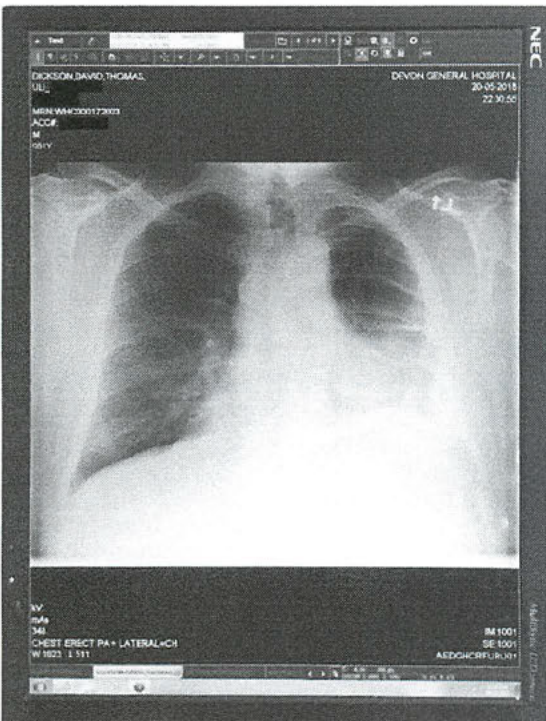
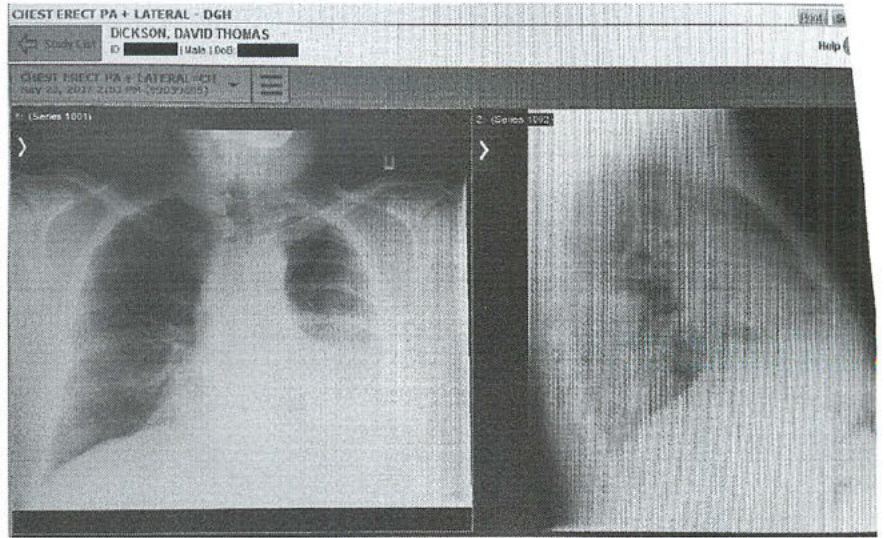
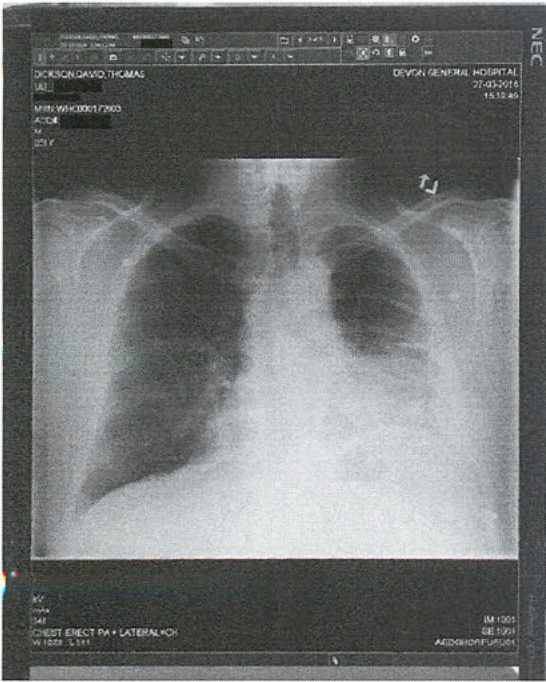


