

# Vaccine Injury Questionnaire



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& EDDY LAW**

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*Whitfield & Eddy, P.L.C.*

<i>Today's Date</i>					
<i>Full Name</i>					
<i>Date of Birth</i>					
<i>Home Address City, State Zip Code</i>					
<i>Phone Number</i>					
<i>Email</i>					
<i>Preferred Contact Method</i>	<table border="1"><tr><td>Phone</td><td></td><td>Email</td><td></td></tr></table>	Phone		Email	
Phone		Email			
<i>What was the date of the vaccination(s) at issue?</i>					
<i>What vaccine(s) did you receive?</i>					
<i>What date did you first begin experiencing symptoms?</i>					
<i>Vaccination injury (current diagnosis, symptoms, etc.)</i>					

**Contact Bryn Hazelwonder, Tom Reavely or Zach Hermsen at 515-288-6041 with any questions related to this document and information provided.**