

## Exigent Health Status Request Form

**Law Firm:** \_\_\_\_\_

**Firm Contact:** \_\_\_\_\_

**Claimant Name:** \_\_\_\_\_

**POC# if known:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Request Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date of Affidavit:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Physician Name on Affidavit:** \_\_\_\_\_

**Alleged Disease:** \_\_\_\_\_

**Please note:**

**To qualify for Regular Exigent Health Status (non -mesothelioma and lung cancer claims) the claimant must be living at the time of the request. The physician must document in the affidavit the claimant is expected to live less than 6 months from an asbestos-related disease. The same physician must have seen the claimant within 6 months of the date of the affidavit and the medical report from that visit must be submitted along with the 6-month affidavit.**