



A
N
U

F E R T I L I T Y

EGG DONOR PROFILE

First name: *

Jara

Last name: *

Hallett

Gender

Refers to current gender which may be different than what is indicated on your insurance policies or medical record.

Preferred Pronouns

Email: *

jarahallett@yahoo.com

Add Photo: *

No file chosen



PHYSICAL CHARACTERISTICS

Age (as of form submit): *

27

Date of birth: *

1995-03-31

Add weight at 21 yrs of age: *

Average weight currently: *

180

Height: *

5.7

Nationality: *

Canadian

Maternal Ethnicity: *

Norwegian/French

Paternal Ethnicity: *

Irish/Scottish

What type of relationship do you wish for? *

- Known
- Anonymous
- Open to either

What do you hope the relationship will look like during and after the egg donation? *

They will also adopt me.

Able to Start Date: *

YYYY - MM - DD

Willing to travel outside of area for donation: *

- Yes
- No

Do you have a current passport? *

- Yes
- No

Please select the appropriate response:

Eye colour: *

Blue

Eye size: *

Large

Eye shape: *

Round

Natural hair colour: *

Hair colour as child: *

Brown

Blonde

Hair shade: *

Medium

Hair type: *

Wavy

Hair fullness: *

Medium

Nose size: *

Large

Lips size: *

Average

Skin tone: *

Light

Facial Features:

Freckles: *

Moderate

Dimples: *

None

Eye Sight:

Vision: *

Astigmatism

Glasses: *

Single

Add Photo: *

No file chosen



PERSONAL CHARACTERISTICS

Level of education: *

Genius

Did you complete grade school? *

Yes

No

Did you complete High School? *

Yes

No

What were your best subjects in school? *

English

What was your grade average in high school? *

100

Are you currently attending secondary education? Have you completed your degree/diploma? Please share details. *

Nope

Current job title: *

Egg Donor Lead

Please share the accomplishments that you are most proud of so far in your life: *

I'm cool as hell

Add Photo: *

No file chosen



ATHLETIC ACTIVITY

Activity Level: *

- Athletic
- Active
- Average

What current activities do you engage in? *

Chasing Tripp

What other skills and talents are you most proud of? Please describe: *

I make a mean taco

Musical Ability:

- Musical
- Average

Voice:

- Soprano
- Alto

- Tenor
- Baritone
- Bass
- Unknown

Instrument

Guitar

Instrument years of experience

57

Add Photo: *

No file chosen

WHEN I WAS A CHILD

My favourite thing to do was: *

Fuck around

My parents taught me to value: *

Honesty

What I loved most about my father was: *

He's cool

What I loved most about my mother was: *

She's also cool

What I loved most about my relatives was: *

They're funny

In comparison to others I was: *

A terror

YOUR CHILDHOOD

Describe yourself as a child; personality, happiness, likes, etc: *

Busy

What was it like growing up in your family? *

Very busy

Did you have any problems as a child? (health, allergies, learning, social, etc): *

Would not shut the hell up ever



YOUR TEENAGE YEARS

Describe yourself as a teenager: *

Crazy

Describe your achievements: *

Too many to list



Did you have any problems as a teen; health, social, educational, etc: *

None



Add Photo: *

No file chosen



FUN QUESTIONS

We'd like to understand your personality a little, please have some fun with them.

You have a FREE day - what would you like to do? *



What is your love language? (eg. words of affirmation, acts of service, gifts, quality time, or physical touch) *



What's the weirdest thing you've ever eaten? *

Gopher

If you had one hour to spend with anyone living or passed on, who would it be and why? *

What is your favourite family tradition you did as a child and/or practice now? *

Where would you want to go for a dream vacation or visit? *

What's something you're determined to achieve? *

What is your dream job? *

What is the best gift you have given and/or received? *

If you could tell your younger self one thing, what would it be? *

What helped you decide to become a egg/embryo donor? What do you hope to achieve? *

Maria

What message would you like passed on to the recipient of your egg/embryos and their offspring? *

Hello little guy



How would you describe yourself? Please include a description of your personality and temperament: *

I'm cool as heck



Add Photo: *

No file chosen



Add Photo: *

No file chosen



Add Photo: *

No file chosen



THIS OR THAT

Spa or Adventure? *

- Spa
- Adventure

Movie Theatre or Streaming at Home? *

- Movie Theatre
- Streaming at Home

Dog or Cat? *

- Dog
- Cat

Salty or Sweet? *

- Salty
- Sweet

Book or Movie? *

- Book
- Movie

Fresh Flowers or Plants? *

- Fresh Flowers
- Plant

Home Cooked Meal or Restaurant? *

- Home Cooked Meal
- Restaurant

iPhone or Android? *

- iPhone
- Android

Bright Lights or Starry Skies? *

- Bright Lights
- Starry Skies

Plans or Surprises? *

- Plans
- Surprises

Behind the Camera or In front of the Camera? *

- Behind the Camera

Give or Receive? *

- Give

In Front of the Camera

Receive

City or Countryside? *

City

Countryside

Phone or Texting? *

Phone

Texting

Store Bought or Home Made? *

Store Bought

Home Made

Coffee or Tea *

Coffee

Tea

MEDICAL QUESTIONS

It is very important for us to know if any new major medical issues that arise for you or your family as it could have a possible impact on a child resulting from your donation. Do you agree to inform us should a new medical condition arise? *

Yes

No

REPRODUCTIVE HISTORY

Pregnancy 1

Pregnancy 1 year

Pregnancy 1 outcome

 //

Pregnancy 1 complications

 //

Pregnancy 2

Pregnancy 2 year

Pregnancy 2 outcome

 //

Pregnancy 2 complications

 //

MEDICAL HISTORY

Do you have any allergies? *

- Yes
 No

Do you have any medical illnesses? *

- Yes
 No

What are your bleeding tendencies? Do you have frequent nose bleeds, bleeding gums when you brush your teeth, and/or menstrual periods with blood clots? *

Normal

Type of birth control used *

Conforms

List the drugs, prescriptions and non-prescriptions that you take regularly: *

Meth

Other medications taken in last 5 years *

Heroin

Do you consume nicotine? *

- Yes
 No

Do you consume alcoholic beverages? *

- Yes
 No

Do you consume cannabis products? *

- Yes
 No

Are you willing to stop 30 days prior to cycling? *

Yes

No

Have you used any kind of mind-altering drugs such as LSD, heroin or cocaine in the last 5 years? *

Yes

No

Are you willing to take a drug test? *

Yes

No

Are you currently sexually active? *

Yes

No

Are you in a monogamous relationship? *

Yes

No

Add Photo: *

No file chosen



Have you or a partner of yours ever had a sexually transmitted disease? *

Yes

No

Have you received a blood transfusion within the last 12 months? *

Yes

No

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

Yes

No

Have you received a bite from an animal suspect of rabies within the last 6 months? *

Yes

No

Have you been told of any gynaecological problems (endometriosis, fibroids, ovarian cysts, abnormal pap smears, etc.)? *

Yes

No

Have you ever been diagnosed or treated with a mental illness? *

Yes

No

Have you ever been hospitalized or had a major illness? *

Are you adopted? *

Yes

Yes

No

No

Do you have any brothers or sisters who died in infancy or childhood? *

Are there any known genetic diseases or conditions that run in your family? *

Yes

No

Yes

No

Would you be willing to refrain from all substances while cycling for your egg donation? *

Yes

No

Do you have any plans to travel outside of the country in the next year? For how long? *

Have you ever sought or need the care of a psychologist? If yes, please describe: *

Have you or a family member been diagnosed with a psychological condition or depression? If yes, please describe: *

Have you ever donated before or participated in another egg donor program? If yes, please describe: *

Describe your family by the following physical characteristics:

