

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 #: 6977

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).

Donor ID# GA77**PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION**

1. Current Age: <u>35</u>	2. Today's Date: <u>10/6/10</u>	3. Place of Birth (State or Country only): <u>California</u>
4. Mo./Yr of Birth: <u>12/74</u>	5. Height: <u>6'</u>	6. Weight: <u>180 lb.</u>
7. Eye Color: <u>Hazel</u>	8. Hair Color: <u>Brown</u>	
9. Hair (circle that apply): Balding Thin <u>Average</u> Thick Curly Wavy <u>Straight</u>		10. Freckles: None <u>Few</u> Numerous
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. <u>French</u> 2. <u>Irish</u> 3. <u>Scottish</u> 4. <u>German</u>		
16. Father's Ethnicity: 1. <u>Irish</u> 2. <u>French</u> 3. <u></u> 4. <u></u>		
17. Circle any group from which you descend: African Jewish <u>Mediterranean Irish American</u> Middle Eastern Cajun <u>French Canadian</u> <i>on donor ID</i>		
If Jewish, please circle one of the following: Asian Ashkenazi Sephardic		

PART 1B – EDUCATION AND CAREER

1. Occupation: <u>Interpreter</u>	2nd Occupation: <u>Entrepreneur</u>
2. What was your high school GPA? <u>3.4</u>	3. Are you currently in college? <u>Yes</u> No
College/University GPA: <u>3.9</u>	Degree: <u>B.A.</u> Major: <u>English</u>
Post Graduate GPA: <u>4.0</u>	Degree: <u>M.A. / Ph.D.</u> Major: <u>SE Asian Studies / and SE Asian Studies</u>
4. What are your career goals? <u>Be as professional and competent an interpreter as possible.</u>	

PART 1C – PERSONAL CHARACTERISTICS

1. Math Skill Ability: <u>Good at arithmetic</u>
2. Mechanical Ability: <u>Competent, but not my favorite thing.</u>
3. Athletic Ability: <u>Really like to exercise.</u>
4. Musical Ability: <u>Love music, can play some.</u>
5. Foreign Language Ability: <u>Good. Speak 2 foreign languages fluently.</u>
6. Artistic Ability: <u>A good aesthetic sensibility, but I wish I had a better artist.</u>
7. Special hobbies, talents and interests: <u>Reading, travel, music, people.</u>
8. Favorite Sport: <u>Baseball</u>
9. Favorite Food: <u>Mexican</u>
10. Favorite Color: <u>Red</u>
11. Favorite Pet: <u>cat</u>
12. Favorite Movie: <u>O Brother, Where Art Thou</u>
13. Favorite Book or Author: <u>Emily Dickinson</u>
14. Favorite Music and/or Group(s): <u>Brazilian Girls, Nick Drake, Chopin, Cafe Thaurba, Grizzly Bear</u>
15. Where would you like to travel and why? <u>West Africa. I've never been there and I love the music, and it's a fascinating place.</u>

Interviewer Comments: _____

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PART 1C - PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? Usually happy - Good listener. Curious to learn
2. Do you consider yourself to be more: ☐ Analytical/Rational or Intuitive/Feeling ☒ Both ☐ Extrovert or Introvert Slightly more of an introvert until I get to know someone
3. Why do you want to be a donor?
I think there are lots of people out there who will be really good parents, and they should get the chance to do that too.
4. Who do you most admire and why?
Emily Dickinson. She had a powerful vision and principles and she followed them. Also she was incredibly talented.

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: 4 Sex: F Health Problems: None

Age: _____ Sex: _____ Health Problems: _____

Age: _____ Sex: _____ Health Problems: _____

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

3. DONOR'S FATHER Yr of Birth: 1938 Place of Birth: California Eye Color: Green Hair Color: Brown

Describe Hair: Balding ☐ Thin ☒ Average ☐ Thick ☐ Curly ☐ Wavy ☒ Straight ☐ Height: 5' 11" Weight: 190

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: Retired (was salesman) Education: Master's

Special skills or characteristics: Good with teenagers. Good with kids. Kid.

List any past or present significant health problems: _____

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

4. DONOR'S MOTHER Yr of Birth: 1944 Place of Birth: California Eye Color: Brown Hair Color: Brown

Describe Hair: Balding ☐ Thin ☐ Average ☒ Thick ☐ Curly ☐ Wavy ☒ Straight ☐ Height: 5' 6" Weight: 140

Complexion: Fair ☐ Medium ☒ Olive ☐ Light/Brown ☐ Medium/Brown ☐ Dark/Brown Freckles: Yes ☐ No ☒

Bone Structure: Small ☐ Medium ☒ Large ☐ Very Large Vision: Poor ☐ Excellent ☒ Good ☐ Fair

Occupation: Nurse Education: Bachelor's

Special skills or characteristics: Excellent at what she does. Vivacious. Thinks outside established patterns.

