

P.O. Box 1646
Castle Rock, Colorado 80104
720-733-0184
Toll Free 1-877-745-3447

Donor Number: **# 0237** (For Agency Use Only)

Today's Date: February 4, 2010

Name: _____

Date of Birth: December 9, 1983

Social Security #: _____

Insurance Co: Blue Cross

Address: _____ City: _____ State: Alaska Zip: _____

Home Phone: N/A 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? No 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? Anytime

Who may we contact in case of an emergency? _____

Who may we contact in case your demographics change? _____

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? Yes

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: 28 Height: 5'3" Weight: 135 **Measurements:** Bust 38 ½ Hips 37 Waist 28

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

Ethnicity: (Pls. Be specific, ie...German, French, Irish, etc...) Dutch, Native American (Comanche), German

Mother's Side: Dutch, German, Scandinavian, French

Father's Side: Native American (Comanche), Dutch, Irish

Blood Type: O+ (+ or -) Place of Birth: Soldotna, Alaska

What celebrity do people most commonly say you look like? Katie Holmes

Please circle appropriate response:

Body Type/Bone Structure: small medium large

| | | | | | | |
|-------------|---------------------|-------------|----------------|--------------|------|-------------|
| Hands: | <u>right-handed</u> | left-handed | ambidextrous | | | |
| Eyes: | *Color | brown | hazel | <u>green</u> | blue | |
| | *Set | narrow | <u>average</u> | wide | | |
| | *Size | small | <u>average</u> | large | | |
| | *Shape | round | <u>oval</u> | almond | | |
| | *Shade | light | <u>medium</u> | dark | | |
| Hair: | *Natural Color | blond | <u>brown</u> | black | red | other _____ |
| | *Color as child | blond | <u>brown</u> | black | red | |
| | *Shade | light | <u>medium</u> | dark | | |
| | *Type | straight | wavy | <u>curly</u> | | |
| | *Fullness | thin | <u>medium</u> | thick | | |
| | *Texture | <u>fine</u> | medium | course | | |
| Nose: | *Size | small | <u>medium</u> | large | | |
| | *Width | narrow | <u>average</u> | wide | | |
| | *length | short | <u>average</u> | wide | | |
| | *Nostril Flare | small | <u>average</u> | wide | | |
| Cheekbones: | *Set | low | <u>average</u> | high | | |
| | *Prominence | slight | <u>medium</u> | strong | | |
| Mouth: | *Size | small | <u>average</u> | large | | |
| | *Lips | thin | average | <u>full</u> | | |

| | | | | | |
|-------|-------------|-------------|----------------|--------------|--|
| Chin: | *Shape | square | oval | <u>round</u> | |
| | *Prominence | slight | <u>average</u> | strong | |
| | *Cleft | <u>none</u> | slight | medium | |

| | | | | | | | |
|-------|--------------|---------------|---------------|---------------|---------------|-------------|-----------|
| Skin: | *Tone | light | med-light | <u>medium</u> | med-dark | dark | olive |
| | *Tan Ability | none | | slight | <u>medium</u> | easy | |
| | *Condition | <u>normal</u> | dry | oily | medium | combination | |
| | *Acne | none | <u>slight</u> | medium | severe | at what age | <u>16</u> |

Other Facial Features:

| | | | | |
|-----------|------|----------------|----------|----------|
| *Moles | none | <u>one</u> | several | numerous |
| *Freckles | none | <u>several</u> | moderate | numerous |
| *Dimples | none | <u>slight</u> | medium | deep |

| | | | | |
|-----------|--------------|---------------|-------------|---------------------|
| Eyesight: | *Vision | <u>normal</u> | far-sighted | near-sighted |
| | *Glasses | <u>none</u> | single | bifocal |
| | *Astigmatism | yes | <u>no</u> | age diagnosed _____ |

| | | | | | |
|---------|---|-------------|----------|----------|-------------|
| Dental: | *Device | <u>none</u> | braces | retainer | other _____ |
| | *Reason | cosmetic | accident | disease | other _____ |
| | *Age during use _____ to _____ years of age | | | | |

Other: *List _____

*Reason/Cause _____

REPRODUCTIVE HISTORY

Age at first period? 12 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 28 days How long do they last? 4-5 days

Do you experience cramps? None Mild Average Severe

Method of birth control? Nuva Ring If none, in the past? _____

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

Have you ever been treated for infertility? No

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

List of pregnancies and outcomes below:

| Year | Delivery ♀ or ♂ Section/Vag | Miscarriage | Ectopic | Blighted Ovum | Termination |
|------|--------------------------------|-------------|---------|---------------|-------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

Any complications?

