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 #: 5972

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).**

FRM-Don004-20080820-Donor History Form

Donor ID# 5972

PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION

Current Age: 30	Today's Date: 02/04/09	Place of Birth (State or Country only): India		
Mo./Yr of Birth: Jan/1978	Height: 5' 10"	Weight: 175	Eye Color: Brown	Hair Color: Black

Hair (circle that apply): Balding Thin Average (Thick) Curly Wavy (Straight) Freckles: (None) Few Numerous

Skin Color: Fair Medium Dark (Olive) Light Brn Reddish Brn Med. Brn Dark Brn

Are you: Left Handed (Right Handed) Ambidextrous

Are you a twin? Yes (No) Are there twins in your family? Yes (No) If yes are they: Identical Fraternal

Family Background: Race: ☐ Caucasian ☐ Black ☒ Asian ☐ Latin ☐ Middle Eastern ☐ Other

Mother's Ethnicity: 1. East Indian 2. 3 4.

Father's Ethnicity: 1. East Indian 2. 3 4.

> NORTHERN INDIA

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: Technical Manager	2 d Occupation:
What was your high school GPA? 3.85	Are you currently in college? Yes (No)

College/University GPA: 3.9	Degree: B.S. (Engineering)	Major: Mechanical	
Post Graduate GPA: 3.95	Degree: M.S. (Engineering)	Major: Aerospace	

What are your career goals? To start my own business

PART 1C – PERSONAL CHARACTERISTICS

Math Skill Ability: Good at Mental Math, Calculus

Mechanical Ability: Can repair cars, broken watches, Appliances

Athletic Ability: Participated in State level Marathon

Musical Ability: Can Play Piano, Sing Hindi songs

Foreign Language Ability: Can read/write/speak Marathi/Gujrati/Hindi/Sanskr

Artistic Ability: Love to do oil paintings

Special hobbies, talents and interests: Collecting Stamps, Reading Books

Favorite Sport: Tennis	Favorite Food: Indian, Italian, Mexican
Favorite Color: Red	Favorite Pet: Dog
Favorite Movie: Sound of Music/Sholey	Favorite Book or Author: Star Wars

Favorite Music and/or Group(s): Classical, Soft Rock, Celine Dion, Lata Mangeshkar

Where would you like to travel and why? I would love to visit China, Egypt African safari

Interviewer Comments: _____

Donor ID# 5972

PART 1C – PERSONAL CHARACTERISTICS Cont'd

How would you describe your personality? Joyfull, Friendly, Satisfied

Do you consider yourself to be more: 1. Analytical/Rational or (Intuitive/Feeling) 2. (Extrovert) or Introvert

Why do you want to be a donor? I want to donate so that I can help to bring joy into your life. I want to fullfill your dream of becoming a parent and see your own children grow and enjoy every moment of the bundle of joy.

Who do you most admire and why? I admire leaders who follow what they preach. I admire Gautam Buddha and Mahatma Gandhi for their teachings on non-violence and peace.

PART 2 – DONOR'S FAMILY INFORMATION (Please Circle choices and/or complete)

Do you have any children? (Yes) No If Yes, please complete the following below:

Age: 6 Sex: M Health Problems: None

Age: 4 Sex: F Health Problems: None.

Age: ____ Sex: ____ Health Problems: ____

Have you been responsible for any other pregnancies? Y (N) If yes, what year(s) did they occur? ____

DONORS FATHER	Yr of Birth: 1948	Place of Birth: India	Eye Color: Brown	Hair Color: Black

Describe Hair: Balding Thin Average (Thick) Curly Wavy (Straight) Height: 6"0" Weight: 160

Complexion: (Fair) Medium Olive Light/Brown Medium/Brown Dark/Brown Freckles: Yes (No)

Bone Structure: Small (Medium) Large Very Large Vision: (Excellent) Good Fair Poor

Occupation: Engineering Education: B.S. (Engineering)

Special skills or characteristics: Musical talent, play tennis, Chess

List any past or present significant health problems: None.

