

In the United States Court of Federal Claims

OFFICE OF SPECIAL MASTERS

[Date Document Filed]

PETITIONER'S NAME,

Petitioner,

v.

SECRETARY OF HEALTH AND HUMAN
SERVICES,

Respondent.

Case No. ____ - ____ V

Special Master's Name _____

PETITIONER'S EXHIBIT LIST

1. Birth Certificate
2. Vaccination record
3. Medical records of Dr. J. Payne, West Side Clinic, 2/15/2016 - 7/8/2019
4. Medical records of City Medical Center, 3/25/2017 - 4/30/2020
5. Medical records of Jump'nRun Physical Therapy, 7/30/2019 – 10/20/2019
6. Affidavit of Petitioner
7. Expert Report of Dr. John Doe
8. CV of Dr. John Doe
9. Medical Journal Article (include full citation)

Signature

Counsel for Petitioner

Firm Name

Address

City, State, Zip code

Phone number

Facsimile number

Email Address

[Insert Certificate of Service]