



**Australian Government**  
**Department of Veterans' Affairs**

## Claimant Report - Head Injury Cerebrovascular Accident

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. Has there ever been a head injury which has caused a skull fracture, concussion, loss of consciousness, post-traumatic amnesia, laceration or bruising of the brain or other injury inside the head?

- No** - Please sign the form and return it to the Department
- Yes** - Please describe how the injury happened. *(Please be as specific as possible)*


2. When did the injury occur? *(Please be as specific as possible)*

/ /

3. Please describe the injuries sustained:


4. Please provide details of any medical treatment received following this injury:


---

***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.

--