



Australian Government

Department of Veterans' Affairs

Claimant Report - Development of _____

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 and where on the body were the symptoms of (_____) first noticed? *(Please be as specific as possible)*

Date of first appearance of symptoms	Part of the body affected (eg toes)
Date: / /	

2. Please describe the symptoms at the time the (_____) was first noticed:

3. Have the symptoms of tinea spread to other parts of the body?

No

Yes - *Please describe affected areas and when the symptoms first appeared?*

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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