Mother Eye Colour *

Hazel

Mother Complexion *

Fair

Mother Hair Colour *

Brown

Mother Height *

5.5

Mother Body Type *

Thin

Father Eye Colour *

Blue

Father Complexion *

Tan

Father Height *

5.11

Father Hair Colour *

Bald

Father Body Type *

Athletic

Brother 1 Eye Colour

Brother 1 Hair Colour

Brother 1 Height

Brother 1 Complexion

Brother 1 Body Type

Brother 2 Hair Colour

Brother 2 Eye Colour

Brother 2 Complexion

Brother 2 Height

Brother 2 Body Type

Sister 1 Eye Colour

Sister 1 Hair Colour

Sister 1 Complexion

Sister 1 Height

Sister 1 Body Type

Sister 2 Hair Colour

Sister 2 Eye Colour

Sister 2 Complexion

Sister 2 Height

Sister 2 Body Type

FAMILY HEALTH HISTORY

Mother Age

61

Mother Age at Death

0

Mother Medical Problems / Cause of Death

Too many to fit in this tiny box

Father Age

61

Father Age at Death

0

Father Medical Problems / Cause of Death

None

Brother 1 Age

Brother 1 Age at Death

Brother 1 Medical Problems / Cause of Death

Brother 2 Age

Brother 2 Age at Death

Brother 2 Medical Problems / Cause of Death

Sister 1 Age

Sister 1 Age at Death

Sister 1 Medical Problems / Cause of Death

Sister 2 Age

Sister 2 Age at Death

Sister 2 Medical Problems / Cause of Death

Maternal Grandmother Age

85

Maternal Grandmother Age at Death

0

Maternal Grandmother Medical Problems / Cause of Death

Heart failure

Paternal Grandmother Age	Paternal Grandmother Age at Death	Paternal Grandmother Medical Problems / Cause of Death
86	0	Albino
Maternal Grandfather Age	Maternal Grandfather Age at Death	Maternal Grandfather Medical Problems / Cause of Death
55	0	He died
Paternal Grandfather Age	Paternal Grandfather Age at Death	Paternal Grandfather Medical Problems / Cause of Death
56	56	Heart attack
Child 1 Age		
2		
Child 2 Age		
Maternal Aunt 1 Age	Maternal Aunt 1 Age at Death	Maternal Aunt 1 Medical Problems / Cause of Death
Maternal Aunt 2 Age	Maternal Aunt 2 Age at Death	Maternal Aunt 2 Medical Problems / Cause of Death
Paternal Aunt 1 Age	Paternal Aunt 1 Age at Death	Paternal Aunt 1 Medical Problems / Cause of Death
Paternal Aunt 2 Age	Paternal Aunt 2 Age at Death	Paternal Aunt 2 Medical Problems / Cause of Death
Maternal Uncle 1 Age	Maternal Uncle 1 Age at Death	Maternal Uncle 1 Medical Problems / Cause of Death
58	0	None

Maternal Uncle 2 Age

57

Maternal Uncle 2 Age at Death

Maternal Uncle 2 Medical Problems /

Cause of Death

Cool as hell

Paternal Uncle 1 Age

Paternal Uncle 1 Age at Death

Paternal Uncle 1 Medical Problems /

Cause of Death

Paternal Uncle 2 Age

Paternal Uncle 2 Age at Death

Paternal Uncle 2 Medical Problems /

Cause of Death

Please read the following list of medical problems carefully and indicate which ones you, or one of your relatives have had. Please consider each condition carefully for each family member.

Heart Health:

Stroke:

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Heart attack:

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Heart disease

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Heart disease from birth

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Hardening of arteries

- You
- Mother

High blood pressure

- You
- Mother

- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Other heart health problems within family

//

Blood Health:

Anemia

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Sickle-Cell Anemia

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Hemophilia

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Leukemia

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Immune deficiency

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt

Other blood health problems in family

//

- Uncle
- Cousin

Respiratory Health:

Hay fever

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Asthma

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Emphysema

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Tuberculosis

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Lung cancer

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Pneumonia

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Cystic Fibrosis

- You
- Mother
- Father
- Sibling
- Grandparent

Other respiratory health problems in family

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- Aunt
- Uncle
- Cousin

Gastrointestinal Health:

Ulcer Of Stomach or Duodenum

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Gall Stones

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Hepatitis A (infection)

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Hepatitis B (Serum)

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Cirrhosis

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Colon cancer

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Ulcerative colitis

- You
- Mother
- Father
- Sibling

Crohn's disease

- You
- Mother
- Father
- Sibling

Grandparent

Aunt

Uncle

Cousin

Grandparent

Aunt

Uncle

Cousin

Intestinal cancer

You

Mother

Father

Sibling

Grandparent

Aunt

Uncle

Cousin

Other gastrointestinal health problems in family

Metabolic/Endocrine Health:

Diabetes Mellitus

You

Mother

Father

Sibling

Grandparent

Aunt

Uncle

Cousin

Hypoglycemia

You

Mother

Father

Sibling

Grandparent

Aunt

Uncle

Cousin

Thyroid Disease

You

Mother

Father

Sibling

Grandparent

Aunt

Uncle

Cousin

Goiter

You

Mother

Father

Sibling

Grandparent

Aunt

Uncle

Cousin

Adrenal Dysfunction or Disorder

You

Mother

Father

Hyperactivity

You

Mother

Father

- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Urinary Health

Kidney disease

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Other diseases of urinary tract (Urethra, Bladder, Ureter)

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Genital/Reproductive Health:

Undescended testicle

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Hypospadias

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Prostate cancer

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Uterine fibroids

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Cancer of cervix, ovaries or uterus

Premature menopause

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Other genital/reproductive health issues in family

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Neurological Health:

Migraines

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Intellectual Disability

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Multiple Sclerosis

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Cerebral palsy

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Epilepsy/Seizures

- You
- Mother
- Father
- Sibling

Hydrocephalus

- You
- Mother
- Father
- Sibling

Grandparent

Aunt

Uncle

Cousin

Grandparent

Aunt

Uncle

Cousin

Disorder of the spinal cord

You

Mother

Father

Sibling

Grandparent

Aunt

Uncle

Cousin

Huntington's chorea

You

Mother

Father

Sibling

Grandparent

Aunt

Uncle

Cousin

Gaucher's Disease

You

Mother

Father

Sibling

Grandparent

Aunt

Uncle

Cousin

Wilson's disease

You

Mother

Father

Sibling

Grandparent

Aunt

Uncle

Cousin

Creutzfeldt-Jacob disease

You

Mother

Father

Sibling

Grandparent

Aunt

Uncle

Cousin

Alzheimer's disease

You

Mother

Father

Sibling

Grandparent

Aunt

Uncle

Cousin

Parkinson's disease

You

Mother

Father

Sibling

Grandparent

Other neurological health issues in family

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- Aunt
- Uncle
- Cousin

Mental Health:

Schizophrenia

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Bi-Polar or Manic-Depressive

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Anxiety/Panic Attacks

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Attention Deficit Disorder

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Muscle/Bone/Joints Health:

Muscular dystrophy

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Other chronic muscular disease

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Lupus

- You
- Mother

Deformity of the spine

- You
- Mother

- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Osteoporosis

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Hereditary low back disease:

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Scoliosis:

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Sight/Sound/Smell Health:

Deafness before age 60

- You

- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Dwarfism

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Arthritis:

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Other muscle/bone/joints health issues in family:

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Deformity of the ear

- You

- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Cataracts before age 50

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Colour blindness

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Other sight/sound/smell health issues in family

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Skin Health:

- | | |
|--|--|
| Acne | Eczema |
| <ul style="list-style-type: none"><input type="checkbox"/> You<input type="checkbox"/> Mother<input type="checkbox"/> Father<input type="checkbox"/> Sibling<input type="checkbox"/> Grandparent | <ul style="list-style-type: none"><input type="checkbox"/> You<input type="checkbox"/> Mother<input type="checkbox"/> Father<input type="checkbox"/> Sibling<input type="checkbox"/> Grandparent |

- Aunt
- Uncle
- Cousin

Skin cancer

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

- Aunt
- Uncle
- Cousin

Pigmentation disorder

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Other skin health issues in family

Cancer:

Breast cancer

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Other cancers within family

Other health conditions in family

Congenital Anomalies:

Cleft Lip/Palate

- You
- Mother
- Father

Heart Defect

- You
- Mother
- Father

- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Hip problem

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Neurofibromatosis

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Chromosomal Abnormalities:

Turner's syndrome

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Other chromosomal abnormalities in family

- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Club feet

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Other congenital anomalies in family

//

Klinefelter's Syndrome

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

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Other:

Alcoholism

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Drug abuse, misuse or addiction

- You
- Mother
- Father
- Sibling
- Grandparent
- Aunt
- Uncle
- Cousin

Do you have any undiagnosed medical problems that are currently being investigated?

//

Do you have questions or concerns about becoming an egg donor?

//

Add Photo: *

No file chosen



Add Photo: *

No file chosen



Add Photo: *

No file chosen



We thank you for your assistance in completing this form completely. Your Donation is much appreciated, as well as your time required to fill out these questions. You have provided an opportunity for the recipients to attempt a possible pregnancy; a chance they might otherwise not have if it were not for your generous consideration to donate your eggs. Thank you on behalf of the recipients.

Please add anything else you would like to share

//

Add Photo: *

No file chosen

Add Photo: *

No file chosen

Add Photo: *

No file chosen

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