List any past or present significant health problems: _____

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

Interviewer Comments: _____

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5. DONOR'S SIBLING		Half-Sibling	Yr of Birth:	Eye Color:	Hair Color:			
M	<input checked="" type="radio"/> F	<input type="checkbox"/>	1977	Blue	Blond			
Describe Hair: Balding Thin <u>Average</u> Thick Curly Wavy <u>Straight</u>		Height: 5' 8"		Weight: 130				
Complexion: <u>Fair</u> Medium Olive Light/Brown Medium/Brown Dark/Brown		Freckles: Yes <u>No</u>						
Bone Structure: Small <u>Medium</u> Large Very Large		Vision: <u>Excellent</u> Good Fair Poor						
Occupation: Nurse		Education: Associates						
Special skills or characteristics: Very outgoing, talkative, charms people.								
List any past or present significant health problems:								
Is (s)he more (circle one in each column): <u>Optimistic</u> /Pessimistic <u>Assertive</u> /Passive <u>Leader</u> /Follower Easy Going/ <u>Controlling</u>								
6. DONOR'S SIBLING		Half-Sibling	Yr of Birth:	Eye Color:	Hair Color:			
M	<input checked="" type="radio"/> F	<input type="checkbox"/>	1980	Blue	Blond			
Describe Hair: Balding Thin <u>Average</u> Thick Curly Wavy <u>Straight</u>		Height: 5' 7"		Weight: 130				
Complexion: <u>Fair</u> Medium Olive Light/Brown Medium/Brown Dark/Brown		Freckles: <u>Yes</u> No						
Bone Structure: Small <u>Medium</u> Large Very Large		Vision: <u>Excellent</u> Good Fair Poor						
Occupation: Nurse		Education: Associates						
Special skills or characteristics: Careful, good sense of humor.								
List any past or present significant health problems:								
Is (s)he more (circle one in each column): <u>Optimistic</u> /Pessimistic <u>Assertive</u> /Passive <u>Leader</u> /Follower Easy Going/ <u>Controlling</u>								
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	Utah		Brown	Grey	G F P	79	lung cancer	
MGF	Kentucky		Brown	Brown	G F P	80	Stopped eating	
PGM	France		Brown	Brown	G F P	68	lung cancer	
PGF	Massachusetts		Brown	Brown	G F P	81	Stroke	

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 any of the following? ☒ No ☐ 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? ☐ Yes ☒ No If yes, please explain:

Interviewer Comments:

PGM + MGM - smoker / lung CA

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

☐ No☒ Yes

Vitamin C 2 months

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: 20/20

☐ 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:

Elliptical, weightlifting

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?

If yes, how many cups per day?

How many alcoholic drinks do you consume in a week? 2 Per Month? 3

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 ID# 097721. 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>0</u>	Aunt-Maternal	<u>1</u>	Cousin-Maternal-Female	<u>7</u>
Sibling-Sister	<u>2</u>	Aunt-Paternal	<u>3</u>	Cousin-Maternal-Male	<u>5</u>
Half-Brother	<u>0</u>	Uncle-Maternal	<u>3</u>	Cousin-Paternal-Female	<u>2</u>
Half-Sister	<u>0</u>	Uncle-Paternal	<u>1</u>	Cousin-Paternal-Male	<u>4</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 you 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														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		You	M	F	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known
B	Skin Problems						Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F			
1	Adult Acne (not teen pimples)																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	Sight/Sound/Smell	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F			None Known
1	Deafness before age 60																X
2	Significant hearing loss																X
3	Deformity of the ear																X
4	Strabismus																X
5	Cataracts 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	Mental or Neurological	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F			None Known
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/Mental Retardation																X
8	Epilepsy or seizure																X
9	Stroke										X	X					
10	Progressive Muscular Disorders																X

Interviewer Comments:

PGF - stroke Age 81
 Paternal Aunt - stroke Age 81

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Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
D	Mental or Neurological Cont'd				M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
11	Learning Difficulties/ Special Ed/Speech Delay															X
12	Sleep Disorders															X
13	Attention Deficit Hyperactivity Disorder (ADHD)															X
14	Hydrocephalus (Fluid on the brain)															X
15	Disorder of the spinal cord															X
16	Huntington's disease															X
17	Degenerative Nerve Disorders															X
18	Neurofibromatosis															X
19	Neural tube defect															X
20	Other diseases of the nervous system															X
Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
E	Heart Problems or 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
Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
F	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
Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
G	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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Medical Problem		You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		
					M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
G	Respiratory (Lungs) Cont'd														
3	Tuberculosis														X
4	Lung cancer						X79		X60						
5	Emphysema or Chronic Lung Disease														X
6	Other lung disease														X
H	Metabolic, Endocrine, or Autoimmune														
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	Gastro-intestinal Problems														
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	Urinary Problems														
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:

MGM / PGM - SMOKING RELATED LUNG CA

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K	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
					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		None Known	
					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) Liver							X								
L	Medical Problem	You	M	F	Sibling		Grandparents				Aunts/Uncles		Cousins		None Known	
					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:

MCM - Liver Ca 2° Lung CA Age 79

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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															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
D	Other Disorders															
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	Gulliam-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:

LF COUSIN - MILD SCLEROSIS