

MEDICAL HISTORY Donor Code - 161297

General Data:

Did you take part in an egg donation program before? Yes

Have you ever had a miscarriage? No

If yes, when did it occur? -

Have you ever had an abortion? No

If yes, when did it occur? -

Have you ever had a missed miscarriage? No

If yes, when did it occur? -

Have you ever had a stillbirth? No

If yes, when did it occur? -

Have you ever had a Caesarean operation? No

If yes, when did it occur? -

Were all your childbirths in time? Yes

Are you currently breastfeeding? No

Please complete information about your children in the table below:

Child's Sex	Child's Year of Birth	Height and Weight at Birth
Male	2016	3550 g and 52 cm
Female	2019	3200 g and 52 cm

Personal Health Data:

Do you currently have any allergies? No

Describe your vision (without glasses) Good

Are you currently wearing glasses or contact lenses No

If yes, at what age did you start wearing glasses or contact lenses? -

Have you ever had corrective laser surgery? No

What is the condition of your teeth? Good

Are you a vegetarian? No

Do you have tattoos? Yes

If yes, how many? 1

Have you ever had any surgical interventions? No

Have you ever had any broken bones? No

Have you ever smoked cigarettes? Yes

Are you currently smoking? No

How often do you drink alcoholic beverages? not often

Have you ever used drugs? No

Have you ever been in a relationship with a partner who used or might have used drugs? No

Reproductive and Sexual Life Data:

At what age did you have your first period? 14 years old

Is your period regular? Yes

An average interval between your periods 28-30 days

Do you feel any pain or cramps during your period? Yes

Do you have any bleeding between your periods? No

Do you have any nipple discharge? No

Is there any case of twins or other multiple births in your family? No

What is your sexual orientation? Traditional



What method of contraception do you currently use? <u>no contraception</u>
Are you currently sexuallly active? <u>No</u>
Is your relationship monogamous? <u>Yes</u>
How many partners did you have in the past year? <u>-</u>