



Australian Government

Department of Veterans' Affairs

Claimant Report - An Episode Of Severe Diarrhoea Irritable Bowel Syndrome

This form is in connection with your claim for pension and medical treatment and the information you supply will assist in deciding eligibility for benefits under the Veterans' Entitlements Act 1986 and/or Military Rehabilitation and Compensation Act 2004. In the event of an appeal against a decision, this information may be provided to the Veterans' Review Board, Administrative Appeals Tribunal or Federal Court.

Veteran's Details

Surname

Given Names

DVA File Number

Report Detail

1. Is there a history of an episode of diarrhoea which required medical attention?

- No
- Yes - Please provide the following details for each episode.

Dates	Name of medical practitioner	Details of treatment provided or investigations performed
/ / to / /		
/ / to / /		
/ / to / /		

2. Is there a history of any other episodes of diarrhoea which lasted for at least four days?

- No
- Yes - Please provide the dates of each episode. Remember to include only episodes for which medical attention was **not** sought, but which lasted for at least four days.

From	To

Claimant's Signature

You are reminded that:

- The Declaration you signed on the claim form also covers the information you supply on this form.
- There are penalties for knowingly making false or misleading statements.