DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #: 0705

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# 07657

PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION

1. Current Age: 21	2. Today's Date: 7/10/10	3. Place of Birth (State or Country only): CALIFORNIA		
4. Mo./Yr of Birth: 2/89	5. Height: 6'	6. Weight: 150	7. Eye Color: BROWN	8. Hair Color: LT. BROWN

9. Hair (circle that apply): Balding Thin (Average) Thick Curly Wavy (Straight)

10. Freckles: (None) Few Numerous

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

12. Are you: Left Handed (Right Handed) Ambidextrous

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

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

15. Mother's Ethnicity: 1. ENGLISH 2. 3. 4.

16. Father's Ethnicity: 1. SWEDISH 2. FRENCH 3. 4.

17. Circle any group from which you descend: African Jewish Mediterranean Irish American Middle Eastern Cajun French/Canadian

If Jewish, please circle one of the following: Asian Ashkenzai Sephardic

PART 1B – EDUCATION AND CAREER

1. Occupation: GRAPHIC DESIGNER	2nd Occupation:	
2. What was your high school GPA? 3.0	3. Are you currently in college? (Yes) No	
College/University GPA: 3.4	Degree: BFA	Major: INDUSTRIAL DESIGN
Post Graduate GPA:	Degree:	Major:

4. What are your career goals? TO CREATE NEW, SUSTAINABLE, AND RESPONSIBLE MATERIALS AND PRODUCTS.

PART 1C – PERSONAL CHARACTERISTICS

1. Math Skill Ability: I'M QUITE ADEPT WITH PRACTICAL CALCULATIONS, ESPECIALLY THOSE PERTAINING TO ENGINEERING.

2. Mechanical Ability: I'VE ALWAYS ENJOYED THE TAKING APART AND REBUILDING OF PRODUCTS, AND AM QUITE SKILLED AT DOING SO.

3. Athletic Ability: TENNIS, SURFING, SKATEBOARDING, SNOWBOARDING

4. Musical Ability: I PLAY THE GUITAR, BASS, AND MANDOLIN. Great donor

5. Foreign Language Ability: GERMAN

6. Artistic Ability: SKETCHING, RENDERING, DIGITAL ARTS, PAINTING

7. Special hobbies, talents and interests: CREATING ON A COLLABORATIVE LEVEL

8. Favorite Sport: TENNIS	9. Favorite Food: TAPAS
10. Favorite Color: YELLOW	11. Favorite Pet: TREE FROG
12. Favorite Movie: THE LIFE AQUATIC	13. Favorite Book or Author: ALBERT CAMUS

14. Favorite Music and/or Group(s): FOLK, PUNK, UNDERGROUND HIP HOP, ALTERNATIVE, BLUEGRASS

15. Where would you like to travel and why? I WOULD VERY MUCH LIKE TO VISIT SCANDANAVIA. AS A DESIGNER TO SEE WHERE SO MUCH INNOVATION IS HAPPENING, AND AS A PERSON TO SEE WHERE MY ANCESTORS HAILED FROM.

Interviewer Comments: _____

PART 1C – PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? SOMEWHAT CLOSED OFF, BUT EXTREMELY WARM TO THOSE CLOSE TO ME, CREATIVE.

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? I'VE NEVER REALLY HAD AN INTEREST IN HAVING CHILDREN MYSELF. HOWEVER THE IDEA OF PERPETUATING THE SPECIES APEALS TO ME ON AUSTERE BIOLOGICAL LEVEL. THAT MIXED WITH MY OVERLYING GOAL IN LIFE TO MAKE PEOPLE HAPPY, MAKES ME VERY INTERESTED IN SHARING MY ABILITY TO ~~[illegible]~~ HAVE CHILDREN. Major donor

4. Who do you most admire and why? MY BEST FRIEND ELEANOR. SHE IS A MYOPIC TALENTED PERSON WHO THROUGHOUT HER LIFE HAS TAKEN A VERY ENGAGED ROLE IN THE BETTERMENT OF MANKIND. BECAUSE OF THIS SHE'S FACED A GREAT MANY ADVERSITIES, BUT NEVER GIVEN UP OR EVER BEEN DEFEATED.

