONOR'S FATHER	Yr of Birth: <u>1944</u> Place of Birth: <u>Texas</u> Eye Color: <u>Brown</u> Hair Color: <u>Brown</u>
Describe Hair: Balding <input type="radio"/> <u>Thin</u> Average Thick Curly Wavy Straight Height: <u>5'9</u> Weight: <u>165</u>	
Complexion: Fair <input type="radio"/> <u>Medium</u> Olive Light/Brown Medium/Brown Dark/Brown Freckles: Yes <input type="radio"/> No <input checked="" type="radio"/>	
Bone Structure: Small <input type="radio"/> <u>Medium</u> Large Very Large Vision: Excellent <input type="radio"/> <u>Good</u> Fair Poor	
Occupation: <u>Accountant</u> Education: <u>Bachelors in Accounting</u>	
Special skills or characteristics: <u>VERY FUNNY sense of humor. VERY smart, well Educated.</u>	
List any past or present significant health problems: <u>NONE</u>	
Is he more (circle one in each column): <u>Optimistic</u> Pessimistic <u>Assertive</u> Passive <u>Leader</u> Follower <u>Easy Going</u> Controlling	
DONOR'S MOTHER	Yr of Birth: <u>1952</u> Place of Birth: <u>Illinois</u> Eye Color: <u>Blue</u> Hair Color: <u>Brown</u>
Describe Hair: Balding Thin Average Thick <u>Curly</u> <u>Wavy</u> Straight Height: <u>5'1</u> Weight: <u>160</u>	
Complexion: Fair Medium Olive <u>Light/Brown</u> Medium/Brown Dark/Brown Freckles: Yes <input type="radio"/> No <input checked="" type="radio"/>	
Bone Structure: Small <input type="radio"/> <u>Medium</u> Large Very Large Vision: Excellent <input type="radio"/> <u>Good</u> Fair Poor	
Occupation: <u>Tech manuals Supervisor</u> Education: <u>Associates Degree</u>	
Special skills or characteristics: <u>A funny, kind lady. VERY strong person. Talented in writing.</u>	
List any past or present significant health problems: <u>NONE</u>	
Is she more (circle one in each column): <u>Optimistic</u> Pessimistic <u>Both</u> <u>Assertive/Passive</u> <u>Leader</u> Follower <u>Easy Going</u> Controlling	

Interviewer Comments: _____

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DONOR'S SIBLING M <input checked="" type="radio"/> F <input type="radio"/>	Half-Sibling <input type="checkbox"/>	Yr of Birth: MAY 1984	Eye Color: BROWN	Hair Color: BROWN				
Describe Hair: Balding Thin <u>Average</u> Thick <u>Curly</u> Wavy Straight		Height: 5'9	Weight: Around 170					
Complexion: Fair <u>Medium</u> Olive Light/Brown Medium/Brown Dark/Brown								
Bone Structure: Small <u>Medium</u> Large Very Large		Vision: Excellent <u>Good</u> Fair Poor						
Occupation: Optics Engineer		Education: Master's Degree in optics engineering from the University of Arizona						
Special skills or characteristics: works for Raytheon; very smart and skilled in math and science								
List any past or present significant health problems: None								
Is (s)he more (circle one in each column): Optimistic Pessimistic Assertive/Passive Leader/Follower <u>Easy Going</u> Controlling								
DONOR'S SIBLING M <input type="radio"/> F <input checked="" type="radio"/>	Half-Sibling <input type="checkbox"/>	Yr of Birth: MARCH 1982	Eye Color: Blue	Hair Color: Blondish/Light Brown				
Describe Hair: Balding Thin Average <u>Thick</u> Curly Wavy <u>Straight</u>		Height: 5'5	Weight: 125					
Complexion: Fair Medium Olive <u>Light/Brown</u> Medium/Brown Dark/Brown Freckles: Yes <u>No</u>								
Bone Structure: Small <u>Medium</u> Large Very Large		Vision: Excellent <u>Good</u> Fair Poor						
Occupation: Public Relations for upscale Hotel in Arizona		Education: Bachelors in Journalism						
Special skills or characteristics: Very skilled in English & writing								
List any past or present significant health problems: None								
Is (s)he more (circle one in each column): Optimistic Pessimistic Assertive/Passive Leader/Follower <u>Easy Going</u> Controlling								
GRANDPARENTS (Please circle only one for appropriate columns)								
	Place of Birth	Living/Age	Hair Color	Eye Color	Health Is:	Deceased/Age	Cause of Death	List any Health Problems:
MGM	Illinois	N/A	Brown	Brown	G F P	72	Emphysema, Smoking	
MGF	Georgia	81	Grey to white	Green to Blue	G <u>F</u> P			Blood clots in leg & lung. All better though.
PGM	Texas	N/A	White originally Brown	Brown	G F P	91	Natural causes of getting old	
PGF	Texas	98	Brown	Blue	G <u>F</u> P			sight is going bad.

