

Exit Examination**Player's Name:** Ericsson, Jonathan**Date:** 2015-04-30**Finalized:** No**Inactive Problems:**

N/A, Hand, 2014-03-18 Middle pharyngeal fracture of fingers, Middle pharyngeal fracture of fingers, MGL: 19

Left, Hip / Groin, 2014-11-18 Hip Contusion, Hip Contusion, MGL: 0

Left, Ankle, 2015-02-16 Deltoid ligament 1° sprain -acute, Deltoid ligament 1° sprain -acute, MGL: 0

N/A, Dermatology, 2015-02-21 Other dermatologic illness / disorder, Other dermatologic illness / disorder, MGL: 0

N/A, Elbow, 2015-03-12 Elbow contusion, Elbow contusion, MGL: 0

Active Problems:

Left, Hip / Groin, 2014-01-03 Hip femoral acetabular impingement, Hip femoral acetabular impingement, MGL: 0

Left, Foot, 2015-04-15 Pharyngeal fracture- toes, Pharyngeal fracture- toes, MGL: 0

Related Active Events:*NO MEDICAL ISSUES / NO CONCUSSION OR SYMPTOMS***Exhibit 25 Forms:**

Exhibit 25 Type	Created Date	Signed By	Signed By	Signed By

Plan:**Attached Forms:****Attached Files:****Player summer address:**

1196 Lakeside Dr

Birmingham MI 48009

USA

248-719-0847

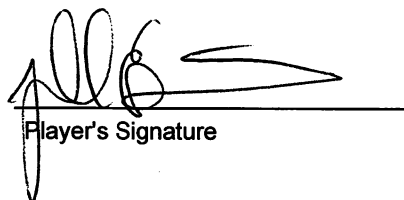
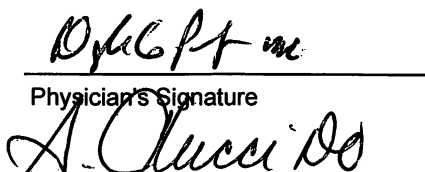

Player's Signature
Physician's Signature
Trainer's Signature

EXHIBIT 39



PLAYER OFF-SEASON CONTACT INFORMATION

Player Name: Jonathan Ericsson
NHL Club Name: Redwings

Instructions to Club:

Please provide this form to the PESP Program
Doctors: Dr. Dave Lewis (airmd@me.com/cell
805-701-3377) and/or Dr. Brian Shaw
(bfsconsulting@rogers.com/cell 416-602-8638).

This form must be returned to the Player's Club at the conclusion of his playing season at his exit physical.

If any of the below-listed information changes for any reason (vacation, relocation, etc.), the Player shall inform Dr. Dave Lewis or Dr. Brian Shaw at the contact information listed above.

Permanent Off-Season Address:

1290 Lakeside Dr. 48009 Birmingham MI

Temporary Off-Season Address:

Arkö 4 61025 Vikbolandet Sweden

Dates When You Will Be at

Temporary Address: June 20th(ish) - August 20th.

Primary Phone Number: 248 972 6988

Second Phone Number: +46 735 060306

E-Mail Address: e-jonte2@hotmail.com

Certified Agent's Name,

Telephone Number

and E-Mail Address: Craig Oster Newport Sports

Location(s) other than those

listed above in which you

currently plan to spend time

during the Off-Season

(please list dates, if known):

EXHIBIT 25-A
FITNESS TO PLAY DETERMINATION FORM



NHL/NHLPA Fitness to Play Determination Form
(Applicable for Club Physician/Player Physician/ Independent Physician)

Name of Physician: Anthony Colucci
Select one of the following: Club Physician or Player Physician or Independent Physician
Player Name: JONATHAN ERICSSON
Club Name: DETROIT RED WINGS
Identify nature of Player's injury, illness, condition or complaint: EXIT EXAMINATION

Select one of the following:

- ☐ It is my determination that as of this day the Player is disabled and unable to perform his duties as an NHL hockey Player, which duties include playing in NHL Games.
- ☒ It is my determination that as of this day the Player is not disabled and is able to perform his duties as an NHL hockey Player, which duties include playing in NHL Games.

Signature of Physician: A. Colucci
Date: 5/01/15

cc: Player
Club
Player's Certified Agent

NHL
NHLPA

Message to Player:

You have the right to seek a second opinion from a physician of your choice regarding your Club Physician's determination of your fitness to play. You must advise the Club that you want a second opinion by 5:00 pm New York time on the third day after the electronic notice is sent to you by the Club. However, if the form is sent to you after 5:00 pm New York time, then you have until 5:00 pm New York time on the fourth day to notify the Club. You should consult with your Certified Agent and the NHLPA.

EXHIBIT 25-A
FITNESS TO PLAY DETERMINATION FORM



NHL/NHLPA Fitness to Play Determination Form
(Applicable for Club Physician/Player Physician/ Independent Physician)

Name of Physician: Douglas G. Plagens MD.
Select one of the following: Club Physician or Player Physician or Independent Physician
Player Name: JONATHAN FRICSSON
Club Name: DETROIT RED WINGS
Identify nature of Player's injury, illness, condition or complaint: EXIT EXAMINATION

Select one of the following:

- ☐ It is my determination that as of this day the Player is disabled and unable to perform his duties as an NHL hockey Player, which duties include playing in NHL Games.
- ☒ It is my determination that as of this day the Player is not disabled and is able to perform his duties as an NHL hockey Player, which duties include playing in NHL Games.

Signature of Physician: Douglas G. Plagens MD.

Date: 5/01/15

cc: Player NHL
Club NHLPA
Player's Certified Agent

Message to Player:

You have the right to seek a second opinion from a physician of your choice regarding your Club Physician's determination of your fitness to play. You must advise the Club that you want a second opinion by 5:00 pm New York time on the third day after the electronic notice is sent to you by the Club. However, if the form is sent to you after 5:00 pm New York time, then you have until 5:00 pm New York time on the fourth day to notify the Club. You should consult with your Certified Agent and the NHLPA.



Detroit Red Wings

INTER-OFFICE MEMORADIUM DETROIT RED WINGS

19 STEVE YZERMAN DRIVE DETROIT, MI 48226

TO: PLAYER FILE: Jonathon Ericsson

DATE: 5/1/2015

SUBJECT: STATE OF CALIFORNIA DWC-1

I certify that during the end of season physicals, the above named player received a copy of the California Workers Compensation Form DWC-1.

A handwritten signature in black ink that reads "Piet Van Zant".

Piet Van Zant



1936



1937



1943



1950



1952



1954



1955



1997



1998



2002

2008

600 Civic Center Drive • Joe Louis Arena • Detroit, Michigan 48226 (313)

