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Claimant Report - Undertaking Weight Bearing Exercise

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 did the first signs and symptoms of (insert claimed condition) develop?

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| **/ /** |

2. Is there a history of undertaking weight bearing exercise involving repeated movement of the ankle joint (e.g. running, jogging or marching) in the 14 days immediately before the (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) first developed?

 **No**

 **Yes** - *Please provide details of this exercise* (remember to include service and non-service exercise):

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | **Description of the exercise** | **Duration of the exercise (total number of hours)** | **Reasons for the exercise (e.g. PT, family activity)** |
| From / /  To / / |  |  |  |
| From / /  To / / |  |  |  |
| From / /  To / / |  |  |  |

3. When did the (insert claimed condition) permanently worsen?

|  |
| --- |
| **/ /** |

4. Is there a history of undertaking weight bearing exercise involving repeated movement of the ankle joint (e.g. running, jogging or marching) in the 14 days immediately before the (insert claimed condition) permanently worsened?

 **No**

 **Yes** - *Please provide details of this exercise* (remember to include service and non-service exercise):

|  |  |  |  |
| --- | --- | --- | --- |
| **Period** | **Description of the exercise** | **Duration of the exercise (total number of hours)** | **Reasons for the exercise (e.g. PT, family activity)** |
| From / /  To / / |  |  |  |
| From / /  To / / |  |  |  |
| From / /  To / / |  |  |  |

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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|  |
| **/ /** |