IN THE UNITED STATES COURT OF FEDERAL CLAIMS
OFFICE OF SPECIAL MASTERS

PRE-ASSIGNMENT REVIEW (PAR) QUESTIONNAIRE

1. Name: _____
2. Date of Vaccination: _____
3. Type of Vaccination(s): _____
4. Are you, or have you been in the past 5 years, a Medicaid recipient? _____
5. Date and location of first treatment for vaccine injury: _____

   _____
6. Vaccine injury: _____

IMPORTANT: PLEASE READ CAREFULLY

The Vaccine Injury Compensation Program requires that you submit complete medical records with your claim. Failure to submit complete medical records will result in a significant delay in processing your claim. These medical records must include:

- Your vaccination record;
- Medical records from three years prior to vaccination to the present time;
- All records related to treatment of your vaccine injury.

If you are not certain that you can remember all of your providers, it may help to obtain Explanations of Benefits from your insurance company, or itemization of services from Medicare or Medicaid. Your attorney can then review the statements with you to ensure your list is complete. Remember, an incomplete list will result in a substantial delay in the processing of your claim.

MEDICAL HISTORY

In the spaces below, please list:

1. All medical offices and/or medical facilities where you have been seen during the three (3) years prior to vaccination.

2. All offices or facilities where you received treatment following the vaccination(s), even if unrelated to the vaccine injury;

3. The pharmacy, medical facility, or other location (i.e. workplace, health fair, church, etc.) where you received the vaccination in question.

Doctor or Facility Name

Name:

Specialty:

Address:

First date of service: Last date of service:

Doctor or Facility Name

Name:

Specialty:

Address:

First date of service: Last date of service:

Doctor or Facility Name

Name:

Specialty:

Address:

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Doctor or Facility Name

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Address:

First date of service: Last date of service:

By signing this document, petitioner declares that the above facts, including statements, are true and correct.

_____, _____.

Petitioner(s) **Date**