

# Truth in Testimony Disclosure Form

In accordance with Rule XI, clause 2(g)(5)\* of the *Rules of the House of Representatives*, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: Oversight and Accountability

Subcommittee: Select Subcommittee on the Coronavirus Pandemic

Hearing Date: 03/21/2024

Hearing Title :

"Assessing America's Vaccine Safety Systems, Part 2"

Witness Name: J Patrick Whelan MD PhD

Position/Title: Assoc Prof of Pediatrics, UCLA School of Medicine

Witness Type:  Governmental  Non-governmental

Are you representing yourself or an organization?  Self  Organization

If you are representing an organization, please list what entity or entities you are representing:

## **FOR WITNESSES APPEARING IN A NON-GOVERNMENTAL CAPACITY**

Please complete the following fields. If necessary, attach additional sheet(s) to provide more information.

Are you a fiduciary—including, but not limited to, a director, officer, advisor, or resident agent—of any organization or entity that has an interest in the subject matter of the hearing? If so, please list the name of the organization(s) or entities.

None

**False Statements Certification**

Knowingly providing material false information to this committee/subcommittee, or knowingly concealing material information from this committee/subcommittee, is a crime (18 U.S.C. § 1001). This form will be made part of the hearing record.



\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
3/19/24

Date