

## EGG DONOR INFORMATION



**DONOR ID #4390**

### SHORT BIOGRAPHY:

She is a Brazilian veterinarian who works in the commercial field of animal health. Her career combines a deep love for animals with strong communication and relationship-building skills. Described by friends and colleagues as calm, kind, and cheerful, she values honesty, empathy, and meaningful connections. In her free time, she enjoys cooking, spending time with her family and partner, watching movies, and being close to nature. She chose to become an egg donor because she truly believes in the beauty of helping others create a family.

## DONOR PERSONAL INFORMATION

**Location:** Brazil

**Height:** 5' 4"

**Year of Birth:** 1999

**Weight:** 132

**Ethnicity:** Jewish

**Eye Color:** Brown

**Maternal Heritage:** Jewish

**Natural Hair Color:** Brown

**Parental Heritage:** Jewish

## PERSONAL INFORMATION

### WHAT IS THE HIGHEST EDUCATION LEVEL YOU HAVE ATTAINED?

Some college

### DO YOU HAVE A MENSTRUAL CYCLE EVERY MONTH?

Yes

### PLEASE INDICATE WHAT TYPE OF BIRTH CONTROL YOU ARE CURRENTLY USING:

Contraceptive pill

### PLEASE DESCRIBE YOUR GOALS/AMBITIONS THAT YOU HAVE

I'm a veterinarian currently pursuing a postgraduate degree in veterinary cardiology — a field that challenges and inspires me every day. One of my biggest dreams is to become a mother someday. I believe deeply in the power of love, family, and the bonds we create in this life. But my greatest dream of all is to marry my boyfriend, the love of my life. He's my best friend, my safe place, and the person I want to build my future with.

### DESCRIBE WHAT YOU WERE LIKE AS A CHILD.

Ever since I was a child, I've had a deep love for animals. I was the kind of little girl who would stop to care for a stray kitten or talk to birds in the yard. That connection with animals has always been a big part of who I am. I was more reserved, the quiet one in the group, but always thoughtful, well behaved, and kind-hearted. I enjoyed taking care of myself, whether it was choosing my own outfits, brushing my hair carefully, or adding a little sparkle to my everyday life. Even as a child, I had big dreams. Ambition was something that came naturally to me. I wanted to do more, learn more, and see the world, and thanks to dance, I actually did. I was part of a dance group that performed both locally and internationally, and I had the incredible opportunity to travel abroad for performances while still very young. I was a good child, gentle, responsible, and driven. I grew up believing that kindness, discipline, and imagination could take me far. And to this day, I carry that same spirit with me in everything I do.

### DESCRIBE YOUR FAVORITE MEMORY.

One of my favorite memories is the day my mom gave me my very first pet. I was just six years old, and I remember holding that tiny life in my arms for the first time, it was love at first sight. We grew up together. That little companion stayed by my side through every stage of my life: childhood, teenage years, and even into adulthood. He was there for my happiest moments and also the hard ones, always with love, loyalty, and quiet understanding. The most unforgettable part is that he lived long enough to see me graduate from veterinary school. It felt like everything had come full circle, the little girl who once cared for him had now become a vet. That memory holds a very special place in my heart. It reminds me of where I came from, the love that shaped me, and why I chose the path I walk today.

### DESCRIBE YOUR PERSONALITY AND CHARACTER

I'm a calm and thoughtful person, someone who observes the world with sensitivity and intention. I value honesty, kindness, and integrity in everything I do, whether in my personal relationships or my professional life. I consider myself empathetic and emotionally mature. I try to treat people with compassion, to listen with presence, and to offer support whenever I can. I'm naturally curious and always looking to grow, learn, and improve — not just in knowledge, but in character. I'm also very dedicated. When I commit to something, I give it my full heart. I believe in doing things with care, responsibility, and love. At my core, I'm someone who wants to leave a positive mark in the world, even if it's in small, quiet ways.

### WHAT ARE YOUR FAVORITE FOODS?

I have two favorite foods, sushi and beans. They couldn't be more different, but each one has a special place in my heart. Sushi is fresh, light, and makes me feel good, it's my favorite choice when I want something special or when I'm out. Beans, on the other hand, are comfort food to me. They remind me of home, childhood, and cozy family meals.

