

P.O. Box 1646  
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Toll Free 1-877-745-3447  
info@donatedeggs.com

**Donor Number: 0207** (For Agency Use Only)

Today's Date: September 30, 2008

How did you hear of An Eggceptional Match? (If website, pls. specify): Yahoo

Name: Jessica

Date of Birth: April 15, 1982

Social Security #: \_\_\_\_\_

Insurance Co: \_\_\_\_\_

Address: \_\_\_\_\_ City: Fowlerville State: MI Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ May we leave a Message at (Pls. Circle): Home Work Cell

E-mail Address: \_\_\_\_\_

I check my email: all day once a day several times a week rarely

Are you currently listed with any other clinics or agencies? Yes If yes, whom? \_\_\_\_\_

Have you ever been denied entry into another egg donor program? No If yes, please explain in detail:

How soon are you able to begin your donation? Immediately

Who may we contact in case of an emergency? \_\_\_\_\_ Ph: \_\_\_\_\_

Who may we contact in case your demographics change? \_\_\_\_\_ Ph: \_\_\_\_\_

Are you (Pls. Circle): Married Single with relationship Single without relationship

Are you a U.S. Citizen? Yes No

Do you have medical insurance? Yes Are you willing to travel for an egg donation? Negotiable

Do you have any legal cases pending against you? No Have you ever filed bankruptcy? No

Have you ever been convicted of a crime? No If yes, please elaborate: \_\_\_\_\_

## PHYSICAL CHARACTERISTICS

Age: 29 Height: 5'2" Weight: 125 lbs Measurements: Bust 32 Hips \_\_\_\_\_ Waist 27

Race: Caucasian/Asian (Caucasian, African American, Asian, Hispanic, etc...)

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) \_\_\_\_\_

Mother's Side: Japanese

Father's Side: German

Blood Type: O (+ or -) ??

Place of Birth: Lansing, MI

What celebrity do people most commonly say you look like? A little like Jennifer Lopez

Please circle appropriate response:

|                           |   |  |   |   |                           |
|---------------------------|---|--|---|---|---------------------------|
| Body Type/Bone Structure: | <u>small</u>  | medium   | large   |   |                           |
| Hands:                    | <u>right-handed</u>   | left-handed  | ambidextrous  |   |                           |
| Eyes:                     | *Color<br>*Set<br>*Size<br>*Shape<br>*Shade                                   | <u>brown</u><br>narrow<br><u>small</u><br>round<br>light | hazel<br><u>average</u><br>average<br>oval<br><u>medium</u>                             | green<br>wide<br>large<br><u>almond</u><br>dark           | blue                      |
| Hair:                     | *Natural Color<br>*Color as child<br>*Shade<br>*Type<br>*Fullness<br>*Texture | blond<br>blond<br>light<br>straight<br>thin<br>fine      | <u>brown</u><br><u>brown</u><br><u>medium</u><br><u>wavy</u><br>medium<br><u>medium</u> | black<br>black<br>dark<br>curly<br><u>thick</u><br>course | red<br>red<br>other _____ |
| Nose:                     | *Size<br>*Width<br>*length<br>*Nostril Flare                                  | small<br>narrow<br>short<br>small                        | <u>medium</u><br><u>average</u><br><u>average</u><br><u>average</u>                     | large<br>wide<br>wide<br>wide                             |                           |
| Cheekbones:               | *Set<br>*Prominence   | <u>low</u><br><u>slight</u>                              | average<br>medium   | high<br>strong  |                           |
| Mouth:                    | *Size<br>*Lips  | small<br><u>thin</u>                                     | <u>average</u><br>average   | large<br>full   |                           |
| Chin:                     | *Shape<br>*Prominence<br>*Cleft   | square<br><u>slight</u><br><u>none</u>                   | oval<br>average<br>slight   | <u>round</u><br>strong<br>medium                          |                           |

|                        |   |          |             |                     |             |
|------------------------|---|----------|-------------|---------------------|-------------|
| Other Facial Features: | *Moles  | none     | one         | several             | numerous    |
|                        | *Freckles   | none     | several     | moderate            | numerous    |
|                        | *Dimples  | none     | slight      | medium              | deep        |
| Eyesight:              | *Vision   | normal   | far-sighted | near-sighted        |             |
|                        | *Glasses  | none     | single      | bifocal             |             |
|                        | *Astigmatism  | yes      | no          | age diagnosed _____ |             |
| Dental:                | *Device   | none     | braces      | retainer            | other _____ |
|                        | *Reason   | cosmetic | accident    | disease             | other _____ |
|                        | *Age during use <u>15</u> to <u>17</u> years of age |          |             |                     |             |
| Other:                 | *List _____   |          |             |                     |             |
|                        | *Reason/Cause _____                                 |          |             |                     |             |

