



Australian Government

Department of Veterans' Affairs

Medical Report - Obstruction of an Artery

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 having an obstruction of a specified artery could be relevant to the development of (_____) in this case. Would you please answer the following questions:

- When was the clinical onset of (_____)?...../...../.....
- Has the veteran has ever had an obstruction of an artery listed below due to pressure from an extra-arterial source?
 - No** – Please sign the form and return it to the Department
 - Yes** – Please provide details in the following table.

Artery obstructed	Date of onset	Extra-arterial source	Date of remission
<input type="checkbox"/> vertebral			
<input type="checkbox"/> common carotid			
<input type="checkbox"/> internal carotid			
<input type="checkbox"/> cerebral			

Details of Medical Practitioner providing advice:

Stamp

Signature