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## 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).

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**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 <u>Thick</u> Curly Wavy <u>Straight</u>		Freckles: <u>None</u> Few Numerous
Skin Color: Fair Medium Dark <u>Olive</u> Light Brn 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 type="checkbox"/> Caucasian <input type="checkbox"/> Black <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Latin <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other		
Mother's Ethnicity: 1. East Indian <sup>2</sup> > 3. Non-Asian-INDIA <sup>4</sup>		
Father's Ethnicity: 1. East Indian <sup>2</sup> > 3. Non-Asian-INDIA <sup>4</sup>		
Circle any group from which you descend: African Mediterranean Middle Eastern French/Canadian Jewish		
If Jewish, please circle one of the following: Asian Ashkenazi Sephardic		

**PART 1B - EDUCATION AND CAREER**

Occupation: Technical Manager	2 <sup>nd</sup> Occupation:
What was your high school GPA? 3.85	Are you currently in college? Yes <u>No</u>
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/Sanskrit	
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: \_\_\_\_\_

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**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? \_\_\_\_\_

**DONOR'S 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 Memory, 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 <input checked="" type="radio"/> M <input type="radio"/> F	Half-Sibling <input type="checkbox"/>	Yr of Birth: 1974	Eye Color: Brown	Hair Color: Black
Describe Hair: Balding Thin Average <input checked="" type="radio"/> Thick <input type="radio"/> Curly <input type="radio"/> Wavy <input checked="" type="radio"/> Straight		Height: 5' 11"	Weight: 180	
Complexion: <input checked="" type="radio"/> Fair Medium Olive Light/Brown Medium/Brown Dark/Brown		NO FRECKLES <input checked="" type="checkbox"/>		
Bone Structure: Small <input checked="" type="radio"/> Medium Large Very Large		Vision: <input checked="" type="radio"/> 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 <input checked="" type="radio"/> M <input type="radio"/> F	Half-Sibling <input type="checkbox"/>	Yr of Birth: 1968	Eye Color: BROWN	Hair Color: BLACK
Describe Hair: Balding Thin Average <input checked="" type="radio"/> Thick <input type="radio"/> Curly <input type="radio"/> Wavy <input checked="" type="radio"/> Straight		Height: 6' 1"	Weight: 185	
Complexion: Fair Medium <input checked="" type="radio"/> Olive Light/Brown Medium/Brown Dark/Brown		Freckles: Yes <input checked="" type="radio"/> No <input type="checkbox"/>		
Bone Structure: Small <input checked="" type="radio"/> Medium Large Very Large		Vision: <input checked="" type="radio"/> Excellent Good Fair Poor		
Occupation: Consultancy		Education: B.S. (science), LL.B. (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
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GRANDPARENTS (Please circle only one for appropriate columns)

	Place of Birth	Living/Age	Hair Color	Eye Color	Health (a):	Deceased/Age	Cause of Death	List any Health Problems:
MGM	India	<input checked="" type="radio"/> Living	<del>Brown</del> Black	Brown	G F P	70	Natural	None
MGF	India	<input checked="" type="radio"/> Living	<del>Brown</del> Black	Brown	G F P	85	Natural	None
PGM	India	<input checked="" type="radio"/> Living	<del>Brown</del> Black	Brown	G F P	89	Natural	None
PGF	India.	<input checked="" type="radio"/> Living	<del>Hazel</del> 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 teeth? 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 1 If yes, how many cups per day? 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.



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

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 you or any of your family members.

A	Medical Problem	You			Sibling		Grandparents				Aunts/Uncles		Cousins		No One
		M	F		M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Cleft Lip, palate														X
2	Club Feet														Y
3	Extra fingers and toes														Y
4	Down Syndrome														Y
5	Mental Retardation														X
6	Unexplained infant or childhood deaths														Y
7	Multiple family members with same trait disease														Y
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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B	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		No One
	Skin Problems		M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
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
C	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		No One
	Sight/Sound/Smell		M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Deafness before age 50														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
D	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		No One
	Mental or Neurological		M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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D	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		No One	
	Cont'd				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
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
E	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		No One	
	Circulatory				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
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
F	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		No One	
	Blood Problems				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
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
G	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		No One	
	Respiratory (Lungs)				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Hay Fever															X
2	Asthma															X

Interviewer Comments: \_\_\_\_\_  
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G	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		No One
	Respiratory (Lungs) Cont'd				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
3	Tuberculosis														X
4	Lung cancer														X
5	Emphysema or Chronic Lung Disease														X
6	Other lung disease														X
H	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		No One
	Metabolic, Endocrine, or Autoimmune				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
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
I	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		No One
	Gastro-Intestinal Problems				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
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
J	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		No One
	Urinary Problems				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
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: \_\_\_\_\_

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K	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		No One
	Problems of the Genital or Reproductive System				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Abnormally placed urethra (Hypospadias)														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
M	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		No One
	Cancers				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
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
L	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		No One
	Mental Health Problems				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
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: \_\_\_\_\_

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N	Medical Problem Problems of the Muscle, Bones, or Joints	You	Sibling				Grandparents				Aunt/Uncles		Cousins		No One	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Muscular dys trophy															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 musculoskeletal disease															X
10	Other chronic muscle disease															X
O	Medical Problem Other Disorders	You	Sibling				Grandparents				Aunt/Uncles		Cousins		No One	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
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	Mucopolidosis type IV															X
13	Niemann-Pick disease															X
14	Huntington's chorea															X
15	Marfan's disease															X
16	Gullam-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: \_\_\_\_\_  
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 \_\_\_\_\_