Age at first period? 15 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 28 How long do they last? 6-7

Do you experience cramps? None Mild Average Severe

Method of birth control? Husband-Vasectomy If none, in the past? \_\_\_\_\_

Have you ever been pregnant? Yes If yes, did you have trouble conceiving? No

Have you ever been treated for infertility? No

Did your mother take DES while she was pregnant with you? No

| Year    | Delivery ♀ or ♂<br>Section/Vag | Miscarriage | Ectopic | Blighted Ovum | Termination |
|---------|--------------------------------|-------------|---------|---------------|-------------|
| 1. 2006 | Male/Vaginal                   |             |         |               |             |
| 2. 2007 | Twins Male/Female<br>C-section |             |         |               |             |
| 3.      |                                |             |         |               |             |
| 4.      |                                |             |         |               |             |

Any complications? No

## MEDICAL HISTORY

Have you ever had any surgeries? If so please list type and date:

1. Breast Augmentation-2003

2. Laproscopy-2003

Have you had a blood transfusion in the last 12 months? No

If yes, please list date and reason: \_\_\_\_\_

Any hospitalizations not mentioned above? No If yes, please explain: \_\_\_\_\_

Have you been exposed to radiation or toxic chemicals in your work or personal life? \_\_\_\_\_

Have you received a bite from an animal suspect for rabies within the last 6 months? No

Have you ever had a reaction to anesthesia? No If yes, please explain reaction in detail: \_\_\_\_\_

\*Do you smoke cigarettes? No Packs per day? \_\_\_\_\_ # of years \_\_\_\_\_ # of years quit \_\_\_\_\_

Do you now or have you ever taken recreational drugs? Never If so, What? \_\_\_\_\_

Do you drink alcohol? No If yes, how many drinks per: day? \_\_\_\_\_ week? \_\_\_\_\_ month? \_\_\_\_\_

Do you have any allergies to drugs or environmental exposures? No Pls. explain: \_\_\_\_\_

Describe any childhood allergies that you have outgrown: None

Do you have any medical illnesses (diabetes, asthma, etc...)? None If yes, pls. explain: \_\_\_\_\_

Please list all prescription or over the counter medications including dosage you are currently taking: None

**\*To become an egg donor, you must be completely drug free. You must also be nicotine free for at least 6 mos. You may be tested for this substance at any time.**

Have you ever donated your eggs before? No If yes, Please list dates and outcomes:

| Mo/Year | # Eggs Retrieved | # Eggs Fertilized | Did a pregnancy occur? | Did a live birth occur? |
|---------|------------------|-------------------|------------------------|-------------------------|
| 11/2008 | 12               | Unsure            | Yes                    | Yes                     |
|         |                  |                   |                        |                         |
|         |                  |                   |                        |                         |
|         |                  |                   |                        |                         |
|         |                  |                   |                        |                         |

Were their embryos left to cryopreserve (freeze)? Yes If yes, approximately how many per cycle? Unsure

What is the compensation you are asking for your donation? \$6800 Plus expenses/wages (1<sup>st</sup> time donors \$5,000)

What is the least amount you would consider? \$6200 plus expenses/wages

Will you require missed wages from work? Yes

If yes, what is your hourly wage? \$30.29

How many hours per week do you work? 40

Will you require childcare reimbursement? Yes  
30 additional hours needed)

If yes, what is the hourly rate? \$9.00 X \_\_\_\_\_ kids (In home nanny,

Have you been sexually active in the past 6 months? Yes

Are you currently sexually active? Yes If yes, is it a monogamous relationship and for how long? 5 Years

If no, will your partner consent to standard blood testing? \_\_\_\_\_

Have you or your partner ever had a sexually transmitted disease? Never If yes, when and what was your treatment regimen? \_\_\_\_\_

Have you ever been diagnosed with any gynecological problems such as endometriosis, ovarian cysts, abnormal Pap smears, fibroids, polyps? Yes If yes, please explain treatment Endometriosis-Lap in 2003 and better after having children. Use Midol as needed.

