Board *of* Osteopathic Medicine
Exhibit I- Report on Professional Liability Claims and Actions

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. Copies of reports previously submitted under the requirements of s. 456.049, F.S., may be submitted in lieu of this exhibit to satisfy this reporting requirement.

Date of occurrence: _____ MM/DD/YYYY

Date reported to licensee: _____ MM/DD/YYYY

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

Date of final claim disposition: _____ MM/DD/YYYY

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

Amount of judgement/settlement, if any: $_____

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: _____ MM/DD/YYYY Reason: _____

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: _____	

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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 and 775.083, F.S.

Applicant Name _____

Applicant Signature _____ Date _____