

Scouting Settlement Trust (“Trust”)  
Exigent Health Declaration  
(Green Form)

## Exigent Health Declaration (Green Form)

### Exigent Health Declaration

<b>Claim ID *</b>	Claim ID Number
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My name is \_\_\_\_\_ and I am a physician (Doctor of Medicine  
<Physician Name>

or Doctor of Osteopathic Medicine). I am licensed to practice medicine in \_\_\_\_\_  
<State>

and my license is in good standing.

I have examined \_\_\_\_\_ within 120 days of the date of  
<Full Name of Patient >

this declaration, which I make under penalty of perjury.

There is substantial medical doubt that \_\_\_\_\_ will  
<Full Name of Patient >

survive beyond six (6) months from the date of this declaration.

### Signature Under Penalty of Perjury

**Physician's Signature**

	<b>Date</b>	/   / (Month / Day /Year)	
<b>Printed Name</b>	First	Middle	Last