



Australian Government

Department of Veterans' Affairs

Claimant Report - Activities of the Shoulder Rotator Cuff Syndrome

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

This questionnaire is about repetitive or sustained activities where the shoulder is abducted or flexed by at least 60 degrees. More than sixty degrees of abduction (sideways motion) and flexion (forward motion) is met when the arm is raised 2/3 of the way towards forming a right angle, ie 90 degrees. The types of activities that meet this description would include painting and working under a vehicle. A military salute (abduction) and marching (flexion) would meet this 60 degrees requirement.

1. When were the first signs and symptoms of the claimed condition?...../...../.....
2. Is there a history of performing repetitive or sustained activities of the affected shoulder, as described above, during **the 8 months** before the first signs and symptoms of the claimed condition?

Note: The activities do not have to be performed on a daily basis.

- No** - Please sign the form and return it to the Department
- Yes** - Please provide details in the table overleaf. Include both **service and non-service** activities.

Description of relevant activities performed within the specified period	Period of consecutive days where the activities were performed	Shoulder involved (left, right or both)	Average number of hours per day the shoulder was abducted or flexed at 60 degrees	Total number of days on which the activities were performed
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3. Did the claimed condition become worse at any time?

- No** - Please sign the form and return it to the Department
- Yes** – When did this occur?...../...../.....

4. Is there a history of performing repetitive or sustained activities of the affected shoulder, as described above, during **the 8 months** before the claimed condition became worse?

Note: The activities do not have to be performed on a daily basis.

- No** - Please sign the form and return it to the Department
- Yes** - Please provide details in the table overleaf. Include both **service and non-service** activities.

Description of relevant activities performed within the specified period	Period of consecutive days where the activities were performed	Shoulder involved (left, right or both)	Average number of hours per day the shoulder was abducted or flexed at 60 degrees	Total number of days on which the activities were performed
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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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