

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

Donor Number: 0157 For Agency Use Only

Today's Date: March 22, 2013

Date of Birth: 06/27/1988

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

I am interested in an () Open () Anonymous () Semi-Open-Donation (☒) No Preference

Name:

Social Security #: _____ Insurance Co: Blue Cross Blue Shield

Address: _____ City: Colorado Springs State: CO 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? 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? After weaning my son

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? With enough notice 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: 24 Height: 5'4" Weight: 120 lbs **Measurements:** Bust 39" Hips 36" Waist 29"

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

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

Mother's Side: Spanish(From Spain), Irish

Father's Side: Spanish (From Spain)

Blood Type: B (+ or -)

Place of Birth: Albuquerque, NM

What celebrity do people most commonly say you look like? I get Sandra Bullock a lot, yet a few have said Shakira when I'm in a humid region.

Please circle appropriate response:

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

	*Cleft	none	slight	medium		
Skin:	*Tone	light	med-light	medium	med-dark	dark
olive	*Tan Ability	none	slight	medium	easy	
	*Condition	normal	dry	oily	medium	
	combination					
age 14	*Acne	none	slight	medium	severe	at what
<hr/>						
Other Facial						
Features:	*Moles	none	one	several	numerous	
	*Freckles	none	several	moderate	numerous	
	*Dimples	none	slight	medium	deep	
<hr/>						
Eyesight:	*Vision	normal	far-sighted	near-sighted		
	*Glasses	none	single	bifocal		
	*Astigmatism	yes	no	age diagnosed	_____	
<hr/>						
Dental:	*Device	none	braces	retainer	other	_____
	*Reason	cosmetic	accident	disease	other	
	*Age during use _____ to _____ years of age					
Other:	*List					
<hr/>						
*Reason/Cause _____						

REPRODUCTIVE HISTORY

Age at first period? 14 Are your cycle's regular? Yes

How long are your cycles from day one to the next day one? 30 How long do they last? 3-4

Do you experience cramps? None Mild Average Severe

Method of birth control? None If none, in the past? Depo Provera

Have you ever been pregnant? Yes If yes, did you have trouble conceiving? Ha ha, no

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. 2012	Boy – C-section (sunny side up)				
2.					
3.					
4.					

Any complications? He was “sunny side up” or facing the wrong way. I made it through labor to 6cm on my own and then pushed for 3 hours.

MEDICAL HISTORY

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

1. Tonsillectomy- 2000
2. Wisdom Tooth Removal-2006
3. Upper Wisdom Tooth Removal – 2010
4. Ovarian Cyst Laproscopy – 4/06/2012
5. C-Section – 9/20/2012

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

If yes, please list date and reason: _____

Any hospitalizations not mentioned above? Yes If yes, please explain: Scarlet Fever-3 months

Have you been exposed to radiation or toxic chemicals in your work or personal life? I live in the Rocky Mountains, where natural radiation may occur in higher amounts.

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: week? __ month? __

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

Describe any childhood allergies that you have outgrown: Alfalfa, overexposure helped me out grow it.

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: None

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? \$6000 (1st time donors \$5,000)

What is the least amount you would consider? \$5000

Will you require missed wages from work? no

If yes, what is your hourly wage? _____ How many hours per week do you work? _____

Will you require childcare reimbursement? No If yes, what is the hourly rate? _____ X _____ kids

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? Yes, 2 years
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? Yes If yes, please explain treatment Removal of cyst _____

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: 4.07)
Currently in College pursuing a degree in:
Completed College with degree in: Mechanical Engineering (BS)
Currently pursuing advanced degree in: Mechanical Engineering (MS)
Completed advance degree in: _____
Vocational/Trade School: _____

Test Scores: SAT's: 1690 ACT's: 24 College GPA: 3.72

Please list names and year of all colleges attended:

<u>College</u>	<u>Year</u>
1. <u>University of CO-CS</u>	<u>2007-2010</u>
2. <u>Colorado Tech University</u>	<u>2006-2007</u>

What was your favorite subject in school? Math/ Engineering Your least favorite? Marketing

Dean's List or Honor Roll? Both

As an adult I am most proud of: Being published and my son.

