**RESTRICTED**

# STATEMENT OF WITNESS

STATEMENT OF: [redacted]
*Name*

AGE OF WITNESS (if over 21 enter "Over 21"): OVER 18

I declare that this statement consisting of ONE pages, 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 at a preliminary enquiry or at the trial of any person, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Dated this 30th day of December, 2003

[redacted]

SIGNATURE OF MEMBER by whom statement was recorded or received

SIGNATURE OF WITNESS

I am a bachelor of Medicine, bachelor of Surgery, General Practitioner of [redacted] In furtherance to my previous statement regarding [redacted] I can now also confirm that the named patient was visited at his home by myself following a request from his mother to the surgery for a doctor to attend. The child was suffering from ear infection and possibility of mumps as well. I recall prescribing the patient Anti-biotics for his illness. This visit took place on 11th December 2003.

SIGNATURE OF WITNESS: [redacted]

CHECKED AND CERTIFIED A TRUE COPY OF THE ORIGINAL SIGNED:

59853