
DONOR MEDICAL AND SOCIAL HISTORY FORM

DONOR ID #:

65105

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# 6965

PART 1A - DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION

1. Current Age: 23 2. Today's Date: 04/15/10 3. Place of Birth (State or Country only): PERU

4. Mo./Yr of Birth: 04/86 5. Height: 5'10" 6. Weight: 170 7. Eye Color: Brown 8. Hair Color: 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

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 mother's side / sm

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

15. Mother's Ethnicity: 1. Peruvian 2. Austrian 3. 4.

16. Father's Ethnicity: 1. Peruvian 2. Spanish 3. 4.

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

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

PART 1B - EDUCATION AND CAREER

1. Occupation: Chef 2nd Occupation: Student / business

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

College/University GPA: 3.0 Degree: Culinary arts Major: Culinary arts.

Post Graduate GPA: Degree: Major:

4. What are your career goals? Become a Businessman

PART 1C - PERSONAL CHARACTERISTICS

1. Math Skill Ability: Upstanding

2. Mechanical Ability: Average

3. Athletic Ability: Average

4. Musical Ability: Average

5. Foreign Language Ability: Upstanding

6. Artistic Ability: Upstanding

7. Special hobbies, talents and interests: Computers, cooking, listening to instrumental music

8. Favorite Sport: Basketball 9. Favorite Food: Peruvian, English.

10. Favorite Color: Blue 11. Favorite Pet: Dog

12. Favorite Movie: Brave heart 13. Favorite Book or Author: Paulo Coelho

14. Favorite Music and/or Group(s): Instrumental, new age

15. Where would you like to travel and why? China, because it's an old culture with a lot of history

Interviewer Comments: _____

Donor ID# AMU9

PART 1C - PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? Easy going, motivated.
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?
Because I would like to help other people have babies and enjoy a family
4. Who do you most admire and why?
Carlton Acunio Well known Peruvian Chef who became famous for putting Peruvian food into fine dining. Great business man

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: 1950 Place of Birth: Peru Eye Color: Brown Hair Color: Black

Describe Hair: Balding Thin Average Thick Curly Wavy Straight Height: 5'9" 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: Engineer Education: University

Special skills or characteristics: Math, computers, Reading, Electric engineer

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: 1966 Place of Birth: Peru Eye Color: Black Hair Color: Black

Describe Hair: Balding Thin Average Thick Curly Wavy Straight Height: 5'9" Weight: 200

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

Bone Structure: Small Medium Large Very Large Vision: Excellent Good Fair

Occupation: Student, Tutor Education: University (In progress)

Special skills or characteristics: Very perseverant, Goal oriented

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 (TWIN)
 M F Half-Sibling Yr of Birth: 1986 Eye Color: Brown Hair Color: Light Brown
 Describe Hair: Balding Thin Average Thick Curly Wavy Straight Height: 5'10" 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: Student Education: In college (Engineering)
 Special skills or characteristics: Math, Music, bilingual
 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

6. DONOR'S SIBLING
 M F Half-Sibling Yr of Birth: 1988 Eye Color: Brown Hair Color: Black
 Describe Hair: Balding Thin Average Thick Curly Wavy Straight Height: 5,9 Weight: 170
 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: Architecture
 Special skills or characteristics: Bilingual, patient, goal oriented
 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	<u>Peru</u>	<u>68</u>	<u>Brown</u> <u>light</u>	<u>Brown</u>	<u>G</u> F P			
MGF	<u>Peru</u>	<u>70</u>	<u>Black</u>	<u>Black</u>	<u>G</u> F P			
PGM	<u>Peru</u>		<u>Black</u>	<u>Black</u>	G F P	<u>74</u>	<u>lung CANCER</u>	
PGF	<u>Peru</u>	<u>86</u> <u>deceased</u>	<u>Black</u>	<u>Brown</u>	G F P	<u>86</u>	<u>COLON CANCER</u>	

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: NOSE SURGERY

Interviewer Comments: IF 3) BROKE NOSE @ age 11

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 Pasadena, CA 91101
 Tel: (626) 432-1681

Email: info@pacrepro.com

Donor ID #: 6965

ADDITIONAL SIBLINGS

same father

DONOR'S SIBLING M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Half-Sibling <input checked="" type="checkbox"/>	Yr of Birth: <u>1971</u>	Eye Color: <u>Black</u>	Hair Color: <u>Black</u>
Describe Hair: Balding Thin <u>Average</u> Thick Curly Wavy Straight		Height: <u>5.7</u>	Weight: <u>130</u>	
Complexion: Fair Medium <u>Olive</u> 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: <u>Journalist</u>		Education: <u>University</u>		
Special skills or characteristics: <u>Reading, Journalist, hard working</u>				
List any past or present significant health problems: <u>—</u>				
Is (s)he more (circle one in each column): Optimistic/Pessimistic <u>Assertive/Passive</u> <u>Leader/Follower</u> Easy Going/ <u>Controlling</u>				

same father

DONOR'S SIBLING M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Half-Sibling <input checked="" type="checkbox"/>	Yr of Birth: <u>1976</u>	Eye Color: <u>Light Brown</u>	Hair Color: <u>Light Brown</u>
Describe Hair: Balding Thin <u>Average</u> Thick Curly Wavy Straight		Height: <u>5.7</u>	Weight: <u>125</u>	
Complexion: Fair <u>Medium</u> Olive Light/Brown Medium/Brown Dark/Brown		Freckles: Yes No		
Bone Structure: Small <u>Medium</u> Large Very Large		Vision: <u>Excellent</u> Good Fair Poor		
Occupation: <u>Banker</u>		Education: <u>University (System Engineer)</u>		
Special skills or characteristics: <u>Bilingual</u>				
List any past or present significant health problems: <u>—</u>				
Is (s)he more (circle one in each column): Optimistic/Pessimistic <u>Assertive/Passive</u> <u>Leader/Follower</u> Easy Going/ <u>Controlling</u>				