Currently I have a career in: being a mother

I have been in this profession for .5 days/mos/**years**

*I have flexibility in my current profession: **Yes** No to some extent

Languages: Speak: Spanish, English, Basic words in French, Italian, and German

Read: Spanish, English

Write: English

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

Physical activities include: Running, Biking, Swimming, Hiking, Softball, Soccer, Ice Skating, Olympic weightlifting

Have you excelled in any physical activities? Won gold in the rocky mountain state games in power lifting, completed a marathon in 3 hours 45 minutes, and competed in various running competitions for 5 years. Before becoming pregnant, competed and won many competitions in weightlifting category

Manual Dexterity: **Dexterous** Average Clumsy

I would describe my diet as: healthy and well balanced, with the occasional indulgence.

Other skills or talents? I have received awards in a junior poetry competition and have made it to the state science fair multiple times.

Do you show artistic or musical ability? Yes If yes please explain: Other than the poetry, I can sing, as well as play the violin and piano

FAMILY HEALTH HISTORY

	Hair Color	Eye Color	Height Weight	Skin Tone	Age If Living	Age at Death	Cause of Death
Mother	Auburn	Hazel	4'9" 150	Fair	45		
Father	Lt. Brown	Brown	5'11" 178	Fair-Med	45		
Brother: 1.							
2.							
3.							
Sister: 1. Half	Brown	Brown	5'5" 148	Fair	21		
2. Half	Black	Black	5'3" 123	Olive	19		
3.							
Maternal Grandmother	Ash blonde/red	Grey	5'4" 159	Ivory	67		
Maternal Grandfather	Black	Brown	5'11" 160	Olive		68?	Brain tumor caused by working in the mines
Paternal Grandmother	Unknown						
Paternal Grandfather	Unknown						
Children: (If Any) 1.	Light Brown/ Blonde	Blue-green	27.5" 17.5lbs	Fair?	6 months		

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? One set of twins

Are there any known genetic diseases that run in your family? N/K 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) _____
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 a shy person at first, but very gregarious after a little while. I get impatient with academic related things (i.e. the teacher is moving at a slow pace) but am quite patient and mellow. I will always prefer a good book at home to a night on the town. I can be rather silly at times, especially around my son and husband.

What is your philosophy of life? If you don't like your life, do something about it. Life is a great adventure, or it is nothing. Enjoy every bit of it without losing sight of responsibilities or what is important to you.

What qualities and characteristics would you hope the recipient parents possess? Warm-hearted people with a good wholesome home. I won't press that they must be science inclined people, but it would be nice.

How does it make you feel at the possibility of their offspring knowing about the donation? Well, that means they are honest and open with their child and that's a good thing.

How would you describe your childhood? I was always very mature for my age. I played a lot but I also liked to have conversations with adults. I was in the G.A.T.E. program (which I loved) and was most often found reading.

What is the earliest memory you hold as a child? I was about 2 years old. My grandparents and uncle were shingling the roof. Sunlight poured in through the windows and the house smelled like summer. I wanted to go outside so I remember carefully climbing up the stairs step by step to get my shoes. They were the Velcro kind. I put them on and went outside.

What was it like growing up in your family? We moved a lot and I'm combination city girl and farm girl. I also come from a big family.

What religion did you belong to as a child? Roman Catholic

When I Was A Child:

My favorite thing to do was: Either swim, rollerblade or read.

At home I was expected to: Do the dishes, do my homework and keep my room clean

My parents were strict about: Curfew, home before sundown

My parents taught me to value: Hard Work

What I loved most about my father was: _____

What I loved most about my mother was: Her sense of humor

My favorite relatives were: My uncle/Godfather and my Granddad

I loved to visit: My nana and granddad and the ocean

In comparison to others I was: The oddball. I have a difficult name to pronounce and spent more time reading than playing

Your Teenage Years:

Describe yourself as a teenager: Well, I took honors classes, played sports and worked. I was always busy.
Same personality now.

Describe your achievements: I was class valedictorian, in National Honor Society, Regional Science Fair winner, voted “friendliest person” and “most likely to succeed”, and won a writing competition. I have also been featured in the local and state newspapers.

Did you do poorly at anything? I didn't do so well in history, though European history and ancient history is fascinating though. I can't shoot a basketball to save my life! I also seem to struggle with the pronunciation of certain words. I can interact with many people and network like no other, but that whole social circle scene or dating just wasn't my cup of tea.

Did you have any problems as a teenager (e.g., health, acne, social, educational, etc.)? Irregular periods at the beginning, which caused some acne.

What do you hope to achieve by volunteering in an egg donor program? (e.g., emotionally, financially): At this point in my life the perk will be giving a wonderful couple (or single person) the gift of life.

