

Board of Medicine
Exhibit I- Report on Professional
Liability Claims and Actions
Page 1 of 2



Include information relating to liability actions occurring within the previous ten years. The actions are required to be reported under s. 456.039 (1)(b), F.S. You must submit a completed form for each occurrence. If you are an allopathic, osteopathic, or podiatric physician, to satisfy this reporting requirement you may submit copies of reports previously submitted under the requirements of s. 456.049, F.S., in lieu of this exhibit to satisfy this reporting requirement.

Date of occurrence: _____ Date reported to licensee: _____ Date claim reported to insurer or self-insurer: _____
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

Injured person's full name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Age: _____ Sex: _____

List all defendants with their health care provider license number involved in this claim:

Defendant	Health Care Provider License #

Date of suit, if filed: _____ Date of final claim disposition: _____
MM/DD/YYYY MM/DD/YYYY

Date of judgement/settlement, if any: _____ Amount of judgement/settlement, if any: \$ _____
MM/DD/YYYY

Was there an itemized verdict? Yes No **If "Yes," attach a copy of the settlement verdict.**

Indemnity paid on behalf of this defendant: \$ _____

Loss Adjustment expense paid to defense counsel: \$ _____

All other loss adjustment expense paid: \$ _____

If no judgement or settlement, provide the following: Date: _____ Reason: _____
MM/DD/YYYY

Name of institution at which the injury occurred: _____

Location of injury occurrence:

Critical Care Unit	Emergency Room	Labor & Delivery Room
Nursery	Operating Suite	Patient's Room
Physical Therapy Dept.	Radiology	Recovery Room
Special Procedures Room	Other: _____	

Board of Medicine
Exhibit I- Report on Professional
Liability Claims and Actions
Page 2 of 2



Final diagnosis for which treatment was sought or rendered: _____

Describe misdiagnosis made, if any, of the patient's actual condition: _____

Describe the operation, diagnostic, or treatment procedure causing the injury. Use nomenclature and/or description of the procedures used. Include method of anesthesia, or name of drug used for treatment, with detail of administration.

Describe the principal injury giving rise to the claim. Use nomenclature and/or description of the injury. Include type of adverse effect from drugs where applicable.

Safety management steps taken by the licensee to make similar occurrences less likely.

I represent that these statements are true and correct pursuant to s. 837.06, F.S. I recognize that providing any false statements made in writing with the intent to mislead the department staff in the performance of their official duties shall be punishable as provided in s. 775.082, F.S., and s. 775.083, F.S.

Applicant Name _____

Applicant Signature _____ Date _____
MM/DD/YYYY