



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

## Claimant Report - Lifting Heavy Weights Inguinal Hernia

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 or symptoms of (\_\_\_\_\_) develop? *Please be as specific as possible.*


2. Is there a history of lifting heavy weights within the 30 days immediately before the first signs or symptoms of (\_\_\_\_\_) developed?

**No**

**Yes** - Please give details of this lifting including when it occurred and a description of the activities involved. If there was more than one incident of lifting heavy weights in this period, please include details for each incident.

Date	Description of lifting activities
/ /	
/ /	
/ /	

3. Did the (\_\_\_\_\_) become permanently worse at any time?

- No** - Please sign the form and return it to the Department
- Yes** - Please describe when the permanent worsening occurred

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4. Is there a history of lifting heavy weights within the 30 days immediately before the permanent worsening of (\_\_\_\_\_) occurred?

- No**
- Yes** - Please give details of this lifting including when it occurred and a description of the activities involved. If there was more than one incident of lifting heavy weights in this period, please include details for each incident.

Date	Description of lifting activities
/ /	
/ /	
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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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