

**In the United States Court of Federal Claims**  
**OFFICE OF SPECIAL MASTERS**

**PETITIONER'S NAME,**

**Petitioner,**

**v.**

**SECRETARY OF HEALTH AND HUMAN  
SERVICES,**

**Respondent.**

**Case No. \_\_\_-\_\_\_V (leave as blank)**

**Special Master's Name (leave as blank)**

**PETITION FOR VACCINE COMPENSATION**

Petitioner, John Doe, requests compensation under the National Vaccine Injury Compensation Program, 42 U.S.C. § 300aa-10 et seq. (2012), for injuries, including Guillain Barre Syndrome, resulting from adverse effects of a trivalent influenza vaccination received on September 15, 2014. In support of this Petition, it is averred as follows:

1. Petitioner, John Doe, was born on August 15, 1958. See Exhibit One [birth certificate].
2. Petitioner received a trivalent influenza vaccination at the office of Dr. John Smith in Bethesda, Maryland on September 15, 2014. See Exhibit 2 at 25. [primary physician's records].
3. Prior to the administration of his September 15, 2014 vaccination petitioner was in good health and suffered no medical conditions with the exception of high blood pressure. See Exhibit 2 at 24. [primary physician's records].
4. On October 5, 2014, petitioner presented to Dr. John Smith after experiencing tingling numbness in his hands and feet, weakness in his arm and legs, and loss of balance. See Exhibit 2 at 26. [primary physician's records].
5. On October 29, 2014, petitioner was seen by Dr. Elizabeth Williams, a board-certified neurologist, who suspected petitioner suffered possible Guillain Barre Syndrome (GBS) as a result of his September 15, 2014 vaccination. See Exhibit 3 at 1-2 [neurologist's records].

6. On November 1, 2014, petitioner was unable to stand and presented to Bethesda Medical Center Emergency Room where he was subsequently admitted for hospitalization and received a diagnosis of GBS. See Exhibit 4 at 1-3; Exhibit 3 at 3 [emergency room records; neurologist's records].
7. On November 15, 2014, petitioner was seen in a follow-up visit by Dr. Williams who indicated that petitioner's clinical course was consistent with GBS following immunization. See Exhibit 3 at 4. [neurologist's records].
8. To date, petitioner continues to suffer from GBS and remains under the care of Dr. Elizabeth Williams. Petitioner, a teacher, is unable to stand for long periods of time and fully function at work, or in recreation. See Exhibit 3 at 5-12; Exhibit 5 at 2 [neurologist's records; John Doe's affidavit].
9. Petitioner's GBS was caused-in-fact by his September 15, 2014 trivalent influenza vaccination. See Exhibit 3 at 1-2, 8, 12. [neurologist's records].
10. Petitioner's GBS has persisted for more than six months. See Exhibit 1 at 26-35; Exhibit 2 at 1-12 [primary physician's records; neurologist's records].
11. Neither, petitioner, nor any other party, has ever filed any action for petitioner's vaccine-related injury. See Exhibit 5 at 2 [John Doe's affidavit].
12. Neither, petitioner, nor any other party, has ever received compensation in the form of an award or settlement for petitioner's vaccine-related injury. See Exhibit 5 at 2 [John Doe's affidavit].
13. Petitioner requests that that his compensation demand be deferred at this time pursuant to 42 U.S.C. § 300aa-11(e), until such time as the entitlement issue has been resolved.

**Signature**

Attorney Name

Firm Name

Address

City, State, Zip code

Phone number

Facsimile number

Email address

**Certificate of Service:** I hereby certify that a true and correct copy of the foregoing pleading was served upon the respondent by first class US Mail to the following address on September 5, 2015.

Secretary of Health and Human Services  
c/o Director, Division of Injury Compensation Programs  
Health Resources and Services Administration  
National Vaccine Injury Compensation Program (VICP)  
5600 Fishers Lane, 08N146B  
Rockville, Maryland 20857

**Signature**

Attorney Name

Firm Name

Address

City, State, Zip code

Phone number

Facsimile number

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