Murphy Battista

Nutrabolics Class Action

Potential Class Member Questionnaire

Email a copy of this form to nutrabolics@murphybattista.com with the subject line **Nutrabolics Class Action** and our intake team will be in touch to confirm receipt and next steps.

Step 1: Who is filling out this form?

1. ☐ I am filling this form out for myself (I may be a class member).
2. ☐ I am filling this form out on behalf of a minor.
3. ☐ I am filling this form out on behalf of a deceased person's estate.
4. ☐ Other (please specify): _____

Step 2: Information about the person completing this form (please only complete this step if you selected box 2, 3 or 4 above; otherwise, please proceed to step 3 below)

Your Full Legal Name: _____

Other Names/Aliases _____

Preferred Phone: _____ Preferred Email: _____

Address: _____

What is your relationship to the potential class member?: _____

Step 3: Information about the potential class member

Your Full Legal Name: _____

Other Names/Aliases _____

Preferred Phone: _____ Preferred Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: _____

Step 4: Class membership details

Important: In this section, the word "you" refers to the potential class member — the person who purchased and/or consumed the bars (even if you are completing this form on their behalf)

Did you/the potential class member purchase one or more of the recalled Nutrabolics Feed Me Vegan Real Food Protein & Oats bars for personal or household use? Yes ☐ No ☐

If you are a purchaser, please indicate which flavour(s) of the recalled bars you purchased:

☐ Blueberry Cobbler
☐ Glazed Cranberry Lemon Cake
☐ Chocolate Coconut
☐ Caramel Apple Pie

If you are a purchaser, please indicate where you purchased the recalled bar(s) from:

_____

Did you/the potential class member consume one or more of the recalled bars? Yes ☐ No ☐

If you are a consumer, please indicate which flavour(s) of the recalled bar(s) you consumed

☐ Blueberry Cobbler
☐ Glazed Cranberry Lemon Cake
☐ Chocolate Coconut
☐ Caramel Apple Pie

If you are a consumer, did you suffer an injury, illness, allergic reaction, or death as a result of consuming the recalled bar Yes ☐ No ☐

Date of injury/illness/allergic reaction/death (DD/MM/YYYY): _____

Please specify your issues or symptoms resulting from the consumption of the recalled bar(s):

If you suffered injury, illness, allergic reaction, or death as a result of consuming the recalled bar(s), did such injury impact your job or ability to earn income? Please explain.

Did consuming the recalled bar(s) result in any conditions requiring consultation(s) with any specialists (such as allergists, immunologists, psychiatrists, etc.)? Yes ☐ No ☐

If yes, please provide detail

Did consuming the recalled bar(s) cause you to require any emergency or other medical treatment (i.e., prescription medications, counselling or other psychological treatment, etc.)? Yes ☐ No ☐

If yes, please provide details:

Additional comments and information you wish to provide:

How did you find us? _____