Is he more (circle one in each column): (Optimistic) Pessimistic (Assertive) Passive (Leader) Follower (Easy Going) Controlling

DONOR'S MOTHER	Yr of Birth: 1952	Place of Birth: India	Eye Color: Brown	Hair Color: Black

Describe Hair: Balding Thin Average (Thick) Curly Wavy (Straight) Height: 5'2" Weight: 150

Complexion: Fair Medium (Olive) Light/Brown Medium/Brown Dark/Brown Freckles: Yes (No)

Bone Structure: Small (Medium) Large Very Large Vision: (Excellent) Good Fair Poor

Occupation: Teacher. Education: B.S. (Arts)

Special skills or characteristics: Excellent Memmory, Play piano,

List any past or present significant health problems. None.

Is she more (circle one in each column): (Optimistic) Pessimistic (Assertive) Passive (Leader) Follower (Easy Going) Controlling

Interviewer Comments: ____

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DONOR'S SIBLING (M) F	Half- Sibling ☐	Yr of Birth: 1974	Eye Color: Brown	Hair Color: Black.
Describe Hair: Balding Thin Average (Thick) Curly Wavy (Straight)			Height: 5' 11"	Weight: 180
Complexion: (Fair) Medium Olive Light/Brown Medium/Brown Dark/Brown				NO FRECKLES ♀
Bone Structure: Small (Medium) Large Very Large			Vision: (Excellent) Good Fair Poor	
Occupation: Manager.			Education: B.S. (Engineering), M.B.A	
Special skills or characteristics: Ice skating, Mountain Climbing				
List any past or present significant health problems: None.				
Is (s)he more (circle one in each column):	Optimistic/Pessimistic	Assertive/Passive	Leader/Follower	Easy Going/Controlling

DONOR'S SIBLING (M) F	Half- Sibling ☐	Yr of Birth: 1968	Eye Color: BROWN ♀	Hair Color: BLACK ♀
Describe Hair: Balding Thin Average (Thick) Curly Wavy (Straight)			Height: 6'1"	Weight: 185
Complexion: Fair Medium (Olive) Light/Brown Medium/Brown Dark/Brown			Freckles: Yes (No) ♀	
Bone Structure: Small (Medium) Large Very Large			Vision: (Excellent) Good Fair Poor	
Occupation: Consultancy			Education: B.S. (Science), LLB. (law degree) ♀	
Special skills or characteristics: Play Guitar, Marshal Arts				
List any past or present significant health problems: None.				
Is (s)he more (circle one in each column)	Optimistic/Pessimistic	Assertive/Passive	Leader/Follower	Easy Going/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	India	Donor grandmother	~~Brown~~ Black	Brown	G F P	70	Natural	None
MGF	India		~~Brown~~ Black	Brown	G F P	85	Natural	None
PGM	India		~~Brown~~ Black	Brown	G F P	89	Natural	None
PGF	India.		~~Hazel~~ Black	Hazel	G F P	95	Natural.	None.

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

1. What is your general state of health? (Excellent) Good Fair Poor

2. Do you have any current problems with (Check circle all that apply):

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 (No) If yes, please explain.

Interviewer Comments: MGM died in her sleep. Grandparents had no known health issues & took no medications ♀

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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	Hospital	Type 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. None.

7. Please list any prescription medications you are currently taking and for how long. None.

8. Do you use any performance enhancing drugs, including steroids? Yes (No) If so, please list:

9. Do you wear glasses? (Yes) No | How is your vision w/o glasses? Excellent Good (Fair) Poor

10. Are you: Nearsighted or (Farsighted) Your vision is: 20/20 with glasses.

11. Do you have any hearing problems? Yes (No) If yes, please explain:

12. What is the condition of your teath? Excellent (Good) Fair Poor | How is your diet? (Good) Fair Poor Vegetarian

13. Do you exercise: (4 or more times per week) 1-3 times per week Never/almost never

14. Describe your exercise routine: Jogging, Tennis

15. 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 (Infrequently)

17. Do you use any of the following? If yes, please complete the following information:

	Frequency of Use	Last Time Used		Frequency of Use	Last Time Used
Marijuana		N/A	Hallucinogens		N/A
Psychiatric Meds		N/A	Anti-depressants		N/A
Cocaine		N/A	Tranquilizers		N/A
Narcotic Pain Killers		N/A	Amphetamines		N/A
Barbiturates		N/A	Other_____		N/A.

