

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

In Re Flint Water Cases

No. 5:16-cv-10444-JEL-MKM

HON. JUDITH E. LEVY

MAG. MONA K. MAJZOUB

EXHIBIT 8.1

Adult Legionnaires’/Personal Injury Claimants (Category 27A) (Available Only to Support a Reconsideration Request)

AFFIDAVIT OF _____

I, _____, declare as follows:

I am over the age of eighteen, understand the obligations of an oath, and have personal knowledge of the facts stated in this affidavit. If called as a witness, I could and would testify competently hereto.

1. I am a physician currently licensed to practice in _____.
2. I am currently Board Certified in (Internal Medicine) (Infectious Disease) (Pulmonary Critical Care) (Forensic Pathology).
3. In preparation for this affidavit, I reviewed a number of materials, including medical records of _____ (Claimant) dated between April 25, 2014 and December 31, 2018.

Records Reviewed

<u>Name of Institution or Healthcare Provider</u>	<u>Date(s) of Service</u>

4. Relying on the information obtained from the above-referenced medical records, as well as my education, training, professional experience and knowledge of the medical literature, I formulated the opinion to a reasonable degree of probability that _____ (Claimant), between April 25, 2014 and December 31, 2018:

- a. Was exposed to Flint water; **and**
- b. Contracted Legionnaires’ disease, not causing death; **and**
- c. Was eighteen (18) years of age or older at the time of the exposure that resulted in the infection.

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true and correct, executed on this _____ day of _____, 2021 by _____.

(Signature)

_____, M.D.
(Name)

(Location)

Adult Legionnaires'/Personal Injury Claimants (Category 27A) (Available Only to Support a Reconsideration Request)

SUBSCRIBED AND SWORN TO
before me this ____ day of _____, 2021.

Notary Public

AFFIDAVIT OF _____

I, _____, declare as follows:

I am over the age of eighteen, understand the obligations of an oath, and have personal knowledge of the facts stated in this affidavit. If called as a witness, I could and would testify competently hereto.

1. I am a physician currently licensed to practice in the following states:
_____.

2. I am currently Board Certified in (Internal Medicine) (Infectious Disease) (Pulmonary Critical Care) (Forensic Pathology).

3. In preparation for this affidavit, I reviewed a number of materials, including medical records of _____ (Claimant) dated between April 25, 2014 and December 31, 2018.

Records Reviewed

<u>Name of Institution or Healthcare Provider</u>	<u>Date(s) of Service</u>

4. Relying on the information obtained from the above-referenced medical records, as well as my education, training, professional experience and knowledge of the medical literature, I formulated the opinion to a reasonable degree of probability that _____ (Claimant), between April 25, 2014 and December 31, 2018:

- a. Was exposed to Flint water; **and**
- b. Contracted Legionnaires' disease, causing death; **and**
- c. Legionnaires' disease was a primary or secondary cause of death; **and**
- d. Was eighteen (18) years of age or older at the time of the exposure that resulted in the infection.

I solemnly affirm under the penalties of perjury that the contents of the foregoing paper are true and correct, executed on this _____ day of _____, 2020 by _____.

(Signature)

_____, M.D.
(Name)

(Location)

Adult Legionnaires'/Legionnaires' Death (Category 27B) (Available Only to Support a Reconsideration Request)

SUBSCRIBED AND SWORN TO
before me this ____ day of _____, 2020.

Notary Public