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 #: 9389

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# **9389**

PART 1A – DONOR GENERAL AND PSYCHO-SOCIAL DESCRIPTION

1. Current Age: **25**   2. Today's Date: **6/25/13**   3. Place of Birth (State or Country only): **Hong Kong**

4. Mo./Yr of Birth: **10/87**   5. Height: **5'8**   6. Weight: **152**   7. Eye Color: **Brown**   8. Hair Color: **Black**

9. Hair (circle that apply): Balding   Thin   Average   (Thick)   Curly   Wavy   Straight   10. Freckles: (None) Few   Numerous

11. Skin Color; Brn: (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) Fraternal   Are there twins in your family? Yes (No)   If yes are they: Identical

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

15. Mother's Ethnicity: 1. **Asian (chinese)** 2.   3.   4.

16. Father's Ethnicity: 1. **Asian (chinese)** 2.   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: **Computer programmer**   2nd Occupation: **Music Producer**

2. What was your high school GPA? **4.4**   3. Are you currently in college?   Yes   (No)

College/University GPA: **3.5**   Degree: **Bachelor's**   Major: **Economics**

Post Graduate GPA: Degree: Major:

4. What are your career goals? **Own a $1 mill+ revenue/yr business and produce a platinum single.**

PART 1C – PERSONAL CHARACTERISTICS

1. Math Skill Ability: **Very good**

2. Mechanical Ability: **Excellent**

3. Athletic Ability: **Excellent – college ice hockey team, 4th place NPC Ntl qualifyer bodybuilding**

4. Musical Ability: **Excellent – 20+ years musician.**

5. Foreign Language Ability: **Excellent – fluent in Italian, English, Cantonese**

6. Artistic Ability: **Very Good**

7. Special hobbies, talents and interests: **Learning languages, writing music, creative arts, other cultures**

8. Favorite Sport: **bodybuilding**   9. Favorite Food: **Futu (Ghanaian Cuisine)**

10. Favorite Color: **white**   11. Favorite Pet: **Dog**

12. Favorite Movie: **Hearts and Soul**   13. Favorite Book or Author: **Catcher in the Rye**

14. Favorite Music and/or Group(s): **John Mayer**

15. Where would you like to travel and why? **Italy – because I speak Italian and love the warm atmosphere / people / culture.**

Interviewer Comments: _____

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PART 1C -- PERSONAL CHARACTERISTICS Cont'd

1. How would you describe your personality? easy going, caring, focused, ambitious, non-judgemental

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 want to help the LGBT community fulfill their dreams. Some people in life are not given the same opportunities as others, ~~in the~~ donor connection~~-etc~~ so it gives me great pleasure to help others pursue the blessing of parenthood; an opportunity that they may otherwise never have.

4. Who do you most admire and why? I admire ~~my~~ ~~aunt and father~~ Malcom X. I admire Malcolm X because he had the courage to stand up in the face of oppression and for what is right in a time when it was so easy to sit down.

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: Hong Kong | Eye Color: Brown | Hair Color: Black |

Describe Hair: Balding Thin (Average) Thick   Curly Wavy Straight   Height: 5'7   Weight: 150

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 of a Taxi Company   Education: Associates

Special skills or characteristics: Musician, Business, Real Estate

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: 1956 | Place of Birth: China | Eye Color: Brown | Hair Color: Black |

Describe Hair: Balding Thin Average (Thick) Curly Wavy Straight   Height: 5'6   Weight: 130

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: Dance Instructor, Property Manager   Education: Associates

Special skills or characteristics: Dance,

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: _____

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5.DONOR'S SIBLING M (F)	Half- Sibling ☐	Yr of Birth: 1982		Eye Color: Brown		Hair Color: Black

Describe Hair: Balding Thin Average (Thick) Curly Wavy | Straight Height: 5'5 | Weight: 110

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: Nurse | Education: Bachelor's Chemistry

Special skills or characteristics: Musician, Entrepreneur,

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:		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	Shanghai	80	Black	Brown	(G) F P	na	na	none
MGF	Shanghai	87	Black	Brown	(G) F P	na	na	none
PGM	Hong Kong		Blk	Brown	G F P	70	heart complication → old age	none
PGF	Hong Kong	90	Blk	Brown	(G) F P			none.

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: Donor believes PGM had a heart attack. She had no heart problems before she died. ✗

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.   Fish oil, vitamin E → 2 years

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 lifting   5 days/wk - fat Burning Cardio 7 days/wk

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? na   If yes how many per day? na

19. Do you drink coffee?   ☐ Yes ☒ No   If yes, how many cups per day? na   How many alcoholic drinks do you consume in a week? ___0___ 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	0	Aunt-Maternal	1	Cousin-Maternal-Female	2
Sibling-Sister	1	Aunt-Paternal	2	Cousin-Maternal-Male	2
Half-Brother	0	Uncle-Maternal	2	Cousin-Paternal-Female	0
Half-Sister	0	Uncle-Paternal	4	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	You	M	F	Sibling M	Sibling F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	Aunts/Uncles A	Aunts/Uncles U	Cousins M	Cousins F	None Known
A	**Birth Defects**														
1	Cleft Lip, palate														X
2	Club Feet														X
3	Extra fingers and toes														X
4	Down Syndrome														Y
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														Y
10	Multiple miscarriages														X
11	Stillbirths														X
12	Other birth defects (even if correctable)														X

Interviewer Comments: _____

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B	Skin Problems	You	M	F	M	F	Maternal GM	Maternal GF	Paternal GM	Paternal GF	A	U	M	F	None Known
	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
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
	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
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
	Medical Problem				Sibling		Grandparents				Aunts/Uncles		Cousins		
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
10	Progressive Muscular Disorders														x

Interviewer Comments: _____

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	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)								70?						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														Y

(handwritten note beside row E3: "Donor error")

Interviewer Comments: Probable fatal heart attack @ age 70 8

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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
					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: _____

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	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														Y
6	Ambiguous genitals (hermaphrodite)														Y
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: _____

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| N | Medical Problem | | | | Sibling | | Grandparents | | | | Aunts/Uncles | | Cousins | | |
	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

| O | Medical Problem | | | | Sibling | | Grandparents | | | | Aunts/Uncles | | Cousins | | |
	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: _____

_____

_____