













Basic Information:

Date of Birth:	2/8/99
Height:	154
Weight (lbs):	50
Hair Color	黒 Black
Hair Type	直毛 Straight hair
Eye Color	Dark Brown
Ethnic Origin	Asian
Maternal Heritage	Japanese
Paternal Heritage:	Japanese
Blood Type:	B

Education, Career and Personality:

Highest level of education:	Vocational school
What college(s) or university(s) did you attend?	ECC Kokusai College of Foreign Languages
Major?	Asian languages-- Korean
Do you have any athletic ability? Please list.	Yes, I work out 1-2 a week. Aerobic exercise
Do you have any musical talents? Please list.	Yes
Please describe your hobbies or what you do in your spare time.	<ul style="list-style-type: none"> • Music appreciation • Watching movies • Traveling • Reading • Meal with a friend. • Travel alone or shopping • I am watching movies and dramas at shopping and home.
What is your current occupation?	Worked in the aviation industry
Describe your personality:	<ul style="list-style-type: none"> • Full of curiosity • I like to hear people talk • Serious • Expressive

Egg Donation:

Why do you want to become a donor?	I have no desire to get married or have children. However, I applied for an egg donor because I wanted to make people who need eggs happy by providing them, instead of getting old without doing anything.
If you could send a message to the person receiving your donated eggs, what would you say?	I applied to be an egg donor for the first time. I would be happy if I could be of some help. And if the people who donated eggs build happy families, I feel happy too.
Do you have kids? If so, tell us about each of them?	No

Personal Health History:

Any past or current medical problems (including surgeries, accidents, birth defects, depression, etc.)? If yes, please list:	No
Have you ever had any surgery (medical, dental or plastic/cosmetic)?	No
Do you drink alcohol? If yes, how many drinks per week?	None
Have you ever been pregnant? If yes, how many times and what was the result?	No
Have you ever been a donor before? If yes, did a pregnancy occur?	No
Are you taking any medications (for physical or mental health)? If so, what medications are you taking and why?	No
Are you taking any recreational drugs? If yes, what are you taking?	No
Do you smoke?	No
Are your menstrual cycles regular? If not, explain.	Yes
Do you wear or did you wear glasses? If so, at what age did you start using them?	No
Was your pap smear normal or abnormal?	Yes, normal

Family Medical History:

Note: Medical history will be verified. Anything purposely omitted may result in being dropped from the program. If any of the following has occurred in your family, please list which family member and explain:

Family Genetic History:

Biological Family Member	Sex	Age	Height	Eye Color	Hair Color	Deceased
Father	M	53	175	Black	Black	No
Mother	F	48	150	Brown	Brown	No
Paternal Grandmother	F					Yes
Paternal Grandfather	M					Yes
Maternal Grandmother	F	72	158	Black	Black	No
Maternal Grandfather	M	75	170	Black	Black	No