### WHAT DO YOU LIKE TO DO IN YOUR FREE TIME?

In my free time, I love cooking and dancing, they're two things that bring me pure joy.

Cooking makes me feel creative and connected to the people I love. I enjoy trying new recipes, experimenting with flavors, or just preparing something simple and comforting.

Dancing, on the other hand, is my way of expressing myself and letting go. It fills me with energy and reminds me of who I've always been, someone who moves through life with rhythm and passion.

#### **WHAT WOULD YOU CONSIDER YOUR GREATEST STRENGTHS AND WEAKNESSES?**

One of my greatest strengths is my sense of responsibility. When I commit to something, I give it my full attention and care. I'm also empathetic and observant, I genuinely try to understand others and make people feel seen and supported.

Another strength is my ambition. I set goals for myself and work hard to achieve them, always trying to grow and become a better version of who I am.

As for weaknesses, I can be a bit too self-demanding at times. I tend to put a lot of pressure on myself to do things perfectly, and sometimes I struggle to slow down or ask for help.

But I'm learning to be more gentle with myself, to embrace balance, and to understand that being human means learning and evolving every day.

#### **IF YOU COULD VISIT ANYWHERE IN THE WORLD, WHERE WOULD IT BE AND WHY?**

If I could visit any place in the world, I would love to go to Japan.

I'm fascinated by the balance between tradition and modernity in Japanese culture, from the peaceful temples and natural landscapes to the vibrant city life. I admire the values of respect, simplicity, and mindfulness that are present in everyday life there.

And of course, as someone who loves sushi, it would be a dream to try it straight from the source!

#### **DESCRIBE A TYPICAL DAY IN YOUR LIFE.**

A typical day in my life is a mix of work, care, and doing what I love.

During the day, I work in the veterinary commercial field, connecting with professionals, visiting clinics, and sharing knowledge. It's a dynamic and fulfilling job that keeps me moving and learning constantly.

In the evenings, especially when my 10 year old stepdaughter is with us, I focus on taking care of her. We spend time together, share meals, and enjoy simple, cozy moments as a family.

I also love to cook, preparing dinner is something I truly enjoy. It's a way for me to relax and express love through food.

On Tuesday nights, I do Kangoo, which is a fun and energizing way for me to take care of my body and mind.

My routine is full, but it reflects who I am: someone who works with purpose, takes care of the people she loves, and still finds space to nourish herself too.

#### **WHY HAVE YOU DECIDED TO BECOME AN EGG DONOR?**

I decided to become an egg donor because I truly believe in the beauty of helping others build a family.

I know that many people face difficult paths on their journey to parenthood, and if something so natural for me can make a life-changing difference for someone else, I feel honored to share it.

This decision comes from a place of empathy, love, and deep respect for the dreams and struggles of others.

Being able to offer hope to someone, even without ever meeting them, is one of the most meaningful things I feel I can do.

#### **WHAT WERE/ARE YOUR FAVORITE CLASSES IN SCHOOL?**

My favorite subjects in school were chemistry and math

#### **PLEASE LEAVE A MESSAGE TO THE INTENDED PARENTS.**

To the future parents,

I may not know your names or your story, but I admire your strength, your hope, and the love that brought you here.

This journey you are on is filled with courage and deep emotion. I'm honored to play a small part in it, to offer something from my heart that might help you build the family you dream of.

I send you my warmest thoughts and wishes: may your home be filled with laughter, love, and the beauty of new beginnings.

You are not alone, and I truly hope your journey leads to the joy you so deeply deserve.

#### **ARE YOU COMMITTED TO BEING A DONOR?**

Yes, I am fully committed to being a donor.

I understand the responsibility, the emotional depth, and the importance this process holds for the intended parents. I've made this decision with care, awareness, and a genuine desire to help someone else experience the love of building a family. It's an honor for me to be part of something so meaningful, and I'm ready to go through this journey with empathy, respect, and dedication.