**Please mark any that apply to you within the last 12 months:**

- ☐ Exposure to HIV
- ☐ Exposure to Hepatitis B or C
- ☐ Had sex in exchange for money or drugs
- ☐ Intravenous drug use
- ☐ Piercing or tattoos
- ☒ None of the Above

## EDUCATION

Highest Level of Education Completed: Grade School \_\_\_\_\_  
Jr. High School \_\_\_\_\_  
Sr. High School (GPA: \_\_\_\_\_)  
Currently in College pursuing a degree in: \_\_\_\_\_  
Completed College with degree in: \_\_\_\_\_  
Currently pursuing advanced degree in: \_\_\_\_\_  
**Completed advance degree in: Health Care Administration**  
Vocational/Trade School: \_\_\_\_\_

Test Scores: SAT's: \_\_\_\_\_ ACT's: \_\_\_\_\_ College GPA: 3.2

Please list names and year of all colleges attended:

| <u>College</u>                        | <u>Year</u>      |
|---------------------------------------|------------------|
| 1. <u>Central Michigan University</u> | <u>2000-2004</u> |
| 2. <u>Central Michigan University</u> | <u>2004-2006</u> |
| 3. _____                              | _____            |

What was your favorite subject in school? Science/Math You're least favorite? History

Dean's List or Honor Roll? \_\_\_\_\_

As an adult I am most proud of: Career at young age

Currently I have a career in: Administration of Dialysis clinic

I have been in this profession for 1 days/mos/**years**

\*I have flexibility in my current profession: **Yes** No

Languages: Speak: \_\_\_\_\_  
Read: \_\_\_\_\_  
Write: \_\_\_\_\_

I consider myself: Athletic **Active** Average Inactive

Physical activities include: Walking and figure skated for 7 years

Have you excelled in any physical activities? Track (Pole Vaulting)

Manual Dexterity: Dexterous **Average** Clumsy

I would describe my diet as: Normal

Other skills or talents? Opening child care center on side with husband

Do you show artistic or musical ability? No If yes please explain: \_\_\_\_\_

**\*Once you are chosen as an egg donor, first morning appointments are mandatory. You are not able to choose the dates of your appointments, as they will coincide with the clinic's requirements and timing of your cycle. You will be required to attend 7-10 monitoring appointments prior to the actual egg retrieval. Most clinics are open between 7:30-8:00 a.m. If your schedule cannot accommodate this criterion, you will not qualify for the egg donation process.**

## FAMILY HEALTH HISTORY

|                          | Hair<br>Color | Eye<br>Color | Height<br>Weight | Skin<br>Tone  | Age If<br>Living | Age at<br>Death | Cause of Death                          |
|--------------------------|---------------|--------------|------------------|---------------|------------------|-----------------|---|
| Mother                   | Dk.<br>Brown  | Brown        | 5'0"<br>100      | Olive         | 54               |                 |   |
| Father                   | Lt.<br>Brown  | Green        | 5'10"<br>180     | Med           | 53               |                 |   |
| Brother: 1.              | Dk.<br>Brown  | Dk. Brown    | 5'10"<br>200     | Dark<br>Olive | 28               |                 |   |
| 2.                       |               |              |                  |               |                  |                 |   |
| 3.                       |               |              |                  |               |                  |                 |   |
| 4.                       |               |              |                  |               |                  |                 |   |
| Sister: 1.               | Lt.<br>Brown  | Brown        | 5'5"<br>135      | Med           | 23               |                 |   |
| 2.                       |               |              |                  |               |                  |                 |   |
| 3.                       |               |              |                  |               |                  |                 |   |
| 4.                       |               |              |                  |               |                  |                 |   |
| Maternal<br>Grandmother  | Dk.<br>Brown  | Dk. Brown    | 4'10"<br>105     | Olive         | 76               |                 |   |
| Maternal<br>Grandfather  | Brown         | Blue         | 6'0"<br>200      | Med           |                  | 44              | Accidental Carbon<br>Monoxide Poisoning |
| Paternal<br>Grandmother  | Brown         | Blue         | 4'11"<br>145     | Med           | 83               |                 |   |
| Paternal<br>Grandfather  | Brown         | Blue         | 5'9"<br>160      | Fair          | 84               |                 |   |
| Children: (If Any)<br>1. | Blonde        | Blue/Green   |                  | Fair          | 2 ½              |                 |   |
| 2.                       | Brown         | Brown        |                  | Med           | 1-twin girl      |                 |   |
| 3.                       | Brown         | Brown        |                  | Fair          | 1-twin boy       |                 |   |
| 4.                       |               |              |                  |               |                  |                 |   |

