



Preliminary Egg Donor Screening Form

Please answer all questions to the best of your ability.

Personal Information

Name: _____

Address: _____ Apartment Number: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____

Initial Qualifying Information

Are you taking any medications? Yes No

If YES, please list: _____

Do you use recreational drugs? Yes No

If YES, please list: _____

Do you smoke? Yes No

What is your heritage? _____

Do you have transportation? Yes No

Are you employed? Yes No

If YES, please list work hours: _____

Please list any known health issues below.

Self: _____

Parents: _____

Grandparents: _____

Please email your completed application and all supplemental materials to victorial@longislandivf.com OR you may print and mail it to:

**Long Island IVF
8 Corporate Center Drive, Suite 101
Melville, NY 11747**