18. Do you smoke? Yes (No) | How long have you smoked? | If yes how many per day?

19. Do you drink coffee? Yes (No) Tea | If yes, how many cups per day? 1 | How many alcoholic drinks do you consume in a week? 0 Per Month? 0

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: Donor denies allergies to medications, foods or environment

Donor ID# 5972

21. Have you ever been exposed to significant amounts of the following in your living environment, work or hobbies:

	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	2	Aunt-Maternal	3	Cousin-Maternal-Female	4
Sibling-Sister	0	Aunt-Paternal	3	Cousin-Maternal-Male	5
Half-Brother	0	Uncle-Maternal	2	Cousin-Paternal-Female	5
Half-Sister	0	Uncle-Paternal	2	Cousin-Paternal-Male	6

Are there any known genetic diseases that run in your family?

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 your or any of your family members.

	Medical Problem				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														X
2	Club Feet														X
3	Extra fingers and toes														X
4	Down Syndrome														X
5	Mental Retardation														X
6	Unexplained infant or childhood deaths														X
7	Multiple family members with same trait disease														X
8	Individuals much shorter/taller than rest of family														X
9	Individuals who look unusual or different														X
10	Multiple miscarriages														X
11	Stillbirths														X
12	Other birth defects (even if correctable)														X

Interviewer Comments: _____

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

Interviewer Comments: _____

Donor ID# 5972

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

Interviewer Comments: _____

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

Interviewer Comments: _____

Donor ID# 5972

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
K	**Problems of the Genital or Reproductive System**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	No One
1	Abnormally placed urethra (Hypospadius)														X
2	Premature Menopause or Ovarian Failure														X
3	Fragile X Syndrome														X
	Multiple Miscarriages														X
3	Uterine fibroids														X
4	Ovarian cysts														X
5	Cancer of cervix, ovaries or uterus														X
6	Ambiguous genitals (hermaphrodite)														X
7	Other														X

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
M	**Cancers**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	No One
1	Early onset cancer (before age 50)														X
2	Breast cancer														X
3	Ovarian Cancer														X
4	Colon Cancer														X
5	Lung Cancer														X
6	Brain Cancer														X
7	Prostate Cancer														X
8	Pancreatic Cancer														X
9	Leukemia														X
10	Lymphoma														X
11	Any family member with more than one type of cancer														X
12	Other cancer (Describe)														X

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
L	**Mental Health Problems**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	No One
1	Schizophrenia														X
2	Manic-depressive illness (Bi-Polar)														X
3	Other mental health disorder requiring hospitalization														X
4	Severe depression with period of inability to function														X

Interviewer Comments: _____

Donor ID# 5972

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
N	**Problems of the Muscle, Bones, or Joints**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	No One
1	Muscular dystrophy														X
2	Degenerative Muscle Disorders														X
3	Lupus														X
4	Scoliosis														X
5	Spina bifida														X
6	Osteoporosis														X
7	Arthritis (rheumatoid osteo, unknown type)														X
8	Gout														X
9	Other muscoskeletal disease														X
10	Other chronic muscle disease														X

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
O	**Other Disorders**	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	No One
1	Alcoholism														X
2	Drug abuse, misuse, or addiction														X
3	Tay-Sachs														X
4	Canavan Disease														X
5	Cystic Fibrosis														X
6	Gaucher's disease														X
7	Familial Dysautonomia														X
8	Bloom syndrome														X
9	Fanconi anemia group C														X
10	Glycogen storage disease type 1a														X
11	Maple syrup urine disease														X
12	Mucolipidosis type IV														X
13	Niemann-Pick disease														X
14	Huntington's chorea														X
15	Marfan's disease														X
16	Guillam-Barre														X
17	Wilson's disease														X
18	Adverse Reaction to Medications														X
19	Diagnosis of any known genetic syndrome														X
20	Missing teeth (from birth)														X
21	Any other condition not previously mentioned														X

Interviewer Comments: _____