Are you adopted? No If yes, do you have access to your biological health history? \_\_\_\_\_

Twins or multiple births in the family? Yes If yes, how many sets? 2

Are there any known genetic diseases that run in your family? No If yes, please identify all such diseases and explain in as much detail as possible:

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Has anyone in your family been born with a birth defect? No If yes, please explain in detail: \_\_\_\_\_

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Have you had a brother or sister die in infancy or early childhood? No If yes, please explain the cause of death: \_\_\_\_\_

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Have you ever been tested for: NO

Cystic Fibrosis (Caucasian) \_\_\_\_\_

Sickle Cell (African American) \_\_\_\_\_

Thalassemia (Greek/Italian) \_\_\_\_\_

Tay-Sach's (Jewish) \_\_\_\_\_

If yes to any of the above, were you determined a carrier? N/A

How would you describe your personality and temperament? I am outgoing and friendly. I like to socialize and help people.

What is your philosophy of life? You can do anything if you put your mind to it. Hard work pays off.

What qualities and characteristics would you hope the recipient parents possess? The desire and ability to love the child unconditionally.

How does it make you feel at the possibility of their offspring knowing about the donation? Okay with this.

How would you describe your childhood? Very good. Dad owned our very profitable construction company. Mom stayed at home and had anything we could ask for.

What is the earliest memory you hold as a child? Going to stay weekends with my grandma at age 6 or 7

What was it like growing up in your family? Very active family. Supportive and loved to travel.

What religion did you belong to as a child? Christian



### **When I Was A Child:**

My favorite thing to do was: Play outside/build tree forts

At home I was expected to: Clean room, take care of dog

My parents were strict about: Who I hung out with

My parents taught me to value: Working for what you have

What I loved most about my father was: His dedication-wonderful father!

What I loved most about my mother was: Craftiness-always has treats made for us

My favorite relatives were: Cousin that was year younger than me-she's my best friend

I loved to visit: Grandma

In comparison to others I was: Spoiled ☺

### **Your Teenage Years:**

Describe yourself as a teenager: Figure skated 3 days a week. Quit when I was 16-then became active in sports in school.

Describe your achievements: Always did well in school. Attended college classes junior and senior year.

Did you do poorly at anything? History ☹

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? None-Normal, fun childhood!

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): Feel like I helped someone and helped my own family too!

What message would you like passed on to the recipient of your eggs/their offspring? I am well educated, outgoing, dependable and energetic.

What helped you decide to become an egg donor? Done having my own kids and wanted to help others.

Do you consider yourself a reliable person? Very

Do you consider yourself a punctual person? Very

Would you describe yourself as a religious or spiritual person? Not at the moment

Do you have any ethical, moral or religious reservations about being an egg donor? No

What are your personal goals? Have you achieved any of these goals? Working toward PhD in next 3-5 years. Being a loving, supportive mom.

What do you see yourself doing in the next 5-10 years? Loving my family and busy with kids in school.

What would you like your recipient couple to know about you that has not already been asked? \_\_\_\_\_

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What is your favorite color? Pink

Favorite type of food? Asian/Italian

Favorite movie? Wedding Planner

Favorite type of music? R & B

Favorite Book? Motivational or Janet Evonouch

Would you be willing to donate to gay or single prospective parents? Yes Please specify: \_\_\_\_\_

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Would you be willing to meet a child conceived as the result of your donation? Maybe Please elaborate: It's touchy

Would you be interested in possibly meeting the prospective parents? If they wanted to

What are your beliefs concerning selective reduction or aborting a fetus due to an anomaly(s) (birth defect)?

Would be open depending on severity only

How do you fee about the possibility of any remaining embryos being donated to another infertile couple that cannot afford the cost of infertility treatment? Will you sign a consent permitting such donation?

Yes

How do you feel about any remaining embryos being discarded or donated to scientific research? Will you sign a consent permitting such medical or scientific research?

