





















## Basic Information:

Date of Birth:	1997-02-26
Age:	26
Height (cm):	162
Weight (kgs):	55
Hair Color	Dark Brown
Hair Type	Straight
Eye Color	Brown
Ethnic Origin	Japanese
Maternal Heritage	Japanese
Paternal Heritage:	Japanese
Blood Type:	A

## Education, Career and Personality:

Highest level of education:	Nursing College Graduate
What college(s) or university(s) did you attend?	Okinawa Prefectural College of Nursing
Major?	Faculty of Nursing
Do you have any athletic ability? Please list.	Yes, I workout 3-4 times a week (jogging)  - Athletics Prefectural Tournament (3rd Place) - Participated in the National Handball Tournament
Do you have any musical talents? Please list.	Yes
Please describe your hobbies or what you do in your spare time.	Watch sports and movies. Exercise. Eat out with family and friends
What is your current occupation?	Nurse
Describe your personality?	Cheerful and energetic

**Egg Donation:**

Why do you want to become a donor?	Currently, I have no plans to get married or have children. Thankfully, I have a healthy body, so I would be happy if I could help
If you could send a message to the person receiving your donated eggs, what would you say?	I would be happy if I could help you!
Where did you grow up?	Japan
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?	No
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
Do you wear glasses?	Yes, I wear glasses and contacts. I am nearsighted.
Are your menstrual cycles regular? If not, explain.	Yes



Was your pap smear normal or abnormal?	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	Education	Occupation	Deceased
Father	M	51	175	Black	Black	High School Graduate	Office Worker	No
Mother	F	51	160	Dark Brown	Dark Brown	High School Graduate	Esthetician	No
Paternal Grandmother	F	79	165	Dark Brown	Dark Brown	High School Graduate	Unemployed	No
Paternal Grandfather	M	78	170	Black	Black	High School Graduate	Sailor	Yes
Maternal Grandmother	F	83	145	Dark Brown	Dark Brown	High School Graduate	Unemployed	No
Maternal Grandfather	M	68	173	Black	Gray	High School Graduate	Taxi Driver	Yes