

**PHYSICIAN DECLARATION CONCERNING  
PULMONARY FUNCTION TESTING**

I, \_\_\_\_\_, hereby declare, under penalty of perjury, as follows:

1. I am a physician currently licensed to practice medicine in one or more U.S. states or territories or in the District of Columbia .
2. I submit this declaration in support of the pulmonary function test results submitted to the NGC Bodily Injury Trust in connection with a claim filed by, or on behalf of, \_\_\_\_\_ (the "Claimant"). I have personal knowledge of the facts asserted herein.
3. I, or someone under my supervision, performed the pulmonary function test (the "Pulmonary Function Test") reflected on the summary report submitted to the NGC Bodily Injury Trust by, or on behalf of, the Claimant.
4. After searching my office records, I have determined that I do not have available a full report of the Claimant's Pulmonary Function Test.
5. I am familiar with the quality standards established by the American Thoracic Society ("ATS") with respect to the conduct of pulmonary function tests, including with respect to the technical quality and calibration of test equipment.
6. Even though I do not have a full report of the Claimant's Pulmonary Function Test available, I certify that the Claimant's Pulmonary Function Test (i) was conducted in material compliance with the quality standards established by the ATS and (ii) was performed on equipment that was, at the time the Pulmonary Function Test was conducted, in material compliance with ATS standards for technical quality and calibration.

I declare, under penalty of perjury, under the laws of the United States of America that, to the best of my knowledge, the foregoing is true, accurate and complete.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Printed Name of Physician]