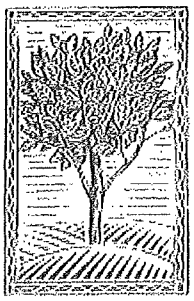

Virginia Birth-Related Neurological Injury Compensation Program

Family Member Caregiver Competency Certification

Claimant's Name: _____

Address: _____

WCC Case #: _____

I certify that _____ is competent, appropriately trained, qualified and physically able to carry out all routine home medical and assistive care duties for the above named claimant in the Virginia Birth-Related Neurological Injury Compensation Program.

Physician Signature: _____ Date: _____

Address: _____

Phone: _____