#### DO YOU SMOKE CIGARETTES?

No

#### FAMILY CHARACTERISTICS

Family Member	Eye Color	Hair Color	Skin Complexion	Height	Weight	Body Type	Education Level	Occupation
Father	Dark Brown	Brown	Light	5'10	181 Lbs	Slim	College Degree	Pharmacist
Mother	Dark Brown	Brown	Light	5'5	141 Lbs141 Lbs	Slim	College Degree	Nutritionist
Brother 1	Dark Brown	Brown	Light	5'11	187 Lbs	Slim	Phd	Economist
Brother 2	Dark Brown	Brown	Light	5'9	176 Lbs	Slim	College Degree	Law School

## REPRODUCTIVE HISTORY

#### AGE AT FIRST PERIOD

12

#### ARE YOUR CYCLES

Regular

#### INTERVAL BETWEEN PERIODS

28

#### HAVE YOU HAD A DIAGNOSIS OF ANY GYNECOLOGICAL PROBLEMS (IE; ENDOMETRIOSIS, PCOS, ABNORMAL PAP SMEARS, ETC.)?

No

#### HAVE YOU OR A PARTNER EVER BEEN DIAGNOSED WITH A SEXUALLY TRANSMITTED INFECTION (IE; CHLAMYDIA, GONORRHEA, SYPHILIS, HERPES, TRICHOMONAS, ETC.)?

No

#### DID YOUR MOTHER TAKE DES WHILE SHE WAS PREGNANT WITH YOU?

No

#### HAVE YOU EVER BEEN TOLD YOU ARE INFERTILE?

No

#### IS THERE A HISTORY OF INFERTILITY IN YOUR FAMILY?

No

#### HAVE YOU BEEN SEXUALLY ACTIVE DURING THE PAST SIX MONTHS?

Yes

#### ARE YOU CURRENTLY SEXUALLY ACTIVE?

Yes

#### HOW MANY SEXUAL PARTNERS HAVE YOU HAD IN THE PAST SIX MONTHS?

1

#### ARE YOU CURRENTLY IN A MONOGAMOUS RELATIONSHIP?

Yes

**ARE YOU CURRENTLY OR HAVE YOU TAKEN BIRTH CONTROL?**

Yes

**IF YES, WHAT BRAND**

YAZ birth control pills

**WHEN**

Currently

**DO YOU USE OTHER FORMS OF BIRTH CONTROL**

No

**HAVE YOU HAD MORE THAN 10 SEXUAL PARTNERS?**

No

**HAVE YOU EVER HAD A SEXUAL PARTNER WHO WAS GAY OR BISEXUAL?**

No

**HAVE YOU EVER HAD SEXUAL RELATIONS WITH ANYONE SUSPECTED OR KNOWN TO BE HIV POSITIVE?**

No

**HAVE YOU EVER HAD RELATIONS WITH A MAN WHO HAS ENGAGED IN ANAL INTERCOURSE OR ORAL SEX WITH ANOTHER MAN?**

No

**HAVE YOU BEEN EXPOSED TO RADIATION OR TOXIC CHEMICALS IN YOUR WORK OR PERSONAL LIFE (I.E., LEAD, MERCURY, GOLD)?**

No

## MEDICAL HISTORY

**DO YOU HAVE ANY MEDICAL ILLNESSES (I.E., ASTHMA, DIABETES, SEIZURE DISORDERS, TUBERCULOSIS, ETC)?**

No

**HAVE YOU EVER HAD SURGERY? PLEASE DESCRIBE:**

No

**LIST CURRENT ALLERGIES (FOOD, POLLEN, BEE STINGS, MEDICATIONS, ETC.)**

I don't have

**DESCRIBE ANY CHILDHOOD ALLERGIES YOU'VE OUTGROWN:**

I have never had any allergies.

**LIST ALL DRUGS, INCLUDING PHYSICIAN PRESCRIBED AND NON-PRESCRIPTION (PLEASE INCLUDE VITAMINS AND HERBS) THAT YOU ARE CURRENTLY TAKING:**

Only the birth control pill.

**LIST ANY OTHER MEDICATIONS YOU'VE TAKEN IN THE LAST FIVE YEARS:**

I have not taken any other medications in the last five years.

