

CONCUSSION SETTLEMENT

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

SWS-3

THIRD-PARTY SWORN STATEMENT: FUNCTIONAL IMPAIRMENT

This document is to be used by Settlement Class Members seeking to corroborate the Retired NFL Football Player's functional impairment when no documentary evidence (for example, medical records or employment records) exists or is available.

In that situation, the Settlement Agreement allows a Retired NFL Football Player's functional impairment to be supported by a sworn statement from someone who personally knows the Retired NFL Football Player, is familiar with his condition and can describe his functional impairment in the areas of Community Affairs, Home & Hobbies, and Personal Care (see next page for detailed instructions), but who is not the Retired NFL Football Player's family member. That means the Player's (1) spouse and his or her parents; (2) sons and daughters and their spouses; (3) parents and their spouses; (4) brothers and sister and their spouses; (5) grandparents, grandchildren and their spouses; and (6) domestic partner and his or her parents, and the domestic partners of any of these persons cannot complete this form. A domestic partner is a person who lives with and shares a common domestic life with the Player, but is not legally married to the Player.

I. RETIRED NFL FOOTBALL PLAYER INFORMATION					
Settlement Program ID					
Retired Player Name	First M.I. Last				
Retired Player Date of Birth					
II. THIRD-PARTY INFORMATION					
Name	First	M.I. Last	Last		
	Street/P.O. Box				
Mailing Address	City		State	Zip	
Telephone					
E-Mail Address					
Relation to the Retired NFL Football Player					
Did anyone, including anyone working in a law office or in a claims preparation office, help you fill out Section III of this form? If you answer Yes, those who helped you must sign this form in Section V.					

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III. DESCRIPTION OF RETIRED NFL FOOTBALL PLAYER'S FUNCTIONAL IMPAIRMENT

In your own words, describe any behavior of the Retired NFL Football Player listed on the first page of this form that you believe demonstrates difficulties he has in his everyday functioning and how his functioning has declined from his previous usual level before you began noticing any impairment. Focus on decline caused by cognitive loss instead of other problems, such as physical handicap or pain. Comment on each of the following areas:

- Community Affairs (how he functions in the community, outside the home)
- Home & Hobbies (how he functions at home)
- Personal Care (how he takes care of himself)

Also explain how you are aware of the above-described decline in function, if any.

Examples of the types of activities in each of these categories are listed here, and range in severity. These include:

Community Affairs

- Loss of interest in activities outside the home
- Inability to perform occupational activities (employment)
- Loss of the ability to drive
- Failure to shop for himself
- Has stopped visiting with friends and family
- Has stopped attending church, social functions, political activities, every day appointments, or educational programs
- Has repeated conflicts with strangers.

Home & Hobbies

- Difficulties getting along with family members
- Inability to perform household chores, such as cooking, laundry, vacuuming, cleaning, making the bed, taking out the garbage, yard work, and basic home repair
- Loss of interest in hobbies, such as painting, reading, entertaining, photography, gardening, woodworking, or participation in sports.

Personal Care

- Decline in appearance, or needs reminders to maintain his appearance
- Loss of the ability to dress himself
- Lapses in washing and grooming
- Decline in eating habits (for example, no longer eats regular meals, or in more severe cases has trouble with using utensils and has to be fed)
- Poor toileting habits or loss of bladder control (for example, soils himself or wets the bed).

Use the space below to describe the Player's functional decline from his previous usual level in each of these areas. If you need more space, attach additional pages.

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IV. THIRD-PARTY 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.* Truthfulness is critical to ensuring only those who are eligible for awards under the terms of the Settlement Agreement receive them. By signing below:

- 1. I consent to the jurisdiction of the United States District Court for the Eastern District of Pennsylvania for any proceedings relating to or arising from this affidavit.
- 2. I agree to answer fully and truthfully any questions to me from the diagnosing physician, the Claims Administrator and the Court regarding the matters set forth in this affidavit.
- 3. 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.

Third-Party Signature			Date	
Printed Name	First	M.I.	Last	

V. SIGNATURES OF ANYONE HELPING WITH SECTION 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 III of this SWS-3 must attest that Section III accurately reflects the statements of the Third Party and sign in the section below.

I understand that 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 and declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that in helping to complete Section III, I accurately conveyed the statements of the Third Party.

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				
Signature			Date	
Printed Name	First	M.I.	Last	
Relationship to Retired	l Player			

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Helper 2						
Signature					Date	
Printed Name		First		M.I.	Last	
Relationship to Retired Player						
Helper 3						
Signature					Date	
Printed Name		First		M.I.	Last	
Relationship to Retired Player						