



Claimant Report – Manual Activities

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. When were the signs or symptoms of {+SubstituteClaimedCondition,I} first noticed? *Please be as specific as possible.*

1. Is there a history of forceful and repetitive movements involving the hand or forearm of the affected arm?

Repetitive and forceful activities that 'overload' the tendons and muscles, involve constant grasping, squeezing or gripping by the hand. These actions can be found in many sporting, domestic and occupational activities. Common activities are: tennis, golf (swing), use of a screwdriver or hammer, carrying a heavy article (like a suitcase), gardening (pruning, pulling weeds), and washing windows.

- No**
- Yes** - Please give details of any period during which these forceful and repetitive movements were performed for one month or longer.

Description of activity	Period(s) during which the activity was performed	How many hours per day	How many days per week
	/ / / /		
	/ / / /		
	/ / / /		
	/ / / /		

1. Did the {+SubstituteClaimedCondition,I} permanently worsen?

Note: *this excludes temporary exacerbations or any deterioration which is part of the normal course of the disease.*

No

Yes – Please provide the date of this worsening

/ /

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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