

IN THE IOWA DISTRICT COURT FOR STORY COUNTY

DR. JON L. FAGRE,
Plaintiff,

CASE NO. LACV 045224

vs.

MCFARLAND CLINIC, P.C.,
Defendant.

VERDICT FORM

We, the Jury, find the following verdict on the questions submitted to us:

Question No. 1: Did Defendant McFarland Clinic believe Dr. Fagre suffered from a mental disability?

Answer: Yes _____ No X

[If your answer is "no," do not answer any further questions. Sign the verdict form and notify the court that you have rendered a verdict.]

Question No. 2: Was Dr. Fagre able to perform the essential functions of his job?

ANSWER: Yes _____ No _____

[If your answer is "no," do not answer any further questions. Sign the verdict form and notify the court that you have rendered a verdict.]

Question No. 3: Was Defendant McFarland Clinic's belief that Dr. Fagre suffered from a mental disability a determining factor in Defendant's decision to terminate Dr. Fagre's employment?

ANSWER: Yes _____ No _____

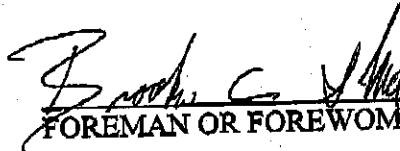
[If your answer is "no," do not answer any further questions. Sign the verdict form and notify the court that you have rendered a verdict.]

If your answers to Questions 1 through 3 are "Yes", make the following awards:

Back Pay _____

Emotional Distress _____

TOTAL _____


FOREMAN OR FOREWOMAN*

*To be signed only if verdict is unanimous.

Juror**

Juror**

Juror**

Juror**

Juror**

Juror**

Juror**

**To be signed by the jurors agreeing to it after six hours or more of deliberation.