PART 3 - DONORS PERSONAL MEDICAL HISTORY (Please circle choice)

1. What is your general state of health?	<u>Excellent</u>	Good	Fair	Poor
2. Do you have any current problems with (Check circle all that apply): <u>None</u>				
Skin Mouth Ears Throat Breasts Lungs Heart Stomach Intestines Kidney Bladder Nervous System Blood				
Eyes Bowel Liver Bones Muscles Blood Vessels Immune System Endocrine system				
3. Have you ever been hospitalized?	Yes	<u>No</u>	If yes, please explain:	

Interviewer Comments: MGM (F) smoker

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PART 3 -- DONORS PERSONAL MEDICAL HISTORY Cont'd

4. Have you ever had surgery for (including but not limited to un-descended testicle(s), hernia, pelvic, bladder or abdominal) Yes ☒ No

If yes either of the above, please provide the following:

Year HospitalType of Problem/Surgery

_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Did you mother take DES or any prescription drugs while she was pregnant with you? Yes ☒ No

6. Please list any non-prescription medications, including vitamins, you are currently taking and for how long.

Multi-vitamins - on and off for 6 years

7. Please list any prescription medications you are currently taking and for how long.

NONE8. Do you use any performance enhancing drugs, including steroids? Yes ☒ No If so, please list:9. Do you wear glasses? Contacts Yes ☒ No How is your vision w/o glasses? Excellent Good ☒ Fair Poor10. Are you: Nearsighted or Farsighted Your vision is: 20/ 15 (I believe)11. Do you have any hearing problems? Yes ☒ No If yes, please explain:12. What is the condition of your teeth? Excellent ☒ Good Fair Poor How is your diet? ☒ Good Fair Poor Vegetarian13. Do you exercise: 4 or more times per week 1-3 times per week Never/almost never14. Describe your exercise routine: 5-6 Days a week from 2-3 hrs a Day. 50 minute Cardio at the end of my workout15. Have you ever had a serious or prolonged illness? Yes ☒ No If yes, please explain:16. Do you take hot baths, hot tubs, saunas or steam baths? Daily Weekly ☒ Infrequently17. Do you use any of the following? If yes, please complete the following information: NO

	Frequency of Use	Last Time Used		Frequency of Use	Last Time Used
Marijuana			Hallucinogens		
Psychiatric Meds			Anti-depressants		
Cocaine			Tranquilizers		
Narcotic Pain Killers			Amphetamines		
Barbiturates			Other _____		

18. Do you smoke? ☒ Yes No How long have you smoked? maybe a year If yes how many per day? 2 Cigarettes a week

19. Do you drink coffee? Yes ☒ No If yes, how many cups per day? _____ How many alcoholic drinks do you consume in a week? _____ Per Month? _____

Have you ever had a major radiation exposure or x-ray exposure, including in your line of work? Yes ☒ No

If yes, please explain: _____

Interviewer Comments: _____

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21. Have you ever been exposed to significant amounts of the following in your living environment, work or hobbies: NO

	Type	When	How Often	For How Long
Toxic Chemicals				
Drugs				
Pesticides				
Fumes/Exhaust/ Gases				
Flea Powder/Sprays				
Lead Products				
Asbestos Products				
Herbicidal Products				

PART 4 – DONOR AND FAMILY MEDICAL HISTORY

Please indicate how many of each of the following relatives you have:

Sibling-Brother	<u>1</u>	Aunt-Maternal	<u>1</u>	Cousin-Maternal-Female	<u>4</u>
Sibling-Sister	<u>1</u>	Aunt-Paternal	<u>1</u>	Cousin-Maternal-Male	<u>1</u>
Half-Brother	<u>1</u> <i>Donor</i>	Uncle-Maternal	<u>1</u>	Cousin-Paternal-Female	<u>1</u>
Half-Sister	<u>1</u>	Uncle-Paternal	<u>1</u>	Cousin-Paternal-Male	<u>1</u>

Are there any known genetic diseases that run in your family? No

Please indicate which of the following medical problems you or your blood relatives have had. Please check "No One" for each medical problem listed above which has not affected you or any of your family members.

	Medical Problem	You					Sibling		Grandparents				Aunts/Uncles		Cousins		
A	Birth Defects	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	No One		
1	Cleft Lip, palate														✓		
2	Club Feet														✓		
3	Extra fingers and toes														✓		
4	Down Syndrome														✓		
5	Mental Retardation														✓		
6	Unexplained infant or childhood deaths														✓		
7	Multiple family members with same trait disease														✓		
8	Individuals much shorter/taller than rest of family														✓		
9	Individuals who look unusual or different														✓		
10	Multiple miscarriages														✓		
11	Stillbirths														✓		
12	Other birth defects (even if correctable)														✓		

Interviewer Comments: _____

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Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		No One	
B	Skin Problems				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Adult Acne (not teen)															✓
2	Eczema															✓
3	Psoriasis															✓
4	Skin Cancer (Melanoma)															✓
5	Skin Cancer (Basal Cell Carcinoma)															✓
6	Other Skin disorders															✓
Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		No One	
C	Sight/Sound/Smell				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Deafness before age 60															✓
2	Significant hearing loss															✓
3	Deformity of the ear															✓
4	Strabismus															✓
5	Cataracts before age 60															✓
6	Macular Degeneration															✓
7	Blindness												✓			✓
8	Color Blindness															✓
9	Glaucoma															✓
10	Anosmia (Lack of Smell)															✓
11	Other sight/sound/smell disorders															✓
Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		No One	
D	Mental or Neurological				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Migraines															✓
2	Senility before 50															✓
3	Alzheimer's diseases (age of onset)															✓
4	Parkinson's															✓
5	Multiple sclerosis															✓
6	Cerebral palsy															✓
7	Autism															✓
8	Epilepsy or seizure															✓
9	Stroke															✓
10	Progressive Muscular Disorders															✓

Interviewer Comments: Met cousin age 32 Blind from Type I diabetes - no other diabetes in family (her father's hx is not known) &

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	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	No One
D	Mental or Neurological Cont'd														
11	Sleep Disorders														✓
12	Attention Deficit Hyperactivity Disorder (ADHD)														✓
13	Hydrocephalus (Fluid on the brain)														✓
14	Disorder of the spinal cord														✓
15	Huntington's disease														✓
16	Degenerative Nerve Disorders														✓
17	Neurofibromatosis														✓
18	Neural tube defect														✓
19	Other diseases of the nervous system														✓
E	Heart Problems or Circulatory														
1	Heart defects at birth														✓
2	Heart disease														✓
3	Heart attack (age of onset)														✓
4	High Cholesterol														✓
5	High Blood Pressure														✓
6	Cardiomyopathy														✓
7	Sudden Death														✓
F	Blood Problems														
1	Anemia														✓
2	Sickle-Cell anemia														✓
3	Hemophilia or other bleeding problems														✓
4	Polycythemia														✓
5	Blood Clots							✓							✓
6	Other blood disorder														✓
G	Respiratory (Lungs)														
1	Hay Fever														✓
2	Asthma	✓	✓												

Interviewer Comments: Donor has asthma since child hood which has b in adulthood. He exercises regularly w/o problem. Mainly has problems w/ pollen. Use inhaler only if needed. Mother has history of asma - very mild - no meds. MGF 81 yrs old - had blood clots in leg related to b activity which has resolved.

