



Australian Government

Department of Veterans' Affairs

Medical Report - Treatment with Ototoxic Drugs

The information you provide on this form 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

A claim for service related compensation in respect of the above named leads the Department to consider whether treatment with ototoxic drugs could be relevant to the development of (insert claimed condition) in this case. Would you please answer the following question:

- When was the clinical onset of (_____)?...../...../.....
- Was the veteran being treated with any of the ototoxic drugs specified below within the year before the clinical onset of (_____)?
 - No** - Please sign the form and return it to the Department
 - Yes** - Please give details of all periods of treatment with any of the following ototoxic drugs:

Aminoglycoside antibiotics	From	To	Condition treated
<input type="checkbox"/> Gentamicin	/ /	/ /	
<input type="checkbox"/> Kanamycin	/ /	/ /	
<input type="checkbox"/> Neomycin	/ /	/ /	
<input type="checkbox"/> Amikacin	/ /	/ /	
<input type="checkbox"/> Streptomycin	/ /	/ /	
<input type="checkbox"/> Tobramycin	/ /	/ /	
<input type="checkbox"/> Vankomycin	/ /	/ /	
<input type="checkbox"/> Netilmicin	/ /	/ /	
Drugs used to treat tuberculosis	From	To	Condition treated
<input type="checkbox"/> Viomycin	/ /	/ /	
<input type="checkbox"/> Erythromycin	/ /	/ /	
Loop diuretics	From	To	Condition treated
<input type="checkbox"/> Ethacrynic acid	/ /	/ /	

<input type="checkbox"/> Frusemide	/	/	/	/
<input type="checkbox"/> Bumetanide	/	/	/	/

Drugs used in the treatment of cancer	From	To	Condition treated
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<input type="checkbox"/> Cisplatin	/	/	/	/
<input type="checkbox"/> Nitrogen Mustard	/	/	/	/
<input type="checkbox"/> 6-amino nicotinamide	/	/	/	/
<input type="checkbox"/> Vinblastine	/	/	/	/
<input type="checkbox"/> Vincristine	/	/	/	/
<input type="checkbox"/> misonidazole	/	/	/	/
<input type="checkbox"/> a-difluoromethylornithine	/	/	/	/

3. Has the tinnitus permanently worsened at any time?

- No** - Please sign the form and return it to the Department
- Yes** - Please indicate when this happened.

4. Was the veteran being treated with any of the ototoxic drugs specified below within the year before the permanent worsening of (insert claimed position)?

- No** - Please sign the form and return it to the Department
- Yes** - Please give details of all periods of treatment with any of the following ototoxic drugs:

Aminoglycoside antibiotics	From	To	Condition treated
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<input type="checkbox"/> Gentamicin	/	/	/	/
<input type="checkbox"/> Kanamycin	/	/	/	/
<input type="checkbox"/> Neomycin	/	/	/	/
<input type="checkbox"/> Amikacin	/	/	/	/
<input type="checkbox"/> Streptomycin	/	/	/	/
<input type="checkbox"/> Tobramycin	/	/	/	/
<input type="checkbox"/> Vankomycin	/	/	/	/
<input type="checkbox"/> Netilmicin	/	/	/	/

Drugs used to treat tuberculosis	From	To	Condition treated
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<input type="checkbox"/> Viomycin	/	/	/	/
<input type="checkbox"/> Erythromycin	/	/	/	/

Loop diuretics	From	To	Condition treated
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<input type="checkbox"/> Ethacrynic acid	/	/	/	/
<input type="checkbox"/> Frusemide	/	/	/	/

Bumetanide / / / /

Drugs used in the treatment of cancer	From	To	Condition treated
<input type="checkbox"/> Cisplatin	/ /	/ /	
<input type="checkbox"/> Nitrogen Mustard	/ /	/ /	
<input type="checkbox"/> 6-amino nicotinamide	/ /	/ /	
<input type="checkbox"/> Vinblastine	/ /	/ /	
<input type="checkbox"/> Vincristine	/ /	/ /	
<input type="checkbox"/> misonidazole	/ /	/ /	

Details of Medical Practitioner providing advice:

Stamp

Signature

/ /