DONOR'S SIBLING M <input type="checkbox"/> F <input type="checkbox"/>	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): Optimistic/Pessimistic Assertive/Passive Leader/Follower Easy Going/Controlling				

Interviewer Comments: _____

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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? 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: Cardio and weight lifting

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? two per week How many alcoholic drinks do you consume in a week? _____ Per Month? 1

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>2</u>	Aunt-Maternal	<u>1</u>	Cousin-Maternal-Female	<u>5</u>
Sibling-Sister	<u>0</u>	Aunt-Paternal	<u>1</u>	Cousin-Maternal-Male	<u>2</u>
Half-Brother	<u>1</u>	Uncle-Maternal	<u>3</u>	Cousin-Paternal-Female	<u>3</u>
Half-Sister	<u>1</u>	Uncle-Paternal	<u>2</u>	Cousin-Paternal-Male	<u>3</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														<input checked="" type="checkbox"/>
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: _____

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B	Medical Problem	Sibling					Maternal GM	Grandparents			Aunts/Uncles		Cousins		None Known
		You	M	F	M	F		Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
1	Adult Acne (not teen pimples)														
2	Eczema														
3	Psoriasis														
4	Skin Cancer (Melanoma)														
5	Skin Cancer (Basal Cell Carcinoma)														
6	Other Skin disorders														
C	Medical Problem	Sibling					Maternal GM	Grandparents			Aunts/Uncles		Cousins		None Known
		You	M	F	M	F		Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
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														
D	Medical Problem	Sibling					Maternal GM	Grandparents			Aunts/Uncles		Cousins		None Known
		You	M	F	M	F		Maternal GF	Paternal GM	Paternal GF	A	U	M	F	
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# 0565

D	Medical Problem	You	Sibling				Maternal GM	Grandparents			Aunts/Uncles		Cousins		None Known	
			M	F	M	F		Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
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															
E	Medical Problem	You	Sibling				Maternal GM	Grandparents			Aunts/Uncles		Cousins		None Known	
1	Heart defects at birth	M	F	M	F	Maternal GF		Paternal GM	Paternal GF	A	U	M	F			
2	Heart disease															
3	Heart attack (age of onset)															
4	High Cholesterol															
5	High Blood Pressure						X									
6	Cardiomyopathy															
7	Sudden Death															
F	Medical Problem	You	Sibling				Maternal GM	Grandparents			Aunts/Uncles		Cousins		None Known	
1	Blood Problems	M	F	M	F	Maternal GF		Paternal GM	Paternal GF	A	U	M	F			
2	Anemia															
3	Sickle-Cell anemia															
4	Hemophilia or other bleeding problems															
5	Polycythemia															
6	Blood Clots															
6	Other blood disorder															
G	Medical Problem	You	Sibling				Maternal GM	Grandparents			Aunts/Uncles		Cousins		None Known	
1	Respiratory (Lungs)	M	F	M	F	Maternal GF		Paternal GM	Paternal GF	A	U	M	F			
1	Hay Fever															
2	Asthma															

Interviewer Comments: onset elevated blood pressure, age 65 / gm
 MGM:

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	Medical Problem	You	Sibling				Grandparents			Aunts/Uncles		Cousins				
G	Respiratory (Lungs) Cont'd		M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known	
3	Tuberculosis															✓
4	Lung cancer							74								
5	Emphysema or Chronic Lung Disease															✓
6	Other lung disease															
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)															
2	Thyroid cancer															
3	Thyroid disease															
4	Goiter															
5	Adrenal dysfunction or disorder															
6	Other															
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															
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															

Interviewer Comments: _____

Donor ID# *6865*

K	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	Abnormally placed urethra (Hypospadias)															<input checked="" type="checkbox"/>
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															
M	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	Early onset cancer (before age 50)															<input checked="" type="checkbox"/>
2	Breast cancer															<input checked="" type="checkbox"/>
3	Ovarian Cancer															<input checked="" type="checkbox"/>
4	Colon Cancer															<input checked="" type="checkbox"/>
5	Lung Cancer															<input checked="" type="checkbox"/>
6	Brain Cancer															<input checked="" type="checkbox"/>
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)															
L	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	Schizophrenia															
2	Manic-depressive illness (Bi-Polar)															
3	Other mental health disorder requiring hospitalization															
4	Severe depression with period of inability to function															

LF Interviewer Comments: PCM - LUNG CA AGE 74 / believed to be CAUSED BY ENVIRONMENTAL exposure to COAL / WOOD SMOKE. Lived in MOUNTAINS IN TEX, NO electricity.

Donor ID# _____

N	Medical Problem	Sibling					Grandparents				Aunts/Uncles		Cousins		None Known	
		You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F		
1	Problems of the Muscle, Bones, or Joints															
1	Muscular dystrophy															<input checked="" type="checkbox"/>
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	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	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: _____

