NFL CONCUSSION SETTLEMENT

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

MAF DIAGNOSING PHYSICIAN CERTIFICATION FORM
(for a Qualifying Diagnosis made by a Qualified MAF Physician)

This MAF Diagnosing Physician Certification Form is to be used only by a Qualified MAF Physician in the NFL Concussion Settlement to report that a Retired NFL Football Player has a Qualifying Diagnosis under the terms of the Settlement Agreement.

Do not sign this form if you did not personally examine the Retired NFL Football Player. If you are a Qualified BAP Provider certifying a diagnosis you made in the Baseline Assessment Program, do not use this form; use the BAP Diagnosing Physician Certification Form instead.

Complete this entire form, sign it and provide it to the Claims Administrator (and to the Retired NFL Football Player, if requested) along with all medical records and other information you created or received regarding this Retired NFL Football Player, as required in the Rules Governing Qualified MAF Physicians. The Claims Administrator will review everything submitted.

If you have any questions, contact the Claims Administrator by phone (toll free) at 1-855-887-3485, by email at ClaimsAdministrator@NFLConcussionSettlement.com, or visit the Settlement Website at https://www.nflconcussionsettlement.com.

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I. INFORMATION ON THE RETIRED NFL FOOTBALL PLAYER

Settlement Program ID				
Name	First	M.I.	Last	Suffix
Address	Address 1			
	Address 2			
	City			
	State/Province			
	Postal Code	Country		
Telephone	_____ - _____ - _____			
Date of Birth	__/__/____ (Month/Day/Year)			
Date of Death (if applicable)	__/__/____ (Month/Day/Year)			

II. INFORMATION ON THE QUALIFIED MAF PHYSICIAN

National Provider Identifier (NPI)			
Physician Name	First	Middle Initial	Last
Office/Practice Name			

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III. EXAMINING NEUROPSYCHOLOGIST (IF ANY)

Did a neuropsychologist assist you in making the Qualifying Diagnosis?

☐ **YES** ☐ **NO**

If you answered Yes, identify that neuropsychologist. The neuropsychologist must be either a Qualified BAP Provider or someone approved by the Claims Administrator for use in this Program, and his or her practice must be located within 50 miles of your office (unless an exception has been granted).

Neuropsychologist Name	First	Middle Initial	Last
Office/Practice Name			

IV. QUALIFYING DIAGNOSIS

Identify your diagnosis and the date of the diagnosis. Select one diagnosis only.

Qualifying Diagnosis	Date of Diagnosis
☐ Level 1.5 Neurocognitive Impairment	____/____/____ (Month/Day/Year)
☐ Level 2 Neurocognitive Impairment	____/____/____ (Month/Day/Year)
☐ Alzheimer's Disease	____/____/____ (Month/Day/Year)
☐ Parkinson's Disease	____/____/____ (Month/Day/Year)
☐ ALS (amyotrophic lateral sclerosis)	____/____/____ (Month/Day/Year)

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FOR DIAGNOSES OF LEVEL 1.5 OR LEVEL 2 NEUROCOGNITIVE IMPAIRMENT:

If you and/or the examining neuropsychologist making a diagnosis of Level 1.5 or Level 2 Neurocognitive Impairment used diagnostic criteria that differ from those set forth in the Settlement Agreement for Level 1.5 or Level 2 conditions diagnosed in the Baseline Assessment Program ("BAP"), you must explain any deviation from the BAP diagnostic criteria. Obtain information from the examining neuropsychologist as necessary to provide a complete explanation. Deviation from the BAP diagnostic criteria occurs and an explanation must be provided when:

(a) BAP Test Battery Results: The Retired NFL Football Player was administered the complete BAP Test Battery used in the Baseline Assessment Program and the resulting test scores do not meet the thresholds necessary to support the Qualifying Diagnosis under the BAP criteria in Settlement Agreement Ex. 2.

(b) Incomplete BAP Test Battery: The neuropsychological test battery administered to the Retired NFL Football Player was not the complete BAP Test Battery.

(c) Additional Testing: The neuropsychological tests administered to the Retired NFL Football Player included tests that are not part of the BAP Test Battery.

(d) Performance Validity Testing: The Retired NFL Football Player was assigned scores or results indicating that the player failed two or more of the embedded and/or stand-alone performance validity measures in the neuropsychological test battery and/or where the application of the clinical criteria for assessing performance validity under Slick *et al*. otherwise indicates that the test data may not be a valid reflection of his optimal level of neurocognitive functioning.

(e) Disagreement About the Retired NFL Football Player's Diagnosis: The Retired NFL Football Player was administered the complete BAP Test Battery, but your conclusion differs from that of the examining neuropsychologist. Confer with the neuropsychologist where you disagree on the proper diagnosis. If there is still disagreement, you must explain, based on your personal examination of the Retired NFL Football Player, medical records and sound medical judgment, the basis of your diagnosis.

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(1) Did the neuropsychological testing and/or your medical evaluation of this Retired NFL Football Player differ from the BAP diagnostic criteria in any of these ways?

☐ **YES** ☐ **NO**

If you answered Yes, describe how, based on your medical judgment and the supporting medical evidence, the diagnosis is "generally consistent" with the BAP diagnostic criteria. Your explanation cannot be a mere conclusion. Instead, explain the specific reason(s) why you believe the Retired NFL Football Player has the Level 1.5 or Level 2 diagnosis even though his evaluation deviated from the BAP diagnostic criteria (attach additional pages if needed).

(2) If you provided a diagnosis of Level 2 Neurocognitive Impairment, did you determine that certain tests in the BAP testing protocol were medically unnecessary because of the severity of the Retired NFL Football Player's dementia (*see* your Qualified MAF Physician Manual and the Clinician's Interpretation Guide)?

☐ **YES** ☐ **NO**

If you answered Yes, list the tests or criteria that were deemed unnecessary and the medical evidence supporting your determination (attach additional pages if needed):

V. CERTIFICATION

By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that I personally examined the Retired NFL Football Player named in Section I and that all information provided in this form is true and correct to the best of my knowledge, information and belief.

Signature of Qualified MAF Physician		**Date of Signature**	__/__/____ (Month/Day/Year)

Printed Name	First	M.I.	Last	Suffix