

## Donor Egg Program Eligibility Questionnaire

If you are interested in becoming an egg donor, please complete this questionnaire and press submit. Our egg coordinator will contact you directly. The information will remain confidential, and will not be released to anyone outside our office. Please fill out as many of the fields as you can. Required fields are marked with.\*

Please do not apply if you do not meet all minimum requirements.

### Minimum requirements:

- 18 – 30 years of age
- No major medical problems
- No more than 5 prior egg donation cycles

### Contact Information:

E-mail Address: \_\_\_\_\_  
**\*required\***  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
May we contact you? Yes \_\_\_\_\_ No \_\_\_\_\_  
May we leave a message? Yes \_\_\_\_\_ No \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Additional phone number: \_\_\_\_\_

### Questions:

Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Eye color: \_\_\_\_\_  
Natural hair color: \_\_\_\_\_  
Height: \_\_\_\_\_ feet and inches  
Weight: \_\_\_\_\_ lbs.  
Ethnic background: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Highest level  
Education completed: \_\_\_\_\_

Have you ever been pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you have any children? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, how many children? \_\_\_\_\_  
Marital status: \_\_\_\_\_  
Do you smoke? Yes \_\_\_\_\_ No \_\_\_\_\_  
How much do you drink? \_\_\_\_\_ drinks a week.

Do you, or have you had any medical problems? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please specify.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently take any medications?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify.

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Are you sexually active?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your current method of birth control?

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Is your menstrual period regular?

Yes \_\_\_\_\_ No \_\_\_\_\_