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. DONORS FATHER	Yr of Birth: 1963	Place of Birth: CALIFORNIA	Eye Color: BLUE	Hair Color: BROWN
Describe Hair: Balding Thin (Average) Thick Curly Wavy ~~Straight~~			Height: 6'1"	Weight: 200 LBS
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: ~~Owner~~ PARTS DIRECTOR, VOLKSWAGEN			Education: ASSOCIATES, JUNIOR COLLEGE	
Special skills or characteristics: PHOTOGRAPHIC MEMORY				
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

4. DONOR'S MOTHER	Yr of Birth: 1961	Place of Birth: UTAH	Eye Color: BROWN	Hair Color: BROWN
Describe Hair: Balding Thin (Average) Thick Curly Wavy ~~Straight~~			Height: 5'7"	Weight: 180 LBS
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: GROCERY STORE, CHECKOUT			Education: HIGH SCHOOL	
Special skills or characteristics: None				
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: _____

SAME MOTHER

5.DONOR'S SIBLING (M) F	Half- Sibling ☑	Yr of Birth: 1980	Eye Color: GREEN	Hair Color: BROWN

Describe Hair: Balding (Thin) Average Thick Curly (Wavy) Straight	Height: 5'10"	Weight: 190 LBS.

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: AUTO SALES, HYUNDAI	Education: HIGH SCHOOL

Special skills or characteristics: CHARM

List any past or present significant health problems: (WIFE OF DONOR) ~~HEMORRHOID~~ INJURED BACK, WHILE WORKING

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

6.DONOR'S SIBLING M F	Half- Sibling ☐	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):	Optimistic/Pessimistic	Assertive/Passive	Leader/Follower	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	UTAH	72	BROWN	BROWN	(G) F P			—
MGF	UTAH	73	BROWN	BROWN	G F P			—
PGM	NEVADA	78	BROWN/BLUE	BLUE	(G) F P			KNEE REPLACEMENT
PGF	NEVADA	80	BROWN/BLUE (W)	BLUE	G (F) P			BACK SURGERIES, KNEE REPLACEMENT

(WIFE OF DONOR)

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: I ONCE CONTRACTED STREP THROAT AS A CHILD AND WAS TAKEN TO THE HOSPITAL WHEN IT HAPPENED

Interviewer Comments: _____

Donor ID# 6765

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? ☒No ☐Yes Please list any you are currently taking and for how long.

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: RUNNING AN UNDETERMINED DISTANCE

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 DONOR ERROR/SM If yes, please complete the following Information:

	Frequency of Use	Last Time Used		Frequency of Use	Last Time Used
Marijuana	ALMOST NEVER	7/4/10	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? 1 PER WEEK | How many alcoholic drinks do you consume in a week? 2 Per Month? 5

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: _____

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	SOLVENTS	IN SCHOOL	INFREQUENTLY	SHORT PERIODS
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		Aunt-Maternal	8	Cousin-Maternal-Female	1
Sibling-Sister		Aunt-Paternal	4	Cousin-Maternal-Male	2
Half-Brother	1	Uncle-Maternal	1	Cousin-Paternal-Female	10
Half-Sister		Uncle-Paternal	5	Cousin-Paternal-Male	15

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.

	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	None Known
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: _____

Donor ID# 6765

	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	None Known
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

	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	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

	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	None Known
1	Migraines	X					[illegible]		X		X			X	
2	Senility before 50						ENVT DONOR NO								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
10	Progressive Muscular Disorders														X

LF

Interviewer Comments: ½ BROTHER - VERY MILD PSORIASIS, OCCASIONALLY ON ELBOWS

DONOR - INFREQUENT MIGRAINES. ONSET IN ADOLESCENCE — HASN'T HAD HEADACHE IN 2 YEARS.

Donor ID# 67057

	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	None Known
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				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	None Known
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	None Known
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	None Known
1	Hay Fever														X
2	Asthma														X

Interviewer Comments: _____

Donor ID# 6769

	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	None Known
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	None Known
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	None Known
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	None Known
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# 0169

	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	None Known
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	None Known
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	None Known
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# 6765

	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
N	**Problems of the Muscle, Bones, or Joints**	You	M	F	M	F	Maternal GM	Materna GF	Paterna GM	Paterna GF	A	U	M	F	None Known
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	Materna GF	Paterna GM	Paterna GF	A	U	M	F	None Known
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	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: _____

_____

_____