



Australian Government
Department of Veterans' Affairs

Claimant Report - Carrying or Lifting Loads Intervertebral Disc Prolapse

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. The available evidence shows that the clinical onset of intervertebral disc prolapse was in **[***claims assessor to insert date eg February 1994***]**. Is there a history of regularly physically carrying or lifting loads of **at least 10kg within the 10 years [***CA to change to 5 years for BOP cases***] before the clinical onset of intervertebral disc prolapse?**

- No** -Please sign the form and return it to the Department.
- Yes** – Please give details of lifting and carrying of loads of at least 10kg, as indicated in the table on the next page.

The lifting or carrying factor in the Statement of Principles for intervertebral disc prolapse is complex and involves a calculation which combines:

- *the weight of the load,*
- *the number of times the weight is lifted, and*
- *the length of time the weight is carried.*

Therefore the information requested on the next page is detailed. It may be appropriate to use **average** values for each type of employment. If there is insufficient space to include all relevant information, please attach the additional details separately.

2. Details of loads of at least 10kg that were lifted or carried in the specified period before the onset of intervertebral disc prolapse: (Include both service and non-service activities)

Period	Describe the load being lifted/carried	Weight of the load	Frequency of lifting/carrying per day and/or per week <i>e.g. 10 times a day 5 times per week</i>	Length of time the load was lifted/carried on each occasion <i>e.g. 2½ hours</i>	Activities being carried out when load was lifted/carried
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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.

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