

In the United States Court of Federal Claims
OFFICE OF SPECIAL MASTERS

PETITIONER'S NAME,

Petitioner,

v.

**SECRETARY OF HEALTH AND HUMAN
SERVICES,**

Respondent.

Case No. ___-___V (leave as blank)

Special Master's Name (leave as blank)

PETITION FOR VACCINE COMPENSATION

Petitioner, John Doe, requests compensation under the National Vaccine Injury Compensation Program, 42 U.S.C. § 300aa-10 et seq. (2012), for a Table Injury of Guillain Barre Syndrome, resulting from an influenza vaccination he received on September 15, 2018. In support of this Petition, it is averred as follows:

1. Petitioner, John Doe, was born on August 15, 1958. See Exhibit One [birth certificate].
2. Petitioner received a trivalent influenza vaccination at the office of Dr. John Smith in Bethesda, Maryland on September 15, 2018. See Exhibit 2 at 25. [primary physician's records].
3. Prior to the administration of his September 15, 2018 vaccination petitioner was in good health and suffered no medical conditions with the exception of high blood pressure. See Exhibit 2 at 24. [primary physician's records]. Petitioner's primary care records for the three years prior to vaccine administration are filed as Exhibit 2 at 2-24 and Exhibit 3 at 1-53.
4. On October 5, 2018, petitioner presented to Dr. John Smith after experiencing tingling numbness in his hands and feet, weakness in his arm and legs, and loss of balance. See Exhibit 2 at 26. [primary physician's records].
5. On October 17, 2018, petitioner was unable to stand and presented to Bethesda Medical Center Emergency Room where he was subsequently admitted for

hospitalization and received a diagnosis of GBS. See Exhibit 4 at 1-3; Exhibit 3 at 3 [emergency room records; neurologist's records].

6. On November 15, 2018, petitioner was seen in a follow-up visit by Dr. Williams who indicated that petitioner's clinical course was consistent with GBS following immunization. See Exhibit 3 at 4. [neurologist's records].
7. On April 1, 2019, petitioner began physical therapy with decreased mobility and strength. See Exhibit 4 at 10. Petitioner continued physical therapy and was discharged on May 30, 2015. See Exhibit 4 at 52 [physical therapy records].
8. To date, petitioner continues to suffer from GBS and remains under the care of Dr. Elizabeth Williams. Petitioner, a teacher, is unable to stand for long periods of time and fully function at work, or in recreation. See Exhibit 3 at 5-12; Exhibit 5 at 2 [neurologist's records; John Doe's affidavit].
9. Petitioner's GBS has persisted for more than six months. See Exhibit 1 at 26-35; Exhibit 2 at 1-12 [primary physician's records; neurologist's records].
10. Neither, petitioner, nor any other party, has ever filed any action for petitioner's vaccine-related injury. See Exhibit 5 at 2 [John Doe's affidavit].
11. Neither, petitioner, nor any other party, has ever received compensation in the form of an award or settlement for petitioner's vaccine-related injury. See Exhibit 5 at 2 [John Doe's affidavit].
12. Petitioner requests that that his compensation demand be deferred at this time pursuant to 42 U.S.C. § 300aa-11(e), until such time as the entitlement issue has been resolved.
13. Petitioner has established the right to recover under 42 USC § 300aa-14 (a)-(b) for a Table Injury of GBS caused by the influenza vaccine.
14. Finally, Petitioner requests that his case be placed within an expedited settlement track given that his case meets the requirements for expeditious handling.

Signature

Attorney Name

Firm Name

Address

City, State, Zip code

Phone number

Facsimile number

Email address

Certificate of Service:

I hereby certify that a true and correct copy of the foregoing pleading was served upon the respondent by first class US Mail to the following address on September 5, 2019.

Secretary of Health and Human Services
c/o Director, Division of Injury Compensation Programs
Health Resources and Services Administration
National Vaccine Injury Compensation Program (VICP)
5600 Fishers Lane, 8W-25A
Rockville, Maryland 20857

Signature

Attorney Name
Firm Name
Address
City, State, Zip code
Phone number
Facsimile number
Email address