**HAVE YOU EVER HAD A BLOOD TRANSFUSION?**

No

**HAVE YOU EVER BEEN REFUSED AS A BLOOD DONOR?**

No

**HAVE YOU BEEN EXPOSED TO RADIATION OR TOXIC CHEMICALS IN YOUR WORK OR PERSONAL LIFE (IE; LEAD, MERCURY, GOLD)?**

No

**HAVE YOU EVER HAD UNEXPLAINED WEIGHT LOSS?**

No

**HAVE YOU EVER HAD KAPOSI SARCOMA?**

No

**HAVE YOU EVER HAD FEVER OF UNKNOWN ORIGIN?**

No

**HAVE YOU EVER HAD PNEUMOCYSTIC PNEUMONIA?**

No

**HAVE YOU EVER HAD SEXUAL RELATIONS WITH ANYONE WITH THE ABOVE SYMPTOMS/DISEASES?**

No

**DO YOU SMOKE CIGARETTES?**

No

**DO YOU DRINK ALCOHOL?**

No

**HAVE YOU EVER USED RECREATIONAL DRUGS? (LSD, MARIJUANA, HEROIN OR COCAINE, ETC.)**

No

**HAVE YOU EVER BEEN TREATED FOR DEPRESSION?**

No

**HAVE YOU EVER ATTEMPTED SUICIDE?**

No

**FAMILY MEDICAL HISTORY**

Family Member	Age	Age At Death	Medical Problems Or Cause Of Death
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**BONES, MUSCLES, JOINTS, LIMBS**

No

**GASTROINTESTINAL SYSTEM**

No

**NERVOUS SYSTEM, BRAIN, SPINAL CORD**

No

**BLOOD OR CIRCULATORY SYSTEM**

No

**RESPIRATORY SYSTEM**

No

**GENITAL/URINARY TRACT**

No

**METABOLIC (HORMONES, ENZYMES, ETC)**

No

**DONOR RISK ASSESSMENT QUESTIONNAIRE**

**1. HAVE YOU INJECTED DRUGS FOR A NON-MEDICAL REASON IN THE LAST FIVE YEARS, INCLUDING INTRAVENOUS, INTRAMUSCULAR AND SUBCUTANEOUS INJECTION?**

No

**2. HAVE YOU RECEIVED HUMAN-DERIVED CLOTTING FACTOR CONCENTRATES, INCLUDING FACTOR VIII AND/OR FACTOR IX CONCENTRATE FOR HEMOPHILIA OR A RELATED CLOTTING DISORDER?**

No

**3. IN THE PAST FIVE YEARS, HAVE YOU BEEN GIVEN MONEY OR DRUGS IN EXCHANGE FOR HAVING SEX?**

No

**4. IN THE PAST 12 MONTHS, HAVE YOU BEEN IN JAIL FOR MORE THAN 72 CONSECUTIVE HOURS?**

No

**5. IN THE PAST 12 MONTHS, HAVE YOU HAD SEX WITH ANYONE WHO WOULD ANSWER YES TO THE PREVIOUS QUESTIONS?**

No

**6. IN THE PREVIOUS 12 MONTHS, HAVE YOU HAD SEX WITH A PERSON WITH KNOWN OR SUSPECTED HIV, HEPATITIS B OR HEPATITIS C?**

No

**7. IN THE PAST 12 MONTHS, HAVE YOU BEEN EXPOSED TO KNOWN OR SUSPECTED HIV, HEPATITIS B AND/OR HEPATITIS C INFECTED BLOOD THROUGH PERCUTANEOUS INOCULATION (E.G., NEEDLE STICK) OR THROUGH CONTACT WITH AN OPEN WOUND, NON-INTACT SKIN OR MUCUS MEMBRANE?**

No

**8. IN THE PAST 12 MONTHS HAVE YOU HAD AN ACCIDENTAL NEEDLE STICK, SHARP INSTRUMENT INJURY, CONTACT WITH HUMAN BLOOD, SERUM OR PLASMA IN THE EYE, MUCOUS MEMBRANES (LIPS OR INTERIOR OF NOSE) OR SORES?**

No

**9. IN THE PAST 12 MONTHS , HAVE YOU LIVED WITH (RESIDED IN THE SAME DWELLING) ANOTHER PERSON WHO HAS HEPATITIS B OR CLINICALLY ACTIVE (SYMPTOMATIC) HEPATITIS C INFECTION?**

