



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 KNOWLEDGEABLE INFORMANT

The physician the Retired NFL Football Player sees will ask about his work and business activities and the social, volunteer and recreational things he does outside his home, whether those have changed over the last five years and, if so, how. If the Player is sent to see a neuropsychologist, he or she also will ask about those activities. You may attend the exam(s) with the Player and will be asked similar questions about the Player. To help all this go faster, fill out this form and have the Player 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 the Player's 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 the Player's claim or a possible audit of his claim.

Note: This form is in addition to the SWS-3 Third-Party Sworn Statement: Functional Impairment and is not to be used in place of that document.

I. RETIRED NFL FOOTBALL PLAYER

Retired Player Name	First	M.I.	Last																		
Retired Player Date of Birth	<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">(Month/Day/Year)</td> </tr> </table>					/		/					(Month/Day/Year)								
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(Month/Day/Year)																					

II. HOW YOU KNOW THE PLAYER

Describe your relationship with the Player and how you know the information that you provide in this Form.

III. EMPLOYMENT AND BUSINESS ACTIVITIES OF THE PLAYER

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

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1.	Employer, Business, or Income Source				
	Position				
	Dates of this Work	From		To	
	Address	Street			
		City	State	Zip Code	Phone
	What does he do?				
Reason for Leaving (if over)					
2.	Employer, Business, or Income Source				
	Position				
	Dates of this Work	From		To	
	Address	Street			
		City	State	Zip Code	Phone
	What does he do?				
Reason for Leaving (if over)					
3.	Employer, Business, or Income Source				
	Position				
	Dates of this Work	From		To	
	Address	Street			
		City	State	Zip Code	Phone
	What does he do?				
Reason for Leaving (if over)					

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4.	Employer, Business, or Income Source				
	Position				
	Dates of this Work	From		To	
	Address	Street			
		City	State	Zip Code	Phone
	What does he do?				
Reason for Leaving (if over)					

IV. SOCIAL AND COMMUNITY ACTIVITIES OF THE PLAYER

Provide full information on any of these activities the Player does outside his 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) Does the Player engage in any of this activity? What does he do? How often does he do it? For how long? By himself or with help from someone?
- (b) Has the level of the Player's 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 the Player drives a car or other vehicle; how often he does; where does he go and how far that is; whether the trips are to familiar places or to places he does 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 he has any problems while driving; whether he drives alone or someone goes with him; whether he needs to use GPS, or any other assistance to avoid getting lost; whether he gets 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 the Player does not do an activity now and has 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	

V. STATEMENT ON HELP FOR SECTION III AND IV 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 III and/or IV of this form. If you answer Yes, those who helped you must sign this form in Section VII.

Yes

No

VI. KNOWLEDGEABLE INFORMANT SIGNATURE

Signature by Knowledgeable Informant (Person Who Completed this Form)		Date	<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 align="center" colspan="10">(Month/Day/Year)</td> </tr> </table>											(Month/Day/Year)									
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VII. SIGNATURES OF ANYONE HELPING WITH SECTION III OR IV 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 or IV of this form must attest that Section III and/or IV accurately reflects the statements of the Knowledgeable Informant and sign in the section below.

I hereby attest that in helping to complete Section III and/or IV, I accurately conveyed the statements of the Knowledgeable Informant, 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

Signature			Date	<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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