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Medical Problem		You		Sibling		Grandparents				Aunts/Uncles		Cousins		No One
G	Respiratory (Lungs) Cont'd	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
3	Tuberculosis													✓
4	Lung cancer													✓
5.	Emphysema or Chronic Lung Disease					✓								
6	Other lung disease													✓
Medical Problem		You		Sibling		Grandparents				Aunts/Uncles		Cousins		No One
H	Metabolic, Endocrine, or Autoimmune	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Type I Diabetes (Insulin Dependent, Juvenile Onset)											✓		
2	Type II Diabetes (Adult Onset)													✓
2	Thyroid cancer													✓
3	Thyroid disease													✓
4	Goiter													✓
5	Adrenal dysfunction or disorder													✓
6	Other													✓
Medical Problem		You		Sibling		Grandparents				Aunts/Uncles		Cousins		No One
I	Gastro-Intestinal Problems	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Ulcer or stomach or duodenum													✓
2	Gallstones													✓
3	Other liver disease													✓
4	Colon cancer													✓
5	Intestinal cancer													✓
6	Ulcerative colitis													✓
7	Crohn's disease													✓
8	Any other disease/problem of digestive system													✓
Medical Problem		You		Sibling		Grandparents				Aunts/Uncles		Cousins		No One
J	Urinary Problems	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Kidney disease													✓
2	Bladder Cancer													✓
3	Kidney Cancer													✓
4	Other disease of the Urinary tract (urethra, bladder, ureter)													✓
5	Other, including born with one kidney or kidney failure													✓

Interviewer Comments: M6M died age 72 from emphysema related to smoking of
 Met cousin w/ Type I diabetes - age 32 of

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	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	No One
K	Problems of the Genital or Reproductive System														
1	Abnormally placed urethra (Hypospadias)														✓
2	Premature Menopause or Ovarian Failure														✓
3	Fragile X Syndrome														✓
	Multiple Miscarriages														✓
3	Uterine fibroids														✓
4	Ovarian cysts														✓
5	Cancer of cervix, ovaries or uterus														✓
6	Ambiguous genitals (hermaphrodite)														✓
7	Other														✓
	Medical Problem														
M	Cancers														
1	Early onset cancer (before age 50)														✓
2	Breast cancer														✓
3	Ovarian Cancer														✓
4	Colon Cancer														✓
5	Lung Cancer														✓
6	Brain Cancer														✓
7	Prostate Cancer														✓
8	Pancreatic Cancer														✓
9	Leukemia														✓
10	Lymphoma														✓
11	Any family member with more than one type of cancer														✓
12	Other cancer (Describe)														✓
	Medical Problem														
L	Mental Health Problems														
1	Schizophrenia														✓
2	Manic-depressive illness (Bi-Polar)														✓
3	Other mental health disorder requiring hospitalization														✓
4	Severe depression with period of inability to function														✓

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	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	No One
N	Problems of the Muscle, Bones, or Joints														
1	Muscular dystrophy														✓
2	Degenerative Muscle Disorders														✓
3	Lupus														✓
4	Scoliosis														✓
5	Spina bifida														✓
6	Osteoporosis														✓
7	Arthritis (rheumatoid osteo, unknown type)														✓
8	Gout														✓
9	Other musculoskeletal disease														✓
10	Other chronic muscle disease														✓
O	Other Disorders														
1	Alcoholism														✓
2	Drug abuse, misuse, or addiction												✓		
3	Tay-Sachs														✓
4	Canavan Disease														✓
5	Cystic Fibrosis														✓
6	Gaucher's disease														✓
7	Familial Dysautonomia														✓
8	Bloom syndrome														✓
9	Fanconi anemia group C														✓
10	Glycogen storage disease type 1a														✓
11	Maple syrup urine disease														✓
12	Mucopolidosis type IV														✓
13	Niemann-Pick disease														✓
14	Huntington's chorea														✓
15	Marfan's disease														✓
16	Gulliam-Barre														✓
17	Wilson's disease														✓
18	Adverse Reaction to Medications														✓
19	Diagnosis of any known genetic syndrome														✓
20	Missing teeth (from birth)														✓
21	Any other condition not previously mentioned														✓

Interviewer Comments: Mat cousin used drugs in past - no use now. f