No

**10. IN THE PAST 12 MONTHS, HAVE YOU HAD EAR, SKIN OR BODY PIERCING, SCARIFICATION OR TATTOOING?**

No

**10A. DID YOU HAVE A TATTOO OR SCARIFICATION IN THE PAST 12 MONTHS? IF SO, WHEN?**

No

**10C. DID YOU HAVE AN EAR, SKIN OR BODY PIERCING PERFORMED IN THE PAST 12 MONTHS? IF SO, WHEN?**

No

**11. HAVE YOU HAD A CLINICAL DIAGNOSIS OF HEPATITIS?**

No

**12. HAVE YOU, YOUR SEXUAL PARTNER(S) AND/OR ANY MEMBER OF YOUR HOUSEHOLD EVER HAD A TRANSPLANT OR MEDICAL PROCEDURE THAT INVOLVED BEING EXPOSED TO LIVE CELLS, TISSUE OR ORGANS FROM AN ANIMAL?**

No

**13. HAVE YOU BEEN SUSPECTED TO HAVE OR DIAGNOSED WITH WEST NILE VIRUS (INCLUDING DIAGNOSIS BASED ON SYMPTOMS AND/OR LABORATORY RESULTS, OR CONFIRMED WNV VIREMIA) IN THE PAST 120 DAYS?**

No

**14. WITHIN THE PAST 8 WEEKS, HAVE YOU HAD A SMALLPOX VACCINATION?**

No

**15. WITHIN THE PAST 8 WEEKS, HAVE YOU HAD CLOSE CONTACT WITH A SMALLPOX VACCINATION SITE OF SOMEONE ELSE WHO RECEIVED THE VACCINATION (EXAMPLES INCLUDE TOUCHING THE SITE, THE BANDAGES COVERING THE SITE OR HANDLING BEDDING OR CLOTHING THAT HAS BEEN IN CONTACT WITH AN UNBANDAGED VACCINATION SITE)?**

No

**16. HAVE YOU EVER BEEN TREATED FOR OR DIAGNOSED WITH CHLAMYDIA, GONORRHEA, HERPES SIMPLEX TYPE 2 AND/OR SYPHILIS?**

No

**17. HAVE YOU OR ANY OF YOUR BLOOD RELATIVES BEEN DIAGNOSED WITH CREUTZFELDT-JAKOB DISEASE (CJD)?**

No

**18. HAVE YOU BEEN DIAGNOSED WITH DEMENTIA OR ANY DEGENERATIVE OR DEMYELINATING DISEASE OF THE CENTRAL NERVOUS SYSTEM OR OTHER NEUROLOGICAL DISEASE OF UNKNOWN ETIOLOGY?**

No

**19. HAVE YOU EVER RECEIVED GROWTH HORMONE MADE FROM HUMAN PITUITARY GLANDS?**

No

**20. HAVE YOU EVER RECEIVED A NON-SYNTHETIC DURA MATER (BRAIN COVERING) GRAFT**

No

**21. HAVE YOU RECEIVED A BITE FROM AN ANIMAL SUSPECTED FOR RABIES WITHIN THE LAST 6 MONTHS?**

No

**22. HAVE YOU BEEN DIAGNOSED OR SUSPECTED TO HAVE T. CRUZI INFECTION OR CHAGAS DISEASE?**

No

**23. FROM 1980 THROUGH 1996 WERE YOU A MEMBER IF THE U.S. MILITARY, A CIVILIAN MILITARY EMPLOYEE OR A DEPENDENT OF A MILITARY MEMBER OR CIVILIAN MILITARY EMPLOYEE?**

No

**23A. DID YOU SPEND A TOTAL OF 6 MONTHS OR MORE ASSOCIATED WITH A MILITARY BASE IN ANY OF THE FOLLOWING COUNTRIES: GERMANY, BELGIUM, OR THE NETHERLANDS BETWEEN 1980 AND 1990; OR GREECE, TURKEY, SPAIN, PORTUGAL, OR ITALY BETWEEN 1980 AND 1996?**