Yes

Some clinics have their Prospective Parents sign away rights to any left over embryos to be used at the clinic's discretion, how do you feel about not knowing the outcome of their decision?

That's fine

What are your thoughts on the possibility of this couple using a gestational carrier (surrogate) or a qualified sperm donor?

I am a very easy going and open person

Is there a message you would like to leave for your prospective parents? \_\_\_\_\_

[illegible]

## CONSENT FORM

Under the penalty of perjury, I attest that all of the information I have provided in my donor application is true and complete to the best of my knowledge. I also have a good understanding of the commitment involved in the egg donation process.

Donor's Printed Name: \_\_\_\_\_

Donor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_ give An Eggceptional Match, LLC full authority to include my photographs on its web site, and to share my personal profile with prospective parents but without disclosing to them any of my identifying information. I hereby release An Eggceptional Match, LLC and Angela Bevill, and their agents, employees, successors and assigns, from any and all liability of any nature whatsoever as a result of such disclosures.

Donor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness to Signatures above: \_\_\_\_\_

Date: \_\_\_\_\_

Please read the list of medical problems carefully and indicate your answer in the appropriate box. Remember, this is the only information that your intended parents have to make a healthy and intuitive choice for their offspring.

| HEART  | You | Mother | Father | Siblings | Grandparents | Other Family | Explain |
|--|-----|--------|--------|----------|--------------|--------------|---------|
| A. Stroke  |     |        |        |          |              |              |         |
| B. heart attack  |     |        |        |          |              |              |         |
| C. heart disease   |     |        |        |          |              |              |         |
| 1. from birth  |     |        |        |          |              |              |         |
| 2. lifestyle   |     |        |        |          |              |              |         |
| D. hardening of the arteries                                 |     |        |        |          |              |              |         |
| E. high blood pressure                                       |     | X      |        | Brother  |              |              |         |
| BLOOD  |     |        |        |          |              |              |         |
| A. anemia  |     |        |        |          |              |              |         |
| B. sickle-cell anemia  |     |        |        |          |              |              |         |
| C. hemophilia or other bleeding problem                      |     |        |        |          |              |              |         |
| D. leukemia  |     |        |        |          |              |              |         |
| E. Immune Deficiency   |     |        |        |          |              |              |         |
| F. other blood disorder                                      |     |        |        |          |              |              |         |
| RESPIRATORY (LUNGS)  |     |        |        |          |              |              |         |
| A. hay fever   |     |        |        |          |              |              |         |
| B. asthma  |     |        |        |          |              |              |         |
| C. emphysema   |     |        |        |          |              |              |         |
| D. tuberculosis  |     |        |        |          |              |              |         |
| E. lung cancer   |     |        |        |          |              |              |         |
| F. pneumonia   |     |        |        |          |              |              |         |
| G. other lung disease  |     |        |        |          |              |              |         |
| GASTRO-INTESTINAL  |     |        |        |          |              |              |         |
| A. ulcer of stomach or duodenum                              |     |        |        |          |              |              |         |
| B. gall stones   |     |        |        |          |              |              |         |
| C. hepatitis A   |     |        |        |          |              |              |         |
| D. hepatitis B   |     |        |        |          |              |              |         |
| E. cirrhosis   |     |        |        |          |              |              |         |
| F. colon cancer  |     |        |        |          |              |              |         |
| G. ulcerative colitis  |     |        |        |          |              |              |         |
| H. Crohn's disease   |     |        |        |          |              |              |         |
| I. cystic fibrosis   |     |        |        |          |              |              |         |
| J. intestinal cancer   |     |        |        |          |              |              |         |
| K. any other cancer/digestive prob.                          |     |        |        |          |              |              |         |
| METABOLIC/ENDOCRINE  |     |        |        |          |              |              |         |
| A. diabetes mellitus   |     |        |        |          |              |              |         |
| B. hypoglycemia  |     |        |        |          |              |              |         |
| C. thyroid cancer  |     |        |        |          |              |              |         |
| D. thyroid disease   |     |        |        |          |              |              |         |
| E. goiter  |     |        |        |          |              |              |         |
| F. adrenal dysfunction or disorder                           |     |        |        |          |              |              |         |
| G. hyperactivity   |     |        |        |          |              |              |         |
| URINARY  |     |        |        |          |              |              |         |
| A. kidney disease  |     |        |        |          |              |              |         |
| B. other disease of urinary tract (urethra, bladder, ureter) |     |        |        |          |              |              |         |
| GENITAL/REPRODUCTIVE   |     |        |        |          |              |              |         |
| A. undescended testicle                                      |     |        |        |          |              |              |         |
| B. hypospadias   |     |        |        |          |              |              |         |
| C. prostate cancer   |     |        |        |          |              |              |         |
| D. uterine fibroids  |     |        |        |          |              |              |         |
| E. ovarian cysts   |     |        |        |          |              |              |         |
| F. cancer of cervix, ovaries or uterus                       |     |        |        |          |              |              |         |

