



**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' Compensation Fund, hereby answer the following questions truly, accurately and completely.  
*(name of undersigned claimant)*

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*