



**QUESTIONS AND AFFIDAVIT FOR CLAIMANT
REGARDING COMPLETENESS OF MEDICAL
INFORMATION SUBMITTED – AFFIDAVIT FORM E**

File No: _____

Claimant's Name: _____

(Please type or print your answers. You may use additional sheets if necessary.)

I, _____, as part of my claim against the Missouri Tort Victims'
(name of undersigned claimant)

Compensation Fund, hereby answer the following questions truly, accurately and completely.

Have you submitted to the Missouri Division of Workers' Compensation Tort Victims' Compensation ALL medical records (except for x-ray films and other diagnostic films) and ALL medical reports bearing upon the injuries you allege you have sustained as a result of the tort forming the basis of your claim? ☐ Yes ☐ No

Comment:

If no, attach all medical records and reports you have not heretofore submitted to the Missouri Division of Workers' Compensation Tort Victims' Compensation.

Identify, in detail, the nature of the medical records or reports not previously submitted, or submitted herewith, and the reason(s) why same have not been submitted.

Oath or affirmation. I, _____, under oath or affirmation,
(print name)

state that the foregoing answers, statements and representations are true and correct to my best knowledge and belief, subject to the penalties of making a false affidavit or declaration.

Signature