MEDICAL HISTORY

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

1. ACL Repair 02/08/2002 Cheerleading Injury

2. _____

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?

No

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? No 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: N/A

Do you have any medical illnesses (diabetes, asthma, etc...)? No If yes, pls. explain: _____

Please list all prescription or over the counter medications including dosage you are currently taking:

N/A

***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? |
|---------|------------------|-------------------|------------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

What is the compensation you are asking for your donation? \$5,000 (1st time donors \$5,000)

What is the least amount you would consider? \$5,000

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? 7 months

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

Have you or your partner ever had a sexually transmitted disease? No 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? No If yes, please explain treatment _____

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: 3.83)
Currently in College pursuing a degree in: _____
Completed College with degree in: Bach. In Communications
Currently pursuing advanced degree in: _____
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: N/A ACT's: 24 College GPA: 3.54

Please list names and year of all colleges attended:

| <u>College</u> | <u>Year</u> |
|--|------------------|
| 1. <u>California State University, Fresno</u> | <u>2002-2004</u> |
| 2. <u>University of Colorado at Colorado Springs</u> | <u>2005-2007</u> |
| 3. _____ | _____ |

What was your favorite subject in school? History You're least favorite? Chemistry

Dean's List or Honor Roll? Both

As an adult I am most proud of: Being self-sufficient, motivated and goal oriented

Currently I have a career in: Management at Victoria's Secret

Hours per week I work : 30 I have been in this profession for 5 months days/mos/years

*I have flexibility in my current profession: ☒ Yes ☐ No

Languages: Speak: English
Read: English, Spanish
Write: English, some Spanish

I consider myself: ☒ Athletic ☐ Active ☐ Average ☐ Inactive

Physical activities include: Cheerleading, Soccer, Pilates, Aerobics, Horseback Riding, Softball

Have you excelled in any physical activities? Cheerleading, Horseback Riding

Manual Dexterity: ☒ Dexterous ☐ Average ☐ Clumsy

I would describe my diet as: Healthy with occasional ice cream and soda

Other skills or talents? Dancing,

Do you show artistic or musical ability? Yes If yes please explain: Saxophone, Singing (Soprano)

***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 Color | Eye Color | Height Weight | Skin Tone | Age If Living | Age at Death | Cause of Death |
|-----------------------|------------|-----------|---------------|-----------|---------------|--------------|----------------|
| Mother | Blonde | Green | 5'3" | Olive | 50 | | |
| Father | Black | Grey | 5'9" | Red/brown | 51 | | |
| Brother: 1. | Brown | Brown | 5'8" | Olive | 25 | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| Sister: 1. | Blonde | Blue | 5'7" | Olive | 21 | | |
| 2. | Blonde | Grey | 5'6" | Olive | 21 | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| Maternal Grandmother | Brown | Green | 5'4" | Olive | | 64 | Accident |
| Maternal Grandfather | Blonde | Blue | 5'5" | Fair | 87 | | |
| Paternal Grandmother | Brown | Brown | 5'5" | Fair | | 69 | Pneumonia |
| Paternal Grandfather | Black | Grey | 5'10" | Red/brown | | 83 | Heart Attack |
| Children: (If Any) 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| | | | | | | | |
|----|--|--|--|--|--|--|--|
| 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? 4

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:

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

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

Have you ever been tested for:

Cystic Fibrosis (Caucasian) No
 Sickle Cell (African American) No
 Thalassemia (Greek/Italian) No
 Tay-Sach's (Jewish) No

If yes to any of the above, were you determined a carrier? _____

How would you describe your personality and temperament? I am easy going and positive. I am also a very confident person who loves people and animals. Other people usually enjoy and want to be around me.

