

Vaccine Damage Payment Scheme Medical Assessment Report (VAD 30 (MA) Form)

Vaccinated Person's Details

| | |
|---------------|------------------------|
| Surname | %%LASTNAME%% |
| First Names | %%FIRSTNAME%% |
| Date of Birth | %%DATEOFBIRTH%% |
| NHS Number | %%NHSNO%% |
| VAD Number | %%INTERNALCASENUMBER%% |

PART 1

To be completed by the Registered Medical Practitioner

DISALLOWANCE

My opinion is that, on the balance of probability, the person named above is not severely disabled as a result of vaccination against one of the diseases specified in section 1(2) of the Vaccine Damage Payments Act 1979 for a reason given below:

- Causation due to vaccination has not been accepted (59) **(Complete Sections 1, 2, 3, 4 and 8).**
- On the balance of probability, causation has been accepted, but disablement due to vaccination is less than 60% (59B) **(Complete Sections 1, 2, 3, 5, 6, 7 and 8).**

AWARD

- My opinion is that, on the balance of probability, the person named above is severely disabled as a result of vaccination against one of the diseases specified in section 1(2) of the Vaccine Damage Payments Act 1979 **(Complete Sections 1, 2, 3, 5, 6, 7 and 8).**

Section 1. Relevant Diseases and Evidence Considered

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|--|--------------------------|--|--|
| COVID-19 | <input type="checkbox"/> | | |
| Diphtheria | <input type="checkbox"/> | | Poliomyelitis <input type="checkbox"/> |
| Tetanus | <input type="checkbox"/> | Haemophilus Influenzae Type B (HIB) | <input type="checkbox"/> |
| Pertussis (whooping cough) | <input type="checkbox"/> | | Meningococcal Group B <input type="checkbox"/> |
| Measles | <input type="checkbox"/> | Meningococcal Group C (Meningitis C) | <input type="checkbox"/> |
| Mumps | <input type="checkbox"/> | Meningococcal Group W | <input type="checkbox"/> |
| Rubella (German Measles) | <input type="checkbox"/> | Human Papillomavirus (HPV) | <input type="checkbox"/> |
| Tuberculosis (TB) | <input type="checkbox"/> | | Rotavirus <input type="checkbox"/> |
| Influenza | <input type="checkbox"/> | | Pneumococcal (PCV) <input type="checkbox"/> |
| Smallpox (vaccine administered prior to 1 August 1971) | <input type="checkbox"/> | Pandemic Influenza A (H1N1) 2009 (swine flu from 10 October 2009 up to 31 August 2010) | <input type="checkbox"/> |

Documentary evidence considered:

Section 2. Claimant/Claimant's Representative History (as recorded on the claim form and in the evidence)

Set out the history taking into account the following points:

- What injury/ies does the claimant/claimant's representative claim have been caused by the vaccine(s)?
- What is/are the effects of the claimed injury/ies (i.e., list the symptoms)?
- When did the symptoms first begin?
- Were there any symptoms at or about the time of the vaccination?
- Has the claimant/representative explained why they are of the opinion that there is a link between the vaccination and the symptoms? If so, give brief details and refer to relevant documentary evidence.
- Include relevant past medical history.
- Medical history following vaccination.
- Relevant family history.
- Date VDPS claim was made.

History:

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| Section 3. Registered Medical Practitioner’s Opinion on Causation | |
| Does the documentary evidence support a causal link between the injury and the vaccination? | |
| No – <i>please complete Sections 4 and 8</i> | <input type="checkbox"/> |
| Yes – <i>please complete Sections 5, 6, 7 and 8 (as applicable)</i> | <input type="checkbox"/> |

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| Section 4. Reasons and justification of the Registered Medical Practitioner’s opinion that causation should not be accepted |
| <p><i>Give reasons and justification why causation should not be accepted, taking into account the following points:</i></p> <ul style="list-style-type: none"> <i>Why is it not plausible that, in the case under consideration, the claimed symptoms could be caused by the vaccine?</i> <i>Consider the facts of the case that do not support a causal link as well as those which may support a causal link.</i> <i>List and explain all discrepancies in the documentary evidence.</i> <i>Explain why a piece(s) of evidence outweigh(s) other evidence (include the opinions expressed in the claim form as well as in the other documentary evidence).</i> <i>Please explain clearly, using terms which can be easily understood by non-clinicians why, in your opinion, there is not a causal link between the vaccine and the claimed injury.</i> <i>Where relevant, cross reference the justification to the relevant document and its date.</i> <i>As far as possible, advice should be specific to the claimant.</i> <i>Refer to the relevant information in the Green Book and the consensus of medical opinion.</i> |
| Reasons and Justification: |

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| Section 5. Reasons and Justification of the Registered Medical Practitioner’s opinion that causation should be accepted |
| <p><i>Give reasons and justification why causation should be accepted taking into account the following points:</i></p> <ul style="list-style-type: none"> <i>Why is it plausible that, in the case under consideration, the claimed symptoms could be caused by the vaccine?</i> <i>Consider the facts of the case that do not support a causal link as well as those which may support a causal link.</i> <i>List and explain all discrepancies in the documentary evidence.</i> <i>Explain why a piece(s) of evidence outweigh(s) other evidence (include the opinions expressed in the claim form as well as in the other documentary evidence).</i> <i>Please explain clearly, using terms which can be easily understood by non-clinicians why, in your opinion, there is a causal link between the vaccine and the claimed injury.</i> <i>Where relevant, cross reference the justification to the relevant document and its date.</i> |

- *As far as possible, advice should be specific to the claimant.*
- *Refer to the relevant information in the Green Book and the consensus of medical opinion*

Reasons and Justification:

Section 6. Registered Medical Practitioner's opinion on Assessment of Disablement (To be completed in all cases where causation has been Accepted)

Has the relevant injury(ies) resulted in a Loss of Faculty? No Yes

If **Yes** – complete Section 7

Section 7. Advice on disability and disablement

- *What is the loss of faculty resulting from the relevant injury(ies)?*
- *What disability(ies) arise from the relevant loss of faculty?*
- *Explanations should be made, as far as possible, using terms which can be easily understood by non-clinicians.*
- *Explain the disablement in terms of reference to a person of the same age and sex whose physical and mental condition is normal, including the impact of the disabilities on the person's everyday living and activities.*
- *Consider the future prognosis of the condition, how long the person may be expected to suffer and whether they will have any increased disablement over time.*
- *Consider the prescribed degrees of disablement set against the injuries specified in Schedule 2 of the General Benefit Regulations. Where appropriate, make reference to any comparable injuries or any comparable degree of disablement (in terms of impact) arising from the person's condition and loss of faculty(ies).*

Describe the Disablement:

Is the level of disablement 60% or more? No Yes

Is there another cause of the injury, i.e., the injury from the vaccination is only a partial cause of the relevant loss of faculty? No Yes

If **Yes** – give details of the other effective cause(s) and the degree of disablement to be disregarded for this claim:

After taking into account the other effective cause(s), including interaction, is the relevant disablement 60% or more at the present time? No Yes

If **No** – will the relevant disablement increase to 60% or more over the lifetime of the person? No Yes

Describe the Future Disablement:

Section 8. Conclusion - a brief summary supporting the opinion noted in Part 1

*e.g. There is no epidemiological evidence to support a causal link between *** and any of the vaccinations considered. In addition, the consensus of medical opinion is that these vaccines do not cause ***. Therefore, causation cannot be accepted on the balance of probability.*

Conclusion: