

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 #: 9420

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

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.

Please sign and date the statement on page 12.

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

1. Current Age: 24	2. Today's Date: 7/29/13	3. Place of Birth (State or Country only): CA
4. Mo./Yr of Birth: 08/88	5. Height: 6'1"	6. Weight: 203 lbs
7. Eye Color: Blue	8. Hair Color: Light brown ^{Dark brown/red}	
9. Hair (circle that apply): Balding Thin <u>Average</u> Thick Curly <u>Wavy</u> Straight		10. Freckles: <u>None</u> Numerous Few
11. Skin Color: <u>Fair</u> Medium Dark Olive Light Brn Reddish Brn Med. Brn Dark		
12. Are you: Left Handed <u>Right Handed</u> Ambidextrous		
13. Are you a twin? Yes <u>No</u> Are there twins in your family? Yes <u>No</u> If yes are they: Identical Fraternal		
14. 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		
15. Mother's Ethnicity: 1. NZ ^{New} Zealand 2. NZ 3. English 4. Scottish		
16. Father's Ethnicity: 1. USA 2. USA 3. English 4. Estonian		
17. Circle any group from which you descend: African <u>Jewish</u> Mediterranean Irish American Middle Eastern Cajun French/Canadian		
If Jewish, please circle one of the following: Asian <u>BRD</u> Ashkenzai Sephardic		

PART 1B – EDUCATION AND CAREER

1. Occupation: Cartographer	2nd Occupation: Engineer
2. What was your high school GPA?	3. Are you currently in college? Yes <u>No</u>
College/University GPA: 3.21	Degree: Bachelor of Science Major: GIS/Geography
Post Graduate GPA:	Degree: Major:
4. What are your career goals? To start my own consulting business (mapping/solar)	

PART 1C – PERSONAL CHARACTERISTICS

1. Math Skill Ability: Good	
2. Mechanical Ability: Excellent	
3. Athletic Ability: Fair	
4. Musical Ability: Minimal	
5. Foreign Language Ability: Limited maori	
6. Artistic Ability: Minimal	
7. Special hobbies, talents and interests: Light electrical engineering / solar systems	
8. Favorite Sport: Soccer	9. Favorite Food: Macaroni Cheese
10. Favorite Color: Blue	11. Favorite Pet: Cat
12. Favorite Movie:	13. Favorite Book or Author: Michael Pollan
14. Favorite Music and/or Group(s): Shape shifter, City and Colour Soft Rock, DnB	
15. Where would you like to travel and why? Kenya; for a vastly different experience to traditional destinations, meet people and see all the geographical sights	

Interviewer Comments: _____

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PART 1C – PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality?

Assertive and Social

2. Do you consider yourself to be more:

☐ Analytical/Rational or ☒ Intuitive/Feeling☐ Extrovert or ☒ Introvert

3. Why do you want to be a donor?

To provide couples with an opportunity to select the most desirable traits for their children.

4. Who do you most admire and why?

My Father, he leads by example accomplishes a huge variety of tasks

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

1. Do you have any children? Yes ☒ No

If Yes, please complete the following below:

Age: _____ Sex: _____ Health Problems: _____

Age: _____ Sex: _____ Health Problems: _____

Age: _____ Sex: _____ Health Problems: _____

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

3. DONOR'S FATHER

Yr of Birth: 1954 Place of Birth: WA

Eye Color: Blue Hair Color: Black

Describe Hair: Balding ☒ Thin ☒ Average ☒ Thick ☐ Curly ☐ Wavy ☐ Straight

Height: 6' 2" Weight: 168 lbs

Complexion: Fair ☒ Medium ☐ Olive ☐ Light/Brown ☐ Medium/Brown ☐ Dark/Brown ☐ Freckles: Yes ☒ NoBone Structure: Small ☐ Medium ☐ Large ☐ Very Large ☐ Vision: Excellent ☐ Good ☒ Fair ☐ Poor

