

# CONCUSSION SETTLEMENT

IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)

SWS-2

DIAGNOSING PHYSICIAN SWORN STATEMENT: INABILITY TO PROVIDE A DIAGNOSING PHYSICIAN CERTIFICATION FOR A DECEASED RETIRED NFL FOOTBALL PLAYER WITHOUT MEDICAL RECORDS

This Sworn Statement is to be used by a physician who made a Qualifying Diagnosis of a Retired NFL Football Player while the Player was still living but: (1) that Player is now deceased; (2) the medical records reflecting the Qualifying Diagnosis are unavailable because of a force majeure type event (*e.g.*, flood, hurricane, fire); and (3) the physician is unable to provide a Diagnosing Physician Certification without those medical records.

	I. RETIRED NFL FOOTBALL PLAYER INFORMATION						
Settlement Program ID					1		
Retired NFL Football Player Name	First			M.I.	Last		
Retired NFL Football Player Date of Birth			L		/  (Month/Day/Yea	<u>                                     </u>	
II. DIAGNOSING PHYSICIAN INFORMATION							
National Provider Identif	ier						
Physician Name	First			M.I.	Last		
Office/Practice Name							
Mailing Address	Address	1					
	Address	2					
	City					State	Zip
Telephone Number							1
Fax Number						-	1
E-Mail Address							

SWS-2

### DIAGNOSING PHYSICIAN SWORN STATEMENT: INABILITY TO PROVIDE A DIAGNOSING PHYSICIAN CERTIFICATION FOR A DECEASED RETIRED NFL FOOTBALL PLAYER WITHOUT MEDICAL RECORDS

III. EXPLANATION OF INABILITY TO PROVIDE A DIAGNOSING PHYSICIAN CERTIFICATION						
Explain why you are unable to provide a Diagnosing Physician Certification without the missing medical records. To the extent you possess any other evidence in support of the Qualifying Diagnosis, attach it to this Sworn Statement. If you need more space, attach supplemental pages.						
and ewern etatement. If you need more opace, attach cappiomental pages.						

SWS-2

# DIAGNOSING PHYSICIAN SWORN STATEMENT: INABILITY TO PROVIDE A DIAGNOSING PHYSICIAN CERTIFICATION FOR A DECEASED RETIRED NFL FOOTBALL PLAYER WITHOUT MEDICAL RECORDS

### IV. SIGNATURE

This Sworn Statement is an official document submitted in connection with the Class Action Settlement in *In re: National Football League Players' Concussion Injury Litigation, MDL No. 2323.* By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this Sworn Statement is true and correct to the best of my knowledge, information and belief.

Diagnosing Physician Signature			Date	
Printed Name	First	M.I.	Last	
		_		

#### V. Instructions

Complete this Sworn Statement fully, sign it and give it to the Representative Claimant of the deceased Retired NFL Football Player referenced above.