What message would you like passed on to the recipient of your eggs/their offspring? You are stronger than you know. Whatever challenge is in front of you, you will find that your mind and body will give you what you need.

What helped you decide to become an egg donor? I watched the movie Juno and saw how happy she was to have this baby. It was very touching, yet I cannot justify getting pregnant for someone like that.

Do you consider yourself a reliable person? Yes

Do you consider yourself a punctual person? Yes, I like to arrive 15 min. early

Would you describe yourself as a religious or spiritual person? More spiritual. I believe in a higher power but organized religion doesn't make much sense. It seems that we are arguing over the same thing, merely because we have different words for it. But I do believe in being a good person and giving my time to charities.

Do you have any ethical, moral or religious reservations about being an egg donor? Not at all. As long as they go to loving parents who can afford to take proper care of their children.

What are your personal goals? Have you achieved any of these goals? I hope to get a dual Masters degree in Mechanical Engineering and Biology. I hope to be a patented engineer and obtain a P.E. license. I would also like to own my own company. Yes, I have been a contributing member on three US patents for medical devices. I have also been published in 2 technical journals and a handbook since graduation from college.

What do you see yourself doing in the next 5-10 years? Getting back into a career, raising my son, and creating wonderful memories as a family.

What would you like your recipient couple to know about you that has not already been asked? I hope that I can help them conceive a child that I'm sure they've been waiting for. Also, brace yourself, I like to bake.

What is your favorite color? Green

Favorite type of food? Pasta, Spicy things, and fresh fruit of any kind

Favorite movie? It's a tie between Tangled and Beauty and the Beast

Favorite type of music? Classical, Rock, and Big Band (I have a thing for the 40's)

Favorite Book? Plato's The Republic tied with the Lord of the Rings Books (I read them way before the movie came out) tied with the Jane Lindskold "Through Wolf's Eyes" series.

Would you be willing to donate to gay or single prospective parents? Yes Please specify: I think homosexual couples deserve the opportunity to have families just like everyone else. As for single parents, I would be comfortable as long as I know that this little bundle of joy can be treasured and cared for.

Would you be willing to meet a child conceived as the result of your donation? Yes Please elaborate: Depends on where I am at the time. If I am in the area and the parents would like to introduce us, then gladly.

Would you be interested in possibly meeting the prospective parents? If they would like to meet, I'd be happy to. If not, then I understand and wouldn't be offended.

What are your beliefs concerning selective reduction or aborting a fetus due to an anomaly(s) (birth defect)?
If the birth defects will cause undue pain or untimely death to the child, but if it's purely cosmetic, then, no.

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?

OK, let me put it this way, if they cannot afford the treatment but can provide for the child and are prepared then yes. No offense, but low income families shouldn't bring a child into the world if they cannot guarantee decent food, shelter and healthcare. Coming from one of these families myself, I can say that has affected me emotionally more than anything and I would not wish any other child to experience that..

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?

As long as the research doesn't involve cloning I'm alright with it. As far as discarding goes, I suppose that's sort of natural given what happens to unfertilized eggs. I will sign a consent.

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?

Well, I would hope that they're sensible people. Other than that, I suppose I did give them the eggs!

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

That's fine. I would guess that is necessary in some infertility cases.

Is there a message you would like to leave for your prospective parents? I give you this small piece of me that will soon become life. It is quite possibly one of the greatest gifts I can give. I hope you love and cherish this child. May you build strong, comforting memories and have stories that will be told for years to come. I hope that you kiss scraped knees and tell bedtime stories that will make their imaginations run wild. I give you this small piece of life and a lifetime of memories, moments and love for years to come.

<u>RISK FACTORS</u>	<u>Yes</u>	<u>No</u>	<u>Comment</u>
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Have you ever been sexually active with a male who was gay or bisexual?

Yes

No

Have you ever injected drugs or had a sexual partner who did so?

Yes

No

Have you ever had hemophilia or received any human derived clotting factor concentrates, including factor VIII or factor IX concentrate?

Yes

No

Have you ever had a sexual partner with hemophilia or who received any human derived clotting factor concentrates?

Yes

No

Have you ever had sex in exchange for money or drugs?

Yes

No

Have you ever been sexually active with a person who has had sex in exchange for money or drugs?

Yes

No

Have you ever been sexually active with a person who was known or suspected to have HIV, hepatitis B or hepatitis C?