Occupation: Engineering Geologist Education: College UC Santa Cruz

Special skills or characteristics: Bi-lingual practical building skills

List any past or present significant health problems: N/A

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

4. DONOR'S MOTHER

Yr of Birth: 1958 Place of Birth: NZ

Eye Color: Green Hair Color: Brown

Describe Hair: Balding ☐ Thin ☐ Average ☒ Thick ☐ Curly ☐ Wavy ☐ Straight

Height: 5' 1" Weight: 158 lbs

Complexion: Fair ☒ Medium ☐ Olive ☐ Light/Brown ☐ Medium/Brown ☐ Dark/Brown ☐ Freckles: Yes ☒ NoBone Structure: Small ☒ Medium ☐ Large ☐ Very Large ☐ Vision: Excellent ☐ Good ☒ Fair ☐ Poor

Occupation: Chartered Accountant Education: College/C.P.A.

Special skills or characteristics: Excellent with numbers

List any past or present significant health problems: N/A

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

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5. DONOR'S SIBLING <input checked="" type="radio"/> M <input type="radio"/> F	Half- Sibling <input type="checkbox"/>	Yr of Birth: 1992	Eye Color: Blue	Hair Color: Brown				
Describe Hair: Balding Thin Average Thick <input checked="" type="radio"/> Curly Wavy Straight			Height: 6'0"	Weight: 187 lbs				
Complexion: Fair <input checked="" type="radio"/> Medium Olive Light/Brown Medium/Brown Dark/Brown			Freckles: Yes No					
Bone Structure: Small Medium Large Very Large			Vision: Excellent <input checked="" type="radio"/> Good Fair Poor					
Occupation: CNC operator			Education: Community College					
Special skills or characteristics:								
List any past or present significant health problems:								
Is (s)he more (circle one in each column):								
<input checked="" type="radio"/> Optimistic/Pessimistic		<input checked="" type="radio"/> Assertive/Passive		<input checked="" type="radio"/> Leader/Follower				
<input checked="" type="radio"/> Easy Going/Controlling								
6. DONOR'S SIBLING <input checked="" type="radio"/> M <input type="radio"/> F	Half- Sibling <input type="checkbox"/>	Yr of Birth:	Eye Color:	Hair Color:				
Describe Hair: Balding Thin Average Thick Curly Wavy Straight			Height:	Weight:				
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:			Education:					
Special skills or characteristics:								
List any past or present significant health problems:								
Is (s)he more (circle one in each column):								
<input type="radio"/> Optimistic/Pessimistic		<input type="radio"/> Assertive/Passive		<input type="radio"/> Leader/Follower				
<input type="radio"/> Easy Going/Controlling								
7. 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	NZ	82	Fair	Green	<input checked="" type="radio"/> F P			
MGF	NZ	83	Brown	Brown	G F P	83	Car Crash	
PGM	CA	83	Blonde	Blue	G <input checked="" type="radio"/> P			Poor balance
PGF	CA	81	Brown	Blue	G F P	81	Cancer colon	

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

1. What is your general state of health?	<input checked="" type="radio"/> Excellent	<input type="radio"/> Good	<input type="radio"/> Fair	<input type="radio"/> Poor
2. Do you have any current problems with any of the following?	<input checked="" type="checkbox"/> No <input type="checkbox"/> yes (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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please explain:	

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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 please provide the following information:

Year Hospital

Type of Problem/Surgery

5. Do you have any allergies to drugs, food, or environment, such as hay fever?

☐ Yes☒ No☐ Unsure

6. Are you taking any non-prescription medications, including vitamins? taking and for how long.

☒ No☐ Yes

Please list any you are currently

7. Are you taking any prescription medications?

☒ No☐ Yes

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

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/

☒ Unsure

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:

Riding the Seal Point park circuit (12 miles)

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?

☐ Yes☒ No

If yes, please complete the following Information:

	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?

If yes how many per day?

19. Do you drink coffee?

☐ Yes☒ No

If yes, how many cups per day?

