

# **EXHIBIT A**

**UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA**

IN RE: NATIONAL HOCKEY LEAGUE )  
PLAYERS' CONCUSSION INJURY ) MDL No. 14-2551 (SRN/JSM)  
LITIGATION )  
)  
)  
This Document Relates to: )  
ALL ACTIONS )  
\_\_\_\_\_ )

**DEFENDANT FACT SHEET**

Please provide the following information for each plaintiff in each case filed in or transferred to this MDL proceeding. "You" means the National Hockey League ("NHL") as defined in Plaintiffs' First Set of Interrogatories and Plaintiffs' First Set of Requests for Production to Defendant National Hockey League. "Healthcare Provider" means any hospital, clinic, center, physician's office, infirmary, medical or diagnostic laboratory, or other facility that provides medical care or advice, and any pharmacy, x-ray department, radiology department, laboratory, physical therapist or physical therapy department, rehabilitation specialist, or other persons or entities involved in diagnosis, care or treatment of plaintiff.

If you learn that any of your responses are incomplete or incorrect at any time, please supplement your responses to provide that information as soon as you become aware of it. Each plaintiff reserves the right to request additional information and information for a time period dating further back on a case-by-case basis, at which time the parties will meet and confer as the issue arises.

You are under oath and must provide information that is true and correct to the best of your knowledge, information and belief. If the response to any question is that you do not know or do not recall the information requested that response should be entered in the appropriate location.

**I. PLAINTIFF**

First, middle and last name: \_\_\_\_\_

**II. NHL CAREER**

1. Please provide the following information regarding the teams for which plaintiff played and the dates of employment during his NHL career:

<b>Dates</b>	<b>Team</b>

2. Please provide the following information regarding any supplemental disciplinary action taken against plaintiff while he was playing in the NHL:

<b>Date and Discipline Imposed</b>	<b>Basis for Discipline</b>	<b>Other Players Involved</b>	<b>Game Number, Date and Opponent</b>

3. Please provide the following information collected by you regarding concussions or head hits sustained by plaintiff while he was playing in the NHL:

<b>Date</b>	<b>Injuries</b>	<b>Location</b>	<b>Other Players Involved</b>	<b>Game Number, Date and Opponent</b>

4. Have you tracked or assembled information regarding the physical, mental or psychological health of plaintiff since his retirement from the NHL?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide a summary of that information and identify the supporting documents.

5. Were any preseason baseline neuro-psychological, neuro-cognitive or concussion tests administered to plaintiff pursuant to policies or procedures established by you while plaintiff was playing in the NHL?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

<b>Date of Testing</b>	<b>Type or Nature of Tests</b>	<b>Who Conducted the Tests</b>	<b>Reason Tests Given</b>

6. Did you review video of any head hits, head injuries or concussions that plaintiff received while he was playing in the NHL in connection with the NHL's evaluation of potential concussive events?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

<b>Date of Video</b>	<b>NHL Personnel or Consultants Who Reviewed Video</b>	<b>Results of Video Review</b>	<b>Location of Video Reviewed (If Known)</b>

7. Was plaintiff ever removed from a game or taken to a quiet room for concussion evaluation or testing pursuant to policies or procedures established by you while plaintiff was playing in the NHL?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

<b>Dates</b>	<b>Evaluators or Examiners</b>	<b>Tests Given</b>	<b>Results of Evaluation or Tests</b>	<b>Reports Provided to You</b>

**III. COMMUNICATIONS**

1. Did you advise plaintiff while he was playing in the NHL that he should or was required to take precautions to avoid concussions or head injuries?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

<b>Nature of NHL Advice to Plaintiff</b>	<b>Persons Providing Advice to Plaintiff</b>	<b>Dates Advice Provided to Plaintiff by NHL</b>

2. Did you provide any warnings or information to plaintiff while he was playing in the NHL that concussive or sub-concussive impacts could potentially cause long-term, later-in life brain diseases or neuro-cognitive impairments?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

<b>Date of NHL Communication to Plaintiff</b>	<b>Who Communicated Information to Plaintiff</b>	<b>Description of the Information Provided to Plaintiff by the NHL</b>

3. Did you warn plaintiff while he was playing in the NHL that concussive and sub-concussive impacts could potentially cause long-term, later-in-life brain diseases or neuro-cognitive impairments, separate and apart from concussion symptoms or post-concussion syndrome?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

<b>Date of NHL Warning to Plaintiff</b>	<b>How Was Warning Communicated by Plaintiff</b>	<b>Who Communicated Warning to Plaintiff</b>	<b>Description of Warning to Plaintiff by the NHL</b>

4. Did you warn plaintiff while he was playing in the NHL or at any time since he retired that he should consult with his own doctors about any possible causal connection between concussive and sub-concussive impacts and long-term, later-in-life brain diseases or neuro-cognitive impairments?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

Date of NHL Warning to Plaintiff	How Was Warning Communicated by NHL to Plaintiff	Who Communicated Warning to Plaintiff	Description of Warning to Plaintiff by the NHL

**IV. MEDICAL RECORDS**

Please provide all medical records collected by the NHL with respect to Plaintiff.

**V. VERIFICATION**

I declare under penalty of perjury that (a) I am an authorized representative of the NHL, (b) all of the information provided in this Defendant Fact Sheet is true and correct and (c) the NHL has supplied all the documents requested in this Defendant Fact Sheet that are in its possession, custody, or control.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature