MAF DIAGNOSING PHYSICIAN CERTIFICATION FORM
(for Qualifying Diagnoses made by Qualified MAF Physicians)

This MAF Diagnosing Physician Certification Form is to be used only by a Qualified MAF Physician in connection with the Class Action Settlement in In re: National Football League Players' Concussion Injury Litigation for the purpose of determining whether the patient has a Qualifying Diagnosis for compensation under the Settlement Agreement. The Qualifying Diagnoses and required testing protocols are described in detail in the Qualified MAF Physician Manual the Claims Administrator provided to you when you were approved as a Qualified MAF Physician.

Use this form to certify a Qualifying Diagnosis you made on or after January 7, 2017, as a Qualified MAF Physician, based on your personal examination of the Retired NFL Football Player. **Do not sign this form if you did not personally examine the player**. If you made the diagnosis before January 7, 2017, do not use this form; use the Pre-Effective Date Diagnosing Physician Certification Form instead. Also, 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.

You must complete this form in its entirety, sign it under penalty of perjury, and provide it to the Claims Administrator (and to the patient, if requested) along with copies of all supporting medical records that you created or received in connection with the Qualifying Diagnosis. The Claims Administrator shall provide the form and records to the patient, who must submit these materials as part of a claim for compensation under the Class Action Settlement. The Claims Administrator will review the form and the supporting medical records. All claims also are subject to audit. Any finding of fraudulent conduct by you will be subject to, without limitation, your referral to appropriate regulatory and disciplinary boards and agencies and/or federal authorities, and your disqualification from serving in any aspect of the Class Action Settlement.

You are required to preserve all supporting medical records that you created or received in connection with the Qualifying Diagnosis for the greater of: (a) 10 years after the date of the examination resulting in the Qualifying Diagnosis; or (b) the period of time required under applicable state and federal laws.

If you have any questions, call the Claims Administrator toll free at 1-855-887-3485 or visit the Settlement Website at https://www.nflconcussionsettlement.com.

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I. PATIENT INFORMATION

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. QUALIFIED MAF PHYSICIAN INFORMATION

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

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Office/Practice Name	

III. LICENSED NEUROPSYCHOLOGIST (IF ANY)

Did a licensed neuropsychologist assist you in making the Qualifying Diagnosis?

☐ **YES** ☐ **NO**

If you answered Yes, identify that neuropsychologist. The neuropsychologist must be certified by the American Board of Professional Psychology (ABPP) or the American Board of Clinical Neuropsychology (ABCN), a member board of the American Board of Professional Psychology, in the specialty of Clinical Neuropsychology.

Neuropsychologist Name	First	Middle Initial	Last
Office/Practice Name			

IV. QUALIFYING DIAGNOSIS

Identify the patient's diagnosis and the date of such diagnosis. See your Qualified MAF Physician Manual for the criteria for each diagnosis. The identification of a condition, including through a blood test, genetic test, imaging technique, or otherwise, that has not yet resulted in actual cognitive impairment and/or actual neuromuscular impairment in the patient is **not** a Qualifying Diagnosis.

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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* If you provided a diagnosis of Level 2 Neurocognitive Impairment, did you determine that certain testing was medically unnecessary because of the severity of the patient's dementia (*see* your Qualified MAF Physician Manual)?

☐ **YES** ☐ **NO**

If you answered Yes, provide the factual basis for that determination:

V. CERTIFICATION

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

I acknowledge that any finding of fraudulent conduct may subject me to, without limitation, referral to appropriate regulatory and disciplinary boards and agencies and/or federal authorities, and disqualification from serving in any aspect of the Class Action Settlement.

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

Printed Name	First	M.I.	Last	Suffix