



# CONCUSSION SETTLEMENT

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

## EMPLOYMENT HISTORY AND SOCIAL AND COMMUNITY ACTIVITY OF RETIRED NFL FOOTBALL PLAYER: FORM FOR USE BY RETIRED PLAYER

The physician you see will ask you about your work and business activities and the social, volunteer and recreational things you do outside your home, whether those have changed over the last five years and, if so, how. If you are sent to see a neuropsychologist, he or she also will ask about those activities. To help all this go faster, fill out this form and give it to the examiners. As you are considering how to complete this form, note that your honest answers are required. To safeguard the integrity of the Settlement Program, the Claims Administrator carefully assesses all claims before payment of an award. This assessment may include consultations with employers, review of tax filings and publicly available information, and assessment of your engagement in daily living. There have been some claims where the facts presented to the diagnosing physician did not match the results of the assessment. By using the form and completing it with accurate information, you can avoid delays in the processing of your claim or a possible audit of your claim.

### I. RETIRED NFL FOOTBALL PLAYER

<b>Retired Player Name</b>	First	M.I.	Last																		
<b>Retired Player Date of Birth</b>	<table border="1"> <tr> <td> </td> <td> </td> <td> / </td> <td> </td> <td> / </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="9" style="text-align: center;">(Month/Day/Year)</td> </tr> </table>					/		/					(Month/Day/Year)								
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(Month/Day/Year)																					

### II. EMPLOYMENT AND BUSINESS ACTIVITIES

Describe your employment, business activities and income sources over the five years before the exam, including anything in which you were or are self-employed, such as in a consulting role or making compensated appearances, or any other source of income you receive in which you are a passive investor or have limited involvement. Be sure to complete the "What do you do?" section for each item to describe the extent of your activity. Attach more pages if you run out of space.

1.	<b>Employer, Business, or Income Source</b>						
	<b>Position</b>						
	<b>Dates of this Work</b>	<b>From</b>			<b>To</b>		
	<b>Address</b>	Street					
		City	State	Zip Code	Phone		
<b>What do you do?</b>							

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	<b>Reason for Leaving (if over)</b>				
2.	<b>Employer, Business, or Income Source</b>				
	<b>Position</b>				
	<b>Dates of this Work</b>	<b>From</b>		<b>To</b>	
	<b>Address</b>	Street			
		City	State	Zip Code	Phone
	<b>What do you do?</b>				
	<b>Reason for Leaving (if over)</b>				
3.	<b>Employer, Business, or Income Source</b>				
	<b>Position</b>				
	<b>Dates of this Work</b>	<b>From</b>		<b>To</b>	
	<b>Address</b>	Street			
		City	State	Zip Code	Phone
	<b>What do you do?</b>				
	<b>Reason for Leaving (if over)</b>				
4.	<b>Employer, Business, or Income Source</b>				
	<b>Position</b>				
	<b>Dates of this Work</b>	<b>From</b>		<b>To</b>	
	<b>Address</b>	Street			
City		State	Zip Code	Phone	

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	<b>What do you do?</b>	
	<b>Reason for Leaving (if over)</b>	

**III. SOCIAL AND COMMUNITY ACTIVITIES**

Provide full information on any of these activities you do outside your home now and how that has changed over the last five years, if it has:

1. **DRIVING:** Driving a car, truck, bus, motorcycle, or any other motorized vehicle.
2. **OTHER MACHINES:** Operating heavy machinery or boats.
3. **SOCIAL EVENTS:** Going to or hosting social functions, such as parties, shows, sporting events or other gatherings.
4. **SPORTS:** Playing any sort of sport, including golf.
5. **PUBLIC SPEAKING:** Speaking in front of people or recording talks online or on air.
6. **VOLUNTEERING:** Volunteering as a coach or in role in any service organization or charity.
7. **COMMUNITY ACTIVITIES:** Attending or participating in community activities, such as church or government meetings.
8. **SHOPPING:** Going shopping outside the home for anything.

For each of these activities, cover these questions:

- (a) Do you engage in any of this activity? What do you do? How often do you do it? For how long? By yourself or with help from someone?
- (b) Has the level of your activity changed over the last five years? How? When? How does it compare today with five years ago?

Be as specific as you can in your answers. For example, on DRIVING, describe whether you drive a car or other vehicle; how often you do; where you go and how far that is; whether the trips are to familiar places or to places you do not go to often; whether the drives are the same or differ from time to time; whether the drives are on local streets or other roadways; whether you feel you have any problems while driving; whether you drive alone or someone goes with you; whether you need to use GPS, or any other assistance to avoid getting lost; whether you get lost even when using GPS or any other assistance; and whether any of this has changed over the last five years and if so, why and how it has changed.

If you do not do an activity now and have not done it at all in the last five years, just write NONE for that activity. Attach more pages if you run out of space.

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Activity	Answer
DRIVING	
OTHER MACHINES	
SOCIAL EVENTS	
SPORTS	
PUBLIC SPEAKING	

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VOLUNTEERING

COMMUNITY  
ACTIVITIES

SHOPPING

**IV. STATEMENT ON HELP FOR SECTION II AND III ANSWERS**

Indicate Yes or No below whether anyone, including anyone working in a law office or in a claims preparation office, helped you fill out Section II and/or III of this form. If you answer Yes, those who helped you must sign this form in Section VI.

Yes

No

**V. RETIRED PLAYER SIGNATURE**

**Signature by Retired NFL  
Football Player or  
Representative Claimant**

**Date**

|\_|\_|\_|/|\_|\_|/|\_|\_|\_|\_|\_|\_|  
(Month/Day/Year)

**Printed Name**

First

M.I.

Last

**VI. SIGNATURES OF ANYONE HELPING WITH SECTION II OR III ANSWERS**

Truthfulness is critical to ensuring only those who are eligible for awards under the terms of the Settlement Agreement receive them. Each person, such as lawyers, paralegals and other staff of lawyers, claims preparation groups, or anyone else, who helped complete Section II or III of this form must attest that Section II and/or III accurately reflects the statements of the Retired Player and sign in the section below.

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I hereby attest that in helping to complete Section II and/or III, I accurately conveyed the statements of the Retired Player, and I understand that the Claims Administrator will carefully assess all claims to safeguard the integrity of the Settlement Program. I consent to jurisdiction of the Court and agree to answer any follow-up questions from the Claims Administrator and/or Special Masters.

**Helper 1**

<b>Signature</b>			<b>Date</b>	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="10" style="text-align: center;">(Month/Day/Year)</td> </tr> </table>											(Month/Day/Year)									
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**Helper 2**

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**Helper 3**

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