No

**24. SINCE 1980, HAVE YOU EVER LIVED IN OR TRAVELED TO EUROPE (INCLUDES: ALBANIA, AUSTRIA, BELGIUM, BOSNIA-HERZEGOVINA, BULGARIA, CROATIA, CZECH REPUBLIC, DENMARK, FINLAND, FRANCE, GERMANY, GREECE, HUNGARY, IRELAND, ITALY, LIECHTENSTEIN, LUXEMBOURG, MACEDONIA, NETHERLANDS, NORWAY, POLAND, PORTUGAL, ROMANIA, SLOVAK REPUBLIC, SLOVENIA, SPAIN, SWEDEN, SWITZERLAND, AND YUGOSLAVIA)?**

No

**24A. FROM THE BEGINNING OF 1980 THROUGH THE END OF 1996 DID YOU SPEND TIME THAT ADDS UP TO 3 MONTHS OR MORE IN THE U.K. (INCLUDES ENGLAND, IRELAND, SCOTLAND, WALES, THE ISLE OF MAN, THE CHANNEL ISLANDS, GIBRALTAR, AND THE FALKLAND ISLANDS)?**

No

**24B. SINCE 1980, HAVE YOU RECEIVED A BLOOD TRANSFUSION OF BLOOD OR BLOOD COMPONENTS IN THE U.K. OR FRANCE?**

No

**24C. SINCE 1980 HAVE YOU SPENT TIME THAT ADDS UP TO 5 YEARS OR MORE IN EUROPE (INCLUDING TIME SPENT IN THE U.K. BETWEEN 1980 AND 1996)?**