|  | You | Mother | Father | Siblings | Grandparents | Other Family | Explain |
|--|-----|--------|--------|----------|--------------|--------------|---------|
| <b>NEUROLOGICAL</b>                        |     |        |        |          |              |              |         |
| A. migraines                               |     |        |        |          |              |              |         |
| B. mental retardation                      |     |        |        |          |              |              |         |
| C. senility before age 50                  |     |        |        |          |              |              |         |
|  |     |        |        |          |              |              |         |
| D. Multiple Sclerosis                      |     |        |        |          |              |              |         |
| E. Cerebral Palsy                          |     |        |        |          |              |              |         |
| F. epilepsy                                |     |        |        |          |              |              |         |
| G. hydrocephalus                           |     |        |        |          |              |              |         |
| H. disorder of the spinal cord             |     |        |        |          |              |              |         |
| I. Huntington's chorea                     |     |        |        |          |              |              |         |
| J. Gaucher's disease                       |     |        |        |          |              |              |         |
| K. Wilson's disease                        |     |        |        |          |              |              |         |
| L. Creutzfeldt-Jacob disease               |     |        |        |          |              |              |         |
| M. Alzheimer's disease                     |     |        |        |          |              |              |         |
| N. other diseases of the nervous system    |     |        |        |          |              |              |         |
| <b>MENTAL HEALTH</b>                       |     |        |        |          |              |              |         |
| A. schizophrenia                           |     |        |        |          |              |              |         |
| B. bipolar or manic depressive             |     |        |        |          |              |              |         |
| C. depression                              |     |        |        |          |              |              |         |
| <b>MUSCLE/BONE/JOINTS</b>                  |     |        |        |          |              |              |         |
| A. muscular dystrophy                      |     |        |        |          |              |              |         |
| B. other chronic muscle disease            |     |        |        |          |              |              |         |
| C. lupus                                   |     |        |        |          |              |              |         |
| D. deformity of the spine                  |     |        |        |          |              |              |         |
| E. osteoporosis                            |     |        |        |          |              |              |         |
| F. dwarfism                                |     |        |        |          |              |              |         |
| G. heredity low back disease               |     |        |        |          |              |              |         |
| H. arthritis                               |     |        |        |          |              |              |         |
| I. gout                                    |     |        |        |          |              |              |         |
| <b>SIGHT/SOUND/SMELL</b>                   |     |        |        |          |              |              |         |
| A. deafness before age 60                  |     |        |        |          |              |              |         |
| B. deformity of the ear                    |     |        |        |          |              |              |         |
| C. cataracts before age 50                 |     |        |        |          |              |              |         |
| D. blindness                               |     |        |        |          |              |              |         |
| E. color blindness                         |     |        |        |          |              |              |         |
| F. glaucoma                                |     |        |        |          |              |              |         |
| G. deviated septum                         |     |        |        |          |              |              |         |
| H. any other sight/sound/smell disorders   |     |        |        |          |              |              |         |
| <b>SKIN</b>                                |     |        |        |          |              |              |         |
| A. acne                                    |     |        |        |          |              |              |         |
| B. eczema                                  |     |        |        |          |              |              |         |
| C. skin cancer                             |     |        |        |          |              |              |         |
| D. pigmentation disorders                  |     |        |        |          |              |              |         |
| E. other disorders of the skin             |     |        |        |          |              |              |         |
| <b>OTHER</b>                               |     |        |        |          |              |              |         |
| A. alcoholism                              |     |        |        |          |              |              |         |
| B. drug abuse, misuse or addiction         |     |        |        |          |              |              |         |
| C. breast cancer                           |     |        |        |          |              |              |         |
| D. any other cancer not mentioned above    |     |        |        |          |              |              |         |
| E. any other condition not mentioned above |     |        |        |          |              |              |         |