What is your philosophy of life? I believe that every day I should live life to its fullest. The glass should always be viewed as half full because there is always something good that can come of any situation.

What qualities and characteristics would you hope the recipient parents possess? I hope that the recipient parents possess a love for children and family. That they are kind, honest, loving and moral people.

How does it make you feel at the possibility of their offspring knowing about the donation? I am okay with the offspring knowing about the donation because it was done so that they could become part of a loving family.

How would you describe your childhood? I was a happy, healthy and very active child. I enjoyed playing outdoors and also had an interest in animals. My parents were always very supporting and loving and encouraged me to set my goals high because there was nothing that I was not capable of.

What is the earliest memory you hold as a child? The earliest memory that I hold as a child is when I was three years old and getting ready to go on stage for my ballet recital. I was very excited and also a little bit nervous, but I liked my yellow tutu.

What was it like growing up in your family? In my family growing up was similar to a fun adventure. My parents encouraged us to always try new things. They also took us on vacations every year so that we could learn about and see new places. I always enjoyed trying the different foods from different places that we traveled to.

What religion did you belong to as a child? I was raised as a Non-Denominational Christian.

When I Was A Child:

My favorite thing to do was: Play outside and ride horses

At home I was expected to: Do my chores to help keep the house clean and get along with my brother and little twin sisters.

My parents were strict about: Getting along and cleaning up after ourselves. Also about manners and addressing all adults as Mr. or Ms. out of respect.

My parents taught me to value: Life and family and to never take things for granted.

What I loved most about my father was: No matter what I did to get in trouble he always loved me and was always there to pick me up when I would fall.

What I loved most about my mother was: Her tender touches and practical advice. She was always there when I needed her, even if I thought I did not need her there, she always knew best.

My favorite relatives were: All of my cousins, there were 27 on my mom's side, there was always someone to play with and hang out with.

I loved to visit: Grandpa and Grandma's house because they would let us have sleepovers and we would make cookies and go for walks.

In comparison to others I was: Very lucky and fortunate to grow up in such a large, supportive and loving family.

Your Teenage Years:

Describe yourself as a teenager: I was very up beat and full of energy. I was known to always have a smile and a cheerful word for everyone I met. I was also very smart and school came easily and naturally for me.

Describe your achievements: As a Junior in high school was accepted in to the National Honor Society. I was also a Peer Helper for my classmates to talk to instead of a school councilor. As a Senior in H/S I was elected as the class President and also in charge of social event for the school. As a Sophomore I earned the title of Varsity Cheerleading Captain and held that position through graduation. I was also very good at saving money and I bought my own horse when I was twelve years old.

Did you do poorly at anything? I struggled with Chemistry classes, that is close to the only class that I actually had to study for to maintain my good grades.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? As a teenager I actually had very little acne. I was very healthy and aside from a cold I was rarely sick. My teachers all liked me as well as my classmates. I was considered both smart, athletic and popular by my peers.

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): I hope to achieve a sense of good will and helpfulness by knowing that I am assisting a family to achieve their dreams of children. Financially is not a main concern for my donating.

What message would you like passed on to the recipient of your eggs/their offspring? Never take anything for granted and always treat everyday like it may be your last. Love your family everyday as if you might lose them tomorrow and you will never regret a single day that you are with them.

What helped you decide to become an egg donor? I love children and I know that there are many more people in the world who feel the same way. Some of these people may not be able to start a family on their own and with my assistance their dreams can come true also. I want everyone who loves children and family to have the chance to raise their own.

Do you consider yourself a reliable person? I am extremely reliable and am considered so by my friends and family. When someone needs something I am often the one they call.

Do you consider yourself a punctual person? I am not only punctual but I also have a tendency to be early.

Would you describe yourself as a religious or spiritual person? I would describe my self as a person who has faith and believes in God and Heaven.

Do you have any ethical, moral or religious reservations about being an egg donor? I do not have any ethical, moral or religious reservations about donating because I believe that every person has the right to have their own family.

What are your personal goals? Have you achieved any of these goals? My personal goals are to graduate from college which I will be doing in May 2007. I want to be a self-employed Rolfer, which I have been accepted to the training institute already and will begin my training in the fall. I also want a family.

