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Claimant Report - Pregnancy

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. Is there any history of having been pregnant?

 **No -** *Please sign the form and return it to the Department*

 **Yes -** *Please provide the dates of all pregnancies, including all pregnancies that did not go full term:*

|  |  |  |
| --- | --- | --- |
| **Pregnancy start date** | **End date** | **Full term? (yes/no)** |
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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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