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Claimant Report - Sunburn

Malignant Melanoma of The Skin

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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | **Given Names** | |  | | **DVA File Number** | |
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Report Detail

1. Has there been a history of suffering sunburn during service?

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

* **Yes**

2. Did the sunburn ever result in:

* painful redness of the skin that lasted for 48 hours or more; or
* blistering of the skin?

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

* **Yes**

3. Please provide details of the earliest episodes of sunburn during service (*attach separate sheet if insufficient space below*):

|  |  |  |  |
| --- | --- | --- | --- |
| Date of sunburn | **Description of symptoms** | **Duration of symptoms** | **Circumstances leading to sunburn** |
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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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