Pacific Reproductive Services
A Fairfax Cryobank

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 #: 6039

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# 6009

PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION

1. Current Age: 32	2. Today's Date: 5/18/10	3. Place of Birth (State or Country only): OR		
4. Mo./Yr of Birth: 12/77	5. Height: 5'8"	6. Weight: 180	7. Eye Color: Hazel	8. Hair Color: Blonde

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. Norwegian 2. 3. 4.

16. Father's Ethnicity: 1. Norwegian 2. 3. 4.

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

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

PART 1B – EDUCATION AND CAREER

1. Occupation: Construction Management 2nd Occupation:

2. What was your high school GPA? 3.0 3. Are you currently in college? Yes (No)

College/University GPA:	Degree: 2yrs AA	Major: Operational Engineering / Mechanical Engineering
Post Graduate GPA:	Degree:	Major:

4. What are your career goals? To become a well Respected Leader

PART 1C – PERSONAL CHARACTERISTICS

1. Math Skill Ability: Good
2. Mechanical Ability: Good - Above Average
3. Athletic Ability: Good - Above Average
4. Musical Ability: Low
5. Foreign Language Ability: Low
6. Artistic Ability: Fair
7. Special hobbies, talents and interests: Climbing, Mountaineering, Hiking, Skiing, Biking
8. Favorite Sport: All of the Above
9. Favorite Food: Steak
10. Favorite Color: Green / Orange
11. Favorite Pet: Dog
12. Favorite Movie: Fearless
13. Favorite Book or Author: Anne D. Acre
14. Favorite Music and/or Group(s): Alternative, Talking Heads
15. Where would you like to travel and why?
Tibet - to see the Himalayas

Interviewer Comments: _____

Donor ID# 1039

PART 1C – PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? Driven, conscientious

2. Do you consider yourself to be more: ☐ Analytical/Rational or Intuitive/Feeling ☐ Extrovert or Introvert both

3. Why do you want to be a donor?

To help people that want to have a child that are unable to

4. Who do you most admire and why?

My Parents Because they have been a positive Influence.

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: 1947	Place of Birth: North Dakota	Eye Color: Blue	Hair Color: Strawberry Blonde
Describe Hair: (Balding) Thin Average Thick Curly Wavy Straight			Height: 5'11"	Weight: 220
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: Landscape Business			Education: some College	
Special skills or characteristics: Gardening, Exercising, Guitar, Animals, Nature				
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: 1949	Place of Birth: NY	Eye Color: Hazel	Hair Color: Brown
Describe Hair: Balding Thin (Average) Thick Curly Wavy Straight			Height: 5'6"	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: CEO			Education: some college	
Special skills or characteristics: Art, painting/drawing, Reading, Animals, Nature				
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: _____

5.DONOR'S SIBLING (M) F	Half- Sibling ☐	Yr of Birth: 1979	Eye Color: Blue	Hair Color: Blonde
Describe Hair: Balding Thin (Average) Thick Curly Wavy (Straight)			Height: 6'	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: Software Engineer			Education: BA Computer Science	
Special skills or characteristics: Loves to read, traveler, debates various topics				
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
6.DONOR'S SIBLING (M) F	Half- Sibling ☐	Yr of Birth: 1971	Eye Color: Blue	Hair Color: Blonde
Describe Hair: Balding Thin (Average) Thick Curly Wavy Straight			Height: 6	Weight: 230
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: Student			Education: BA Art	
Special skills or characteristics: Artistic, Analytical, Adventurous, Excellent teacher				
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

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	Norway	82	Brown	Blue	(G) F P			
MGF	NY	82	Brown	Green	(G) F P			
PGM	US		Brown	Hazel	G F P	70		arthritis
PGF	US	85	Brown	Blue	(G) F P			

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: Dislocated shoulder

IF

Interviewer Comments: ~~Accidental~~

PGM – deceased age 70, likely overdose pain medications.

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
1998	Group Health	Removed soft tissue Damage from Dirt Bike Injury

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/ 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: Weight Training & Jogging

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? One

How many alcoholic drinks do you consume in a week? 6 Per Month? _____

Have you ever had a major radiation exposure or x-ray exposure, including in your line of work? ☑ Yes ☐ No

If yes, please explain:
Dental X Rays & Body X Rays for Injuries

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

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														✓
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														
12	Other birth defects (even if correctable)														

Interviewer Comments: _____

Donor ID# 0029

	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)														✓
2	Eczema														
3	Psoriasis														
4	Skin Cancer (Melanoma)														
5	Skin Cancer (Basal Cell Carcinoma)														
6	Other Skin disorders														

	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														
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				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														
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														

Interviewer Comments: _____

Donor ID# 0097

	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														✓
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				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														
2	Heart disease														
3	Heart attack (age of onset)														
4	High Cholesterol														
5	High Blood Pressure														
6	Cardiomyopathy														
7	Sudden Death														
	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														
2	Sickle-Cell anemia														
3	Hemophilia or other bleeding problems														
4	Polycythemia														
5	Blood Clots														
6	Other blood disorder														
	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											✓			
2	Asthma														✓

VF

Interviewer Comments: Uncle - MILD SEASONAL ALLERGIES.

Donor ID# 4029

	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														✓
4	Lung cancer														
5.	Emphysema or Chronic Lung Disease														
6	Other lung disease														
	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)														
2	Type II Diabetes (Adult Onset)		✓61												
2	Thyroid cancer														✓
3	Thyroid disease														
4	Goiter														
5	Adrenal dysfunction or disorder														
6	Other														
	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														
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				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														
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														

VF

Interviewer Comments:

M - Prediabetes, no meds - controlled by dietary changes (lifestyle related)

Donor ID# 0029

	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)														
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				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)														
2	Breast cancer														
3	Ovarian Cancer														
4	Colon Cancer														
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				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														
2	Manic-depressive illness (Bi-Polar)														
3	Other mental health disorder requiring hospitalization														
4	Severe depression with period of inability to function														

Interviewer Comments: _____

Donor ID# 06079

	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	None Known
1	Muscular dystrophy														✓
2	Degenerative Muscle Disorders														
3	Lupus														
4	Scoliosis														
5	Spina bifida														
6	Osteoporosis														
7	Arthritis (rheumatoid osteo, unknown type)								✓60's						✗ donor error Son
8	Gout														
9	Other muscoskeletal disease														
10	Other chronic muscle disease														

	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	None Known
1	Alcoholism														
2	Drug abuse, misuse, or addiction														
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	Mucolipidosis 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: PGM osteo Arthritis Hands and feet - onset 60's -