No

## **FDA REQUIRED SCREENING**

**HAVE YOU EVER HAD A SEXUALLY TRANSMITTED DISEASE OR INFECTION (STD/STI)?**

No

**IN THE PAST 5 YEARS HAVE YOU HAD SEXUAL RELATIONS WITH A MALE HOMOSEXUAL, BISEXUAL, OR IV DRUG USER?**

No

**HAVE YOU HAD A PARTNER WHO HAD SEXUAL RELATIONS WITH A MALE HOMOSEXUAL, BISEXUAL, OR IV DRUG USER?**

No

**HAS YOUR CURRENT PARTNER EVER BEEN IN PRISON?**

No

**IN THE PAST 12 MONTHS HAVE YOU BEEN IN JAIL FOR MORE THAN 3 DAYS IN A ROW?**

No

**IN THE PAST 12 MONTHS HAVE YOU HAD SEXUAL RELATIONS WITH ANYONE WHO HAS BEEN IN JAIL FOR MORE THAN 3 DAYS IN A ROW?**

No

**IN THE PAST 12 MONTHS HAVE YOU HAD SEX WITH A PERSON KNOWN OR SUSPECTED TO HAVE HIV, HEPATITIS B OR HEPATITIS C?**

No

**IN THE PAST 12 MONTHS HAVE YOU BEEN IN CONTACT WITH A PERSON KNOWN OR SUSPECTED TO HAVE ACTIVE VIRAL HEPATITIS?**

No

**IN THE PAST 12 MONTHS HAVE YOU HAD SEXUAL RELATIONS WITH ANYONE WHO WOULD ANSWER YES TO ANY OF THE ABOVE QUESTIONS?**

No

**HAVE YOU EVER GIVEN OR RECEIVED MONEY OR DRUGS IN EXCHANGE FOR ANY SEXUAL ACT?**

No

**WERE YOU BORN IN OR DID YOU LIVE IN OR TRAVEL TO AFRICA BETWEEN 1977 AND TODAY?**

No

**HAVE YOU HAD SEXUAL CONTACT WITH ANYONE BORN IN OR LIVED IN AFRICA BETWEEN 1977 AND TODAY?**

No

**AFTER AGE 11, HAVE YOU HAD VIRAL HEPATITIS, HEPATITIS B, OR HEPATITIS C?**

No

**HAVE YOU EVER BEEN TOLD THAT YOU COULD NOT DONATE BLOOD?**

No

**HAVE YOU EVER RECEIVED A BLOOD TRANSFUSION?**

No

**HAS YOUR PARTNER EVER RECEIVED A BLOOD TRANSFUSION?**

No

**DO YOU HAVE A BLOOD CLOTTING DISORDER AND RECEIVE HUMAN DERIVED CLOTTING FACTOR CONCENTRATION?**

No

**HAVE YOU EVER RECEIVED GROWTH HORMONES MADE FROM HUMAN PITUITARY GLANDS (HGH)?**

No

**INJECTED ANY TYPE OF DRUG FOR NON-MEDICAL REASONS**

No

**USED MARIJUANA (INCLUDING MEDICAL MARIJUANA)**

No

**USED COCAINE IN ANY FORM**

No

**USED LSD (ANGEL DUST)**

No

**USED METHAMPHETAMINE**

No

**USED ANY ILLICIT DRUG NOT LISTED**

No

**HAVE YOU EVER USED PRESCRIPTION MEDICATIONS FOR REASONS OTHER THAN THEIR INTENDED USE?**

No

**ARE YOU CURRENTLY USING ANY ILLICIT DRUGS OR PRESCRIPTION DRUGS FOR NON-MEDICAL REASONS?**

No

**DURING WORK ARE YOU EXPOSED TO TOXIC OR RADIOACTIVE SUBSTANCES?**

No

**HAVE YOU EVER HAD A NEEDLE STICK INJURY?**

No

**HAVE YOU EVER BEEN TESTED FOR HIV/AIDS?**

No

**HAVE YOU RECENTLY RECEIVED ANY VACCINATIONS?**

No

**IN THE PAST 7 DAYS HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS?**

No

**HAVE YOU OR YOUR PARTNER EVER BEEN DIAGNOSED WITH WEST NILE VIRUS (WNV)?**

No

**HAVE YOU EVER RECEIVED A DURA-MATER (BRAIN COVERING TISSUE) GRAFT?**

No

**HAVE YOU OR YOUR PARTNER EVER BEEN DIAGNOSED WITH CJD?**

No

**BETWEEN 1980 AND 1996 WERE YOU A MEMBER OF THE US MILITARY OR CIVILIAN EMPLOYEE?**

No

**BETWEEN 1980 AND 1996 WERE YOU A DEPENDENT OF A MEMBER OF THE US MILITARY?**

No

**HAVE YOU TRAVELED TO A COUNTRY AFFECTED BY OR TREATED FOR SARS IN THE PAST 14 DAYS?**

No

**HAVE YOU BEEN WITH AN INDIVIDUAL AFFECTED BY SARS IN THE PAST 14 DAYS?**

No

**IN THE PAST 12 MONTHS HAVE YOU RECEIVED ANY OF THE FOLLOWING**

- None

## TRAVEL

**BETWEEN 1980 AND TODAY, HAVE YOU TRAVELED TO ANY OF THE FOLLOWING EUROPEAN COUNTRIES? CHECK ALL THAT APPLY.**

- NONE

**HAVE YOU SPENT A TOTAL OF 6 MONTHS OR MORE ASSOCIATED WITH A MILITARY BASE IN ANY OF THE FOLLOWING COUNTRIES? CHECK ALL THAT APPLY.**

- NONE

**MEXICAN RIVIERA**

- NONE

**THE CARIBBEAN**

- NONE

**CENTRAL AMERICA**

- NONE

**PACIFIC ISLANDS**

- NONE

**SOUTH AMERICA**

- NONE

**ASIA**

- NONE

**AFRICA**

- NONE

## MEDICAL HISTORY

**OTHER HEART DISEASE**

None

**OTHER BREATHING PROBLEM**

None

**OTHER KINDNEY PROBLEM**

None

**OTHER BLADDER PROBLEM**

None

**OTHER GI DISEASE**

None

**OTHER MUSCULOSKELETAL DISEASE**

None

**OTHER HORMONAL DISEASE**

None

**OTHER REPRODUCTIVE DISEASE**

None

**OTHER BLOOD DISEASE**

None

**OTHER EYES, EARS, AND SKIN DISEASE**

None

**OTHER NEUROLOGICAL DISEASE**

None

**OTHER PSYCHOLOGICAL DISORDER**

None

**ANY OTHER DISEASE OR DISORDER**

None