

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: [REDACTED]

Age if under 18:

OVER 18

(if over 18 insert 'over 18')

Occupation:

GENERAL PRACTITIONER

This statement (consisting of ONE page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything in it, which I know to be false or do not believe to be true.

Signature:

Date: 24/12/03

I am a Bachelor of Medicine, Bachelor of Surgery, General Practitioner of Stratton Medical Practice, Chester Road, WLESTON.

I confirm that on 1st December 2003, [REDACTED] was brought to see me when I diagnosed a Ear Infection and possibility of Mumps as well. He was prescribed appropriate treatment. He further consulted my partner [REDACTED] on 22nd December 2003 when a Ear Infection in both ears was again diagnosed.

Signature:

Signature witnessed by:

PTO