Yes

No

Have you been exposed to body fluids, open wounds, non-intact skin or mucus membranes of any person known or suspected to have HIV, hepatitis B and/or C?

Yes

No

Have you had an accidental needle stick within the past 12 months?

Yes

No

Have you ever been or have you had a sexual partner who was incarcerated for 72 consecutive hours or longer?

Yes

No

In the past 12 months, have you lived with or had contact with anyone known or suspected to have hepatitis?

Yes

No

(Cont'd)

Have you acquired a tattoo or other skin piercing procedure within the preceding 12 months? **Yes** **No**

Have you ever been diagnosed with hepatitis? **Yes** **No**

Have you been vaccinated or had contact with anyone vaccinated for smallpox within the past 2 months? **Yes** **No**

Have you ever been diagnosed with or suspected to have West Nile Virus? **Yes** **No** **if so, when?**

Have you ever been treated for or diagnosed with Chlamydia, gonorrhea, herpes or syphilis? **Yes** **No** **if so, when?**

Have you or any of your blood relatives been diagnosed and/or have a history of transmissible spongiform encephalopathy such as Creutzfeldt-Jakob disease or variant Creutzfeldt-Jakob disease? **Yes** **No** **if so, who?**

Have you ever received a non-synthetic dura mater transplant or a pituitary-derived growth hormone? **Yes** **No**

Do you have a history of changes in cognition, speech or gait? **Yes** **No**

Have you ever received a blood transfusion? **Yes** **No** **if so, where?**

Have you visited or lived in the United Kingdom for three months or more between 1980-1996 including England, Scotland, Wales, Ireland, Isle of Man, Channel Islands, Gibraltar or Falkland Islands? **Yes** **No**

(Cont'd)

Were you a member of the US military, civilian military, employee or a dependent of a member of the military stationed in Belgium, the Netherlands, Germany, Spain, Portugal, Turkey, Italy or Greece between 1980-1996?

Yes **No**

From 1980 to present, have you spent time that adds up to 5 years or more in Europe?

Yes **No** **if so, where?**

Were you born in or have you lived in any of the following Countries since 1977; Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria?

Yes **No** **If so, when?**

If yes, were you given a blood transfusion or any medical treatment with a product made from blood while you were there?

Yes **No**

Have you ever had sexual contact with anyone who was born or lived in Cameroon, Central Africa Republic, Chad, Congo, Equatorial, Guinea, Gabon, Niger or Nigeria since 1977?

Yes **No**

Have you or someone you know been diagnosed, treated or suspected of having sudden acute respiratory syndrome? (SARS)?

Yes **No** **if so, when?**

Have you, your sexual partner, and/or anyone you live with ever had a transplant or other medical procedure that involves being exposed to live cells, tissues or organs from an animal?

Yes **No** **if so, who?**

Have you been exposed to blood, saliva or fluids from the person described in the proceeding question?

Yes **No**

Have you ever received a human organ, tissue transplant or human extract?

Yes **No**

(Cont'd)

Have you ever been excluded as a blood donor?	Yes	No	if so, why?
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Have you been diagnosed or suspected to have Chagas' disease?	Yes	No
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Have you been exposed to significant levels of radiation, toxic chemicals, or heavy metals (such as lead, mercury or gold) in your home or work environment?	Yes	No,
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Have you received a bite from an animal suspected for rabies within the last six months?	Yes	No
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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:

HEART	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
A. Stroke							
B. heart attack							
C. heart disease					x		smokers
1. from birth							
2. lifestyle					x		
D. hardening of the arteries							
E. high blood pressure					x		smokers
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					She got it once
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	x						Due to high metabolic rate. However, I finally out grew this.
C. thyroid cancer							
D. thyroid disease		x			x		hypothyroidism
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	x						Just once
F. cancer of cervix, ovaries or uterus							

	You	Mother	Father	Siblings	Grandparents	Other Family	Explain
NEUROLOGICAL							
A. migraines		x			x		Granddad: caused by brain tumor Mom: too much caffeine
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						x	Too much alkaline in well
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					x		From working hard labor
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							
F. glaucoma						x	Sun tanned w/o sunglasses
G. deviated septum							
H. any other sight/sound/smell disorders							
SKIN							
A. acne	x	x					I don't have any anymore
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						x	smokers
D. any other cancer not mentioned above					x		Grandad, brain tumor
E. any other condition not mentioned above							