Relevant Medical History

- January 2020. Treated for tenosynovitis in right hand middle finger (cortisone injection).
- December 2019. Chest infection/pneumonia – unusual symptoms – no x-ray. Pain in right middle finger (knuckle). Treated with Antibiotics (4 courses – final course Azithromycin and Amoxi/Clav).
- September 2019. Kidney infection/kidney stones, Canmore Hospital.
- 2019 CT scan of lungs. No change.
- Feb 28th, 2019. Sleep Study – No sleep apnea – PFT consistent with severe restrictive lung disease.
- December 10th, 2018. Dr. Valji. CT – Some changes.
- November 26th, 2018 CT of lungs at Misericordia
- October 2018. Tetanus, Flu and Critical flu shots
- September/October 2018 – pneumonia-4 courses of Anti biotics
- Multiple times to Devon Emergency in 2018
- March 18th, 2018. Right upper quadrant chest pain (plural). Admitted Devon hospital. Sinus tachycardia (pain). Chest X-Rays & blood OK. Kept overnight. CT next morning no change from previous scan/x rays.
- November 2017 - Flu and 5-year flu shots.
- November 20th, 2017. Devon Hospital for tests. Xray's, (Doctor concerned lung has not improved and thinks something should be done). Conclusion, pain from long standing neck issues was the primary cause. Sent home to continue pain management.
- Waiting on Level 3 and Level 1 sleep studies plus lung function test.
- November 17th – November 19th, 2017. Episode left effectively totally paralyzed for many hours. Same symptoms as in England due to excessive pain related to neck/back injury.
- November 1st – 17th, 2017. Recurring stomach issues resulting in overnight vomiting and loss of sleep. Neck pain worsening but unable to take pain medication as it makes stomach worse.
- September 19th, 2017. facial pain getting worse.
- September 18th, 2017. Devon Hospital, Blood work OK. Chest X-Ray OK. Bolas, left side of face hot and sensitive to touch.
- September 14th, 2017. Trouble breathing & pain plus persistent headache. Left shoulder pain into left arm (assumed to be cervical spondylosis).
- September 17/18 Chest worse, cough started.
- CT scan shows no significant change from previous x-rays/CT.
- August 2017 – Anti-biotics resolved chest issues.
- June 2017 – Second course of Cefuroxime (doubled dose) – 10 days. Cough abated (somewhat). Pain still present.
- June 2017 – Additional course of Cefuroxime – 10 days. Partial improvement then deterioration after course finished.
- May 2017 - Plural pain and cough return. X-Rays appear to be unchanged, although there is a slight change.
 - CT scan booked (August 31st).
 - Treated with Amoxi/Clav – 10 days. Partial improvement then deterioration at end of course.
 - Blood pressure elevated and uncontrolled. Lowered partially with pain medication.
- March 2017 - Plural pain and cough return. X-Rays appear to be unchanged.
- February 2017, pain from cervical spondylosis & calcified tendonitis now causing significant issues sleeping. Diagnosed with trapped nerve from Operation in April 2016.
- Shoulder pain from cervical spondylosis & calcified tendonitis spread to left arm.
- Bowel and Lung spontaneous recovery. Still unknown why.
- June, 2016 PlurX leaking and removed. Initial thought was a requirement for decortication. X-Ray showed Lung partially recovered.
- April 16th, 2016 Drain PlurX. Continuing Monday, Wednesday, Friday. Draining 250ml-500ml
- April 15th, 2016 Admitted Devon hospital for constipation causing pressure on lung. Treated with Colyte.
- April 14th, 2016 PlurX drain 90 ml.
- April 13th, 2016 Discharged. No bowel movements for 3 days.
- April 12th, 2016 Thoracoscopy, Biopsy & PlurX drain.
 - April 11th, 2016 admitted to RAH for emergency surgery. Scheduled for Thoracoscopy, Biopsy & PlurX drain April 27th, 2016.
- 2016 Lung issues more severe. Breathing difficulties. Repeat CT showed increase in pleural effusion/ scarring like asbestosis both lungs.
- August 2015 thoracentesis caused severe pain followed by serious kidney infection and hospitalization at UofA for 5 days
- 2015 Cortisone treatment for 1994 injury (calcified tendonitis) – Helped bowel and lung temporarily by reducing inflammation.
- Chronic Pleural effusion. Regular drainage since 2012. Atelectasis lower left lobe. Multiple thoracentesis to drain.
- January – August 2015 – Thickening of pleural area (possible lung cancer) – PET Scan, CT's Bronchoscopy, Thoracentesis.
- 2010 Lung compression diagnosis. Lost 30% lung capacity. Diaphragm impacted. Lungs scarred due to aspirations. Breathing issues.
- Tested for possible Heart defect (Multiple Stress tests including Mibi). Heart slightly enlarged and pumps half volume until stressed then pumps full volume and slows to around 60 bpm. Regular heartbeat is around 100 bpm.
- 1994 – Police (on duty) Injury to I, T & C spine, and left shoulder (Injury on Duty in Police). Cervical spondylosis, Calcified tendonitis, and Rotator cuff injury (left shoulder). Chronic pain, significant sleep interruption, paralysis (unable to move often left for hours on floor until symptoms abate. More often impacting left side but sometimes total. Ongoing issues.



This is Exhibit "C" referred to in the Affidavit of:

David Thomas Dickson

Sworn before me this

18th day of October, 2021

Redacted

Commissioner for Oaths, Justice of the Peace,

or Notary Public in and for Alberta
 in and for the Province of Alberta

Appointment expires 2021/10/22

Print Name and Expiry Date