How many alcoholic drinks do you consume in a week? 2 Per Month? 10

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: ☐ Yes ☒ No

If yes:	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>4</u>	Cousin-Maternal-Female	<u>3</u>
Sibling-Sister	<u> </u>	Aunt-Paternal	<u>1</u>	Cousin-Maternal-Male	<u>6</u>
Half-Brother	<u> </u>	Uncle-Maternal	<u>2</u>	Cousin-Paternal-Female	<u>1</u>
Half-Sister	<u> </u>	Uncle-Paternal	<u>1</u>	Cousin-Paternal-Male	<u>1</u>

Are there any known genetic diseases that run in your family? ☐ Yes ☒ None Known

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

A	Medical Problem	You	Sibling				Grandparents				Aunts/Uncles		Cousins		None Known
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
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							1 ✓							
12	Other birth defects (even if correctable)														✓

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	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
B	Skin Problems														
1	Adult Acne (not teen pimples)														✓
2	Eczema														✓
3	Psoriasis														✓
4	Skin Cancer (Melanoma)														✓
5	Skin Cancer (Basal Cell Carcinoma)														✓
6	Other Skin disorders														✓
	Medical Problem														
C	Sight/Sound/Smell														
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														
D	Mental or Neurological														
1	Migraines														✓
2	Senility before 50														✓
3	Alzheimer's diseases (age of onset)														✓
4	Parkinson's														✓
5	Multiple sclerosis														✓
6	Cerebral palsy														✓
7	Autism/Mental Retardation														✓
8	Epilepsy or seizure														✓
9	Stroke														✓
10	Progressive Muscular Disorders														✓

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	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins			
D	Mental or Neurological Cont'd				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known	
11	Learning Difficulties/ Special Ed/Speech Delay															✓
12	Sleep Disorders															✓
13	Attention Deficit Hyperactivity Disorder (ADHD)															✓
14	Hydrocephalus (Fluid on the brain)															✓
15	Disorder of the spinal cord															✓
16	Huntington's disease															✓
17	Degenerative Nerve Disorders															✓
18	Neurofibromatosis															✓
19	Neural tube defect															✓
20	Other diseases of the nervous system															✓
	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins			
E	Heart Problems or Circulatory				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known	
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															✓
	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins			
F	Blood Problems				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known	
1	Anemia															✓
2	Sickle-Cell anemia															✓
3	Hemophilia or other bleeding problems															✓
4	Polycythemia															✓
5	Blood Clots															✓
6	Other blood disorder															✓
	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins			
G	Respiratory (Lungs)				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known	
1	Hay Fever															✓
2	Asthma															✓

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	Medical Problem	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
G	Respiratory (Lungs) Cont'd														
3	Tuberculosis														✓
4	Lung cancer														✓
5	Emphysema or Chronic Lung Disease														✓
6	Other lung disease														✓
	Medical Problem														
H	Metabolic, Endocrine, or Autoimmune														
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														
I	Gastro-intestinal Problems														
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														
J	Urinary Problems														
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:

IF M - gallstones removed age 30. no current issues.

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Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins			
K	Problems of the Genital or Reproductive System				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known	
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		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins			
M	Cancers				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known	
1	Early onset cancer (before age 50)															✓
2	Breast cancer						✓ 81									✓
3	Ovarian Cancer															✓
4	Colon Cancer									✓ 81						✓
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		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins			
L	Mental Health Problems				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known	
1	Schizophrenia															✓
2	Manic-depressive illness (Bi-Polar)												✓			✓
3	Other mental health disorder requiring hospitalization															✓
4	Severe depression with period of inability to function															✓

Interviewer Comments:

LF M6M - breast CA diagnosed age 81, not x/doing well.
 MAT + cousin - Bi-Polar dx Age 24, now 27 Normal functioning,
 substance abuse also related. on meds.

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N	Medical Problem	You	Sibling		Grandparents				Aunts/Uncles		Cousins			None Known	
			M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M		F
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	Medical Problem														
	Other Disorders	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
1	Alcoholism												1		
2	Drug abuse, misuse, or addiction												1		
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:

ALCOHOL + Marijuana
 MAX COCKIN - SUBSTANCE ABUSE, NOW CLEAN 27yo