What do you see yourself doing in the next 5-10 years? In the next five to ten years I will have my own practice. I will have a family of my own and hopefully a ranch where I can raise horses and other animals.

What would you like your recipient couple to know about you that has not already been asked? I am a very motivated person who loves to help others and I love being a friend. I am honest and loyal and wish everyone I met the very best in life.

What is your favorite color? Green and Purple

Favorite type of food? Fruit, mostly raspberries

Favorite movie? How to Lose a Guy in 10 Days and Sleeping Beauty

Favorite type of music? Country and Jazz

Favorite Book? Where the Red Fern Grows and Catch-22

Would you be willing to donate to gay or single prospective parents? Yes Please specify: I feel that everyone should be able to have a family regardless of their relationship status or sexual orientation.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: If they decide that they would like to meet me one day and the parents are comfortable with that than yes I would be happy to meet them.

Would you be interested in possibly meeting the prospective parents? Yes, of course. I would love for them to meet me especially if doing so would put their minds at ease. It would also ease my mind and to meet them and see how much they love children, to know that they will be a happy family.

What are your beliefs concerning selective reduction or aborting a fetus due to an anomaly(s) (birth defect)?
If there is a health risk or birth defect than if the parents feel that it is the best thing I would support that.

How do you feel 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?

I would sign a consent form permitting the donation if I could be reassured that they love children and that they could afford to support and raise one.

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?

I feel that the remaining embryos would be good for science. Having them would make it possible to do research and possibly cure some disease some day. Yes, I would sign a consent form.

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?

It is fine, I am sure that the clinic will be responsible and respectful with the left over embryos.

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

I want them to be able to have a family so if they needed to have a carrier or a sperm donor also than yes I would support that. Some people are not as fortunate to be able to do everything on their own.

Is there a message you would like to leave for your prospective parents? I wish you the best in life and with your new family. I am sure that you will give your children the best and most loving home that anyone could deserve. Please remember that children are a blessing. They have the innate ability to bring happiness to any situation without even knowing what they are doing. They will bring you joy and tears, all of which will be good in the end and you will always be happy that they blessed your life. I love children very much and I believe that you also share my love for children. Good luck with your family and all of your future endeavors. This child will become one of the highlights of your life. Always remember that you are both lucky and blessed. Your child is uniquely yours and irreplaceable. Love them with all your heart every day of you life and you will never have any regrets. When you love them they will love you in return, children are born with the yearning to love and be loved. Teach them that being honest and caring will bring them happiness in life and that there is nothing that they are not capable of doing.

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 | | | | | X | | Paternal Grandfather |
| C. heart disease | | | | | | | |
| 1. from birth | | | | | | | |
| 2. lifestyle | | | | | | | |
| D. hardening of the arteries | | | | | | | |
| E. high blood pressure | | | | | | | |
| 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 | X | | | | | | Caused by extreme cold in Alaska |
| 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 | | | | | | X | Maternal Cousin |
| 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 |
| NEUROLOGICAL | | | | | | | |
| 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 | | | | | | | |
| MENTAL HEALTH | | | | | | | |
| A. schizophrenia | | | | | | | |
| B. bipolar or manic depressive | | | | | | | |
| C. depression | | | | | | | |
| MUSCLE/BONE/JOINTS | | | | | | | |
| 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 | | | | | | | |
| SIGHT/SOUND/SMELL | | | | | | | |
| A. deafness before age 60 | | | | | | | |
| B. deformity of the ear | | | | | | | |
| C. cataracts before age 50 | | | | | | | |
| D. blindness | | | | | | | |
| E. color blindness | | | | | | X | Maternal Uncle |
| F. glaucoma | | | | | | | |
| G. deviated septum | | | | | | | |
| H. any other sight/sound/smell disorders | | | | | | | |
| SKIN | | | | | | | |
| A. acne | X | | | | | | Mildly, teenage |
| B. eczema | | | | | | | |
| C. skin cancer | | | | | | | |
| D. pigmentation disorders | | | | | | | |
| E. other disorders of the skin | | | | | | | |
| OTHER | | | | | | | |
| 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 | | | | | | | |

