



Australian Government
Department of Veterans' Affairs

Claimant Report – Category 1A Stressor

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 were the symptoms of (_____) first evident? - *Please be as specific as possible.*

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2. Is there a history of a category 1A stressor in the one year immediately before the first symptoms of (_____). **Note:** The Repatriation Medical Authority has defined a category 1A stressor as meaning "one of the following severe traumatic events:

- (a) *experiencing a life-threatening event;*
 (b) *being subject to a serious physical attack or assault including rape and sexual molestation; or*
 (c) *being threatened with a weapon, being held captive, being kidnapped, or being tortured;"*

- No** – Please sign the form and return it to the Department
 Yes – Please provide further details below:

Date